

Mawii Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mawii Home Care Limited is a care agency providing personal care and support to people living in their own homes. At the time of our inspection one person was using the service. Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

People's experience of using this service and what we found

People were complimentary about the quality of care received. Staff were deployed to ensure people had their assessed care and support according to their needs. Staff were employed using safe recruitment processes.

The provider had a safe medicines management system in place. Medicines were managed by a relative, at the time of this inspection. There were records of people's medicines, so staff were aware of this.

Care plans and risk assessments were in place. Initial assessments of need and risk assessments clearly detailed how staff would support people safely. These records were routinely updated and reviewed. Any changes in care and support were updated and shared with care workers.

Staff understood the provider's safeguarding procedures, they had completed training on abuse and knew how to report concerns.

The provider had a robust monitoring system in place. The service and quality of care was regularly monitored. People and their relatives were asked for their feedback on the care provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 10 January 2019 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mawii Home Care Limited

Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their registration with the Care Quality Commission. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We used information gathered as part of monitoring activity to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one person and their relative that used the service. All staff were sent a questionnaire and we received feedback from two members of staff.

We reviewed a range of records. This included one person's 's care records. A variety of records relating to the management of the service, including policies and quality of the service, were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 25 April 2022 and ended on 9 June 2022.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- Staff delivered care and support in a safe way that met their needs. A relative told us that their family member was safe with care workers. They told us, "[family member] is safe because staff know their needs and use all the equipment to also keep him safe."
- The provider had a safeguarding policy and processes in place to guide them to keep people safe from harm and abuse. The safeguarding policy describes how the management team manage an allegation of abuse, including reporting any risk of harm and abuse to the local authority and the CQC.
- Staff completed safeguarding training and understood their responsibilities to protect people from the risk of harm and abuse. One member of staff told us, "Safeguarding a vulnerable adult means making sure their lives are free from neglect and abuse."

Using medicines safely

- The provider had a system in place, so people were supported to have their medicines as prescribed. However, at the time of inspection staff were not required to provide medicines support, this was being managed by a relative.
- Staff had training in the safe administration of medicines. A member of staff told us, "I had full [medicines management] training last year and have recently completed a refresher course." The registered manager supported staff through a medicines competency assessment. This assessment ensured staff implemented safe administration practices and were safe to support people.
- Each person's care records contained details of the medicines they took. Staff knew to report any concerns or changes due to medicines compliance promptly to the office.

Assessing risk, safety monitoring and management

- The registered manager had completed assessments to identify any risks to people's health and well-being. Risk assessments included a review of the person's health, home environment and well-being needs. This included their ability to walk or move around their home.
- Risk assessments were comprehensive and had sufficient details about each risk and how to mitigate them. One person's risk assessment stated they needed support with their personal care needs. Their risk management plan provided clear guidance for staff about how to support this in a safe way.
- Reviews of risk assessments and management plans occurred on a regular basis, or when the person's needs had changed. A date for review was also recorded.

Preventing and controlling infection

- The provider had an infection prevention and control policy to provide guidance to staff to safely manage the risk of infection.
- The provider confirmed that personal protective equipment (PPE) was available for staff to help them to prevent the spread of infection.
- Staff wore PPE when visiting in people's homes to provide care and support. A relative told us, "Staff always wear gloves and masks when they come."
- The provider had systems in place to monitor COVID-19 test results and vaccinations for staff.

Learning lessons when things go wrong

- There were systems in place for the review and regular monitoring of the service.
- Any accidents and incidents were recorded and escalated to the registered manager for investigation and to take any action as required.

Staffing and recruitment

- Staff were available in sufficient numbers to meet the care needs of people. One relative said, "The carers come when expected and I have no concerns about them, they arrive and spend the whole time with [my family member] having a laugh and a joke as well."
- The provider had safe recruitment processes in place. This enabled the safe recruitment of suitable and experienced staff to help meet people's individual needs.
- Sufficient pre-employment checks took place. These included the right to work in the UK, verification of previous employment, job references and a criminal records check from the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had systems and tools in place to assess people's individual needs. This included gathering people's views of their own strengths and views in the management of their care.
- Staff helped people to make decisions and choices about their care for themselves. People's records contained information about people's needs and wishes of what was important to them regarding their care.

Staff support, training, skills and experience

- Staff were supported by the registered manager with appropriate training which supported them in their roles.
- Staff confirmed and we saw proof that they had completed training in safeguarding, mental health, behavioural needs and medicine management. One member of staff told us, "I have had full training and I call my manager anytime if I need advice."
- The provider had a system to support staff through supervision and an appraisal. Staff supervision and appraisals was arranged in line with the provider's recommendations. Each member of staff met with their manager to discuss their daily work and professional development. During these meetings staff were able to reflect on their performance and to self-identify any areas for personal development.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough food and drink to meet their individual needs. Staff did not currently prepare meals for people during their care visits. However, staff were aware of the people's individual meal preferences and their favourite snacks.
- Care records and daily communication logs detailed when people ate their meals while the care workers were at the person's home. This was to ensure any nutritional needs were monitored and shared with the registered manager to take action if needed.
- People had access to sufficient food and drink to meet their preferences and nutritional needs.

Supporting people to live healthier lives, access healthcare services and support

- People's care records had a list of all medicines, medical conditions and a record of health care appointments where known. This information helped staff to co-ordinate with the person to ensure care was provided to meet those specific needs and any appointments.
- Staff understood how to contact health and care services in an emergency or when people's needs had changed.

Staff working with other agencies to provide consistent, effective, timely care

- People had health and social care professional support when required for additional support and advice as required.
- Staff spoke about people's individual needs confidently and how they would respond to people's specific health and social care needs. Staff understood their responsibility to share any concerns with the office staff and GP when needed to keep the person safe.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records contained information about how they provided their consent to receive care and support. Details of any communication needs and decision-making abilities was recorded and understood by staff.
- People were supported in line with the principles of the Mental Capacity Act 2005. The person's care records detailed that staff were working within the guidance of the Court of Protection documentation that was in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care records contained details about their equality and diversity needs and staff respected them. Care records contained details of people's religious and cultural needs including any support from staff if required.
- Staff were caring and supportive towards people and their relatives. One relative said, "Staff are kind and understanding of [family member's] care and how they wanted care. Staff always has time for a chat and that is great."
- People's care and support plans also included a life history story about people before they began receiving care. This information provided staff with more information to help them to get to know and understand people's needs fully.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care and support to meet their individual needs. People had consistent care workers who knew them well and provided the care required. One relative told us, "Staff discuss with me and [family member] if there are any changes."
- People and their relatives developed good relationships with staff. Comments included, "They are absolutely brilliant carers" and "I couldn't do without the support from the carers." People were involved in the planning of their care and support. People felt involved and consulted in their package of care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect while providing them with care and support. People said staff allowed enough time to engage in conversations with them while providing care.
- Staff protected people's privacy and dignity. Staff supported people with their personal care needs in private, so their dignity was protected and maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Care and support was planned for people in a personalised way. Assessments of needs and care plans were completed before the person began using the service. This was to ensure staff had sufficient details about the person and their individual requirements and needs. People, their relatives and health and social care professionals were asked about people's needs and wishes. For example, a person's care plan included details about things they enjoyed doing for fun such as 'talking about life growing up stories' and watching their favourite TV programmes.
- Records showed that staff understood how to support people with their medical conditions and to maintain their well-being in a safe way. The guidance provided for staff in people's records was accurate and staff followed these to ensure the person received safe care.
- Care and support plans were developed using the information gathered from the assessments to ensure people receive safe care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The AIS was being met consistently.
- People did not always communicate verbally but their care records recorded details of their individual communication needs. Care records were written using an Easy read format so people with specific needs in this area could access their care records.

Improving care quality in response to complaints or concerns

- The provider had a compliments and complaints policy and procedure. A relative said "I have had no reason to complain, but I would speak to the office if I did want to complain about something."
- The provider had a service user guide which gave information about the complaint process. Each person was provided with details of how to complain about the service when they began receiving support from care workers.

End of life care and support

- The provider had end of life guidance for staff, however at the time of this inspection, no one required this

level of care.

- People with the support of their relatives were encouraged to discuss the care and support they wanted at the end of life or if they had a life limiting illness.
- Staff had completed training in end of life care and had developed skills to care for people in an effective way.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from people and relatives about the service. People told us that care workers provided care and support in a kind and caring way. Office based staff were supportive and attended to people's questions and queries in a timely and professional way.
- We also received positive feedback about the management of the service by staff. Comments included, "We work together as a very happy team led by the manager. Very supportive. Excellent listener. Always communicating. Readily available for advice."
- The registered manager understood how to ensure government guidelines and best practice were followed in relation to COVID-19. Information was shared with staff to improve their understanding and responsibility to keep people safe.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood their responsibilities in relation to duty of candour.
- The provider and registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information when concerns are raised or when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager had oversight of quality of care provided by care workers of the care service. Regular checks and audits of the service took place. These included infection control and care records audits. These checks ensured the service was performing best to meet people's needs and make improvements to the service as necessary.
- Records were completed and returned to the office frequently for the registered manager to monitor and check care and support had been delivered to meet people's assessed needs. Audits of care records had been completed.
- The registered manager understood their legal responsibilities to inform the Care Quality Commission of incidents and events that occurred at the service. They understood this information had to be shared so CQC can take appropriate action as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings took place with care workers to share information about the service and any new government guidance. Staff told us they were provided with meeting minutes if they could not attend. Meetings were held online and in person to provide opportunities for staff attendance.
- People were asked for their feedback about the quality of the service. Feedback was received through telephone calls and in surveys of the service. The feedback showed people and their relatives were happy with the care and support received and of the care workers providing care and support.

Continuous learning and improving care

- The provider and registered manager had a commitment to continuous learning and improvement at the service. There were established systems in place to review safeguarding incidents, accidents and incidents.
- The registered manager routinely monitored the quality of care provided to ensure this met the provider's standards.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.
- Records showed that staff frequently contacted health and social care professionals for advice and support when people's needs had changed.