

Mashdel Services Ltd

Weston Business Centre

Inspection report

Hawkins Road
Colchester
Essex
CO2 8JX

Tel: 07540433019

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11 November 2022
16 November 2022
29 November 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Weston Business Centre is a domiciliary care service providing the regulated activity of personal care to 11 people, this included both adults and children who have a learning disability, are autistic and who have complex care and support needs.

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

Right Support:

The staff team supported people to have choice, control and independence. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service worked with people to plan for when they experienced periods of distress so that their freedoms were not restricted.

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.

Staff supported people with their medicines in a way that promoted best possible health outcomes.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff assessed risks posed to people using the service. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good [published 14 September 2018]

Why we inspected

The inspection was prompted in part due to concerns received about the quality of care provided for people using the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Weston Business Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have made a recommendation about the service's recruitment practices.

Follow up

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Weston Business Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 2 inspectors. An Expert by Experience undertook calls to people's relatives or others involved in their care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 8 November 2022 and ended on 29 November 2022. The Expert by Experience spoke with people's relatives and those acting on their behalf on 9 November 2022. We visited the location's office on 16 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 3 people's care records and their Medication Administration Records [MAR]. We looked at 5 staff files in relation to recruitment practices, staff training, supervision and spot visits. A variety of records relating to the management of the service were reviewed as part of the service's quality assurance arrangements. We spoke with the registered manager and the service's care coordinator.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We continued to look at information relating to the management of the service. The Expert by Experience spoke with 7 people's relatives and/or those acting on their behalf. We emailed 6 members of staff with a list of questions and received 2 responses.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and those acting on their behalf told us they felt safe and had no concerns about their safety or wellbeing when staff visited them. Comments included, "Oh yes, I feel very safe, they [Weston Business Centre] are a great team", "I have no issues with safety" and, "When [person who uses the service] is out, I feel they are safe."
- The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse. The registered manager liaised with the Local Authority's safeguarding team and raised safeguarding concerns in line with guidelines.
- Staff demonstrated an understanding of what to do to make sure people were protected from harm or abuse and staff had completed safeguarding training.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were assessed and managed to enable people to live in their own homes safely. For example, environmental risks to ensure people's and staff's safety, medication, moving and handling needs. The risks associated where people could become anxious and distressed and where people undertook community activities with staff were also recorded.
- Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.
- Medication practices ensured people received their medication as they should. Staff had received appropriate medication training. However, there was no evidence to demonstrate staff had had their competency assessed to ensure they were skilled to undertake this task safely. The registered manager provided an assurance this would be addressed.
- Medication audits were completed to make sure MAR forms were completed to a good standard or to identify errors and lessons learned.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- Staff had received Mental Capacity Act [MCA] training and were able to demonstrate an understanding of the requirements of the Mental Capacity Act and what this meant for people using the service.
- Staff knew how to support people to make choices and day-to-day decisions. People's consent was clearly documented, and relatives and other care professionals were involved where appropriate, with decisions on care and support.

Staffing and recruitment

- Recruitment checks were completed for new staff employed at the domiciliary care service. However, some improvements were required. We reviewed four staff personnel files, and these showed there was no evidence of a second reference having been received for three out of four members of staff.
- The Disclosure and Barring Service [DBS] certificate for one member of staff was received 17 days after they commenced in post. There was no evidence of a completed Adult First Check or risk assessment. 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. The Adult First' check is a service that allows an individual to be checked against the adults' barring list. The registered manager stated the member of staff worked alongside another member of staff during their induction.

We recommend the provider consider current guidance relating to recruitment practices and take action to update their arrangements accordingly.

- People told us there were always enough staff available to provide the care and support as detailed within their support plan. People confirmed they received support from the same group of staff. Comments included, "We have regular carers which pleases us and my [relative] has a good relationship with them" and, "[Name of person using the service] has a regular core team that understand them and their needs."
- Staff confirmed there were enough staff available to meet people's needs. One member of staff told us, "There is enough staff and I do not work long hours. I have enough time off and I work between 12 and 36 hours a week."
- People told us staff stayed for the allocated time as detailed and agreed within their support plan. People confirmed there had been no missed calls and the service provided was reliable. If staff were running late, people were contacted. Comments included, "Staff have never not turned up" and, "They [staff] always let us know, we are never left in limbo."

Preventing and controlling infection

- Staff had received infection, prevention and control training.
- Staff had access to Personal Protective Equipment [PPE, including face masks, aprons, gloves and hand sanitiser, and confirmed adequate supplies were routinely available.
- Relatives told us staff always wore PPE when undertaking visits to them at their home.

Learning lessons when things go wrong

- The provider and registered manager had systems in place to review and investigate events and incidents and to learn from these when things went wrong.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained 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; 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; Continuous learning and improving care

- The provider's quality assurance arrangements monitored the experience of people being supported and how risks to people using the service and the quality of the service were managed. This information was used to help the provider drive improvement, including the monitoring of potential trends and lessons learned.
- The registered manager understood duty of candour and was open and honest when things went wrong. Relatives told us the service contacted them if incidents happened. The registered manager had raised safeguarding alerts and reported incidents to the Care Quality Commission when necessary.
- Relatives were complimentary regarding the management team and told us the service was well managed. Comments included, "I would recommend this agency, I think the staff are lovely and have a really good attitude," "The agency is excellent" and, "They do provide good care and we are happy with the service. My [relative] looks forward to seeing their carers."
- Staff were positive about working at the service and told us they were supported by the registered manager. One member of staff told us, "I am proud to be an employee as it has helped me settle into my role as a support worker and in the development of my skills. I love working with my colleagues, service users and the management team." Another member of staff told us, "I think the service is well run as there is a management team available, there is always someone to talk to. [Registered Manager] is quite approachable."

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.

- Relatives told us they felt confident to raise issues with Weston Business Centre. For example, where discussions had been held with the management team about staff being late, these issues had been resolved.
- Relatives told us communication with the domiciliary care service was good. Comments included, "When I call the office, I can speak to who I want" and, "If I have any queries I able to contact the office easily and they get back to me, I have no problems."
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- The organisation completed 'spot checks' on their staff to ensure they were following their policies and procedures and providing appropriate care and support.

Working in partnership with others

- Information showed the service worked closely with others, for example, the local Clinical Commissioning Group [CCG], healthcare professionals and services to support care provision.