Shiloz Services Limited

40 Mashiters Walk

Inspection report

40 Mashiters Walk
Romford
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17 November 2017

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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

This inspection took place on 15 and 17 November 2017. This was the first inspection of a service newly registered on 26 January 2017.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. The service was provided in one multiple occupation house that could support up to five people. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The house has five individual bedrooms with shared lounge, dining, kitchen and bathing areas and a staff office. At the time of the inspection, a limited number of people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager is also the registered provider.

People received a safe service. Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns or suspected any abuse. They were confident that the registered manager would address any concerns.
Staffing levels were sufficient to meet people's needs and to enable them to do be supported in a way that they wished.
People were treated with respect and their privacy and dignity was maintained. They were supported by a small, caring staff team who knew them well.

Systems were in place to ensure that people received their prescribed medicines safely. Medicines were administered by staff who were trained and assessed as being competent to do this.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs, preferences and choices.

People were protected by the provider's recruitment process, which ensured that staff were suitable to work with people who need support.

People were encouraged to develop their skills and to be as independent as possible. They were supported to carry out daily living activities such as shopping, cooking, cleaning and laundry.

Care records contained information about people's assessments, needs, wishes, likes, dislikes and preferences.

The registered manager monitored the quality of service provided to ensure that people received a safe and effective service that met their needs and had positive outcomes.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. Systems were in place to ensure that their human rights were protected.

Staff felt the registered manager was approachable and supportive and gave them clear guidance.

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. Systems were in place to ensure that staff supported people safely. There were enough staff available to do this.

Risks were identified and strategies put in place to minimise and to support people as safely as possible.

People were supported to receive their medicines safely.

The recruitment process ensured staff were suitable to work with people who need support.

Is the service effective?

Good

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to support people effectively.

Systems were in place to ensure that people's human rights were protected.

People's healthcare needs were monitored and they were supported to remain as healthy as possible.

Systems were in place to support people with their nutritional needs.

Is the service caring?

Good

The service was caring. Staff supported people appropriately and responded to them in a friendly and professional way.

People were supported by a small regular staff team who knew them well and provided consistent support.

People were encouraged to be as independent as possible and to develop their skills and confidence.

Is the service responsive?

Good

The service was responsive. People received individualised care and support. Their care plans were personalised and gave a picture of how they wanted and needed to be supported.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported.

People were involved in activities of their choice in the community and were supported to do what they wanted and liked.

Is the service well-led?

Good

The service was well-led. The registered manager's quality assurance systems ensured that people received a safe and effective service.

The registered manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

40 Mashiters Walk

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 17 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before our inspection we reviewed the information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since they started to provide a service to people. Care providers are legally obliged to inform the Care Quality Commission of certain events such as safeguarding allegations and the death of a person using the service, these are known as notifications.

During our inspection we met one person who used the service and observed the support provided by the staff. Due to their communication difficulties, the person was not able to give us any specific feedback about the service. We spoke with two members of staff and the registered manager. We looked at one person's care records and other records relating to the management of the service. This included duty rosters, three recruitment files, accident and incidents, complaints, health and safety, quality monitoring and one medicine record. After the visit we spoke, by telephone, to one person's relative and to a social worker.

Good

Is the service safe?

Our findings

At times, some people exhibited behaviours that challenged. Risk assessments were in place as to how best to manage such behaviours and to minimise risk as far as possible. One person's social worker told us, "Incidents have decreased a lot. Staff had a plan to deal with any incidents and when an incident occurred they followed it." Staff told us that as they got to know people better, incidents and behaviour that challenges had decreased. A record was kept of any accidents or incidents. This included statements from staff and any follow up action, to reduce the risk of re-occurrence. Any incidents of behaviour that challenged were discussed within the staff team, to see if there were any lessons that could be learnt or any changes that needed to be made. For example, referrals had been made to relevant healthcare professionals for more specialist advice and guidance. One member of staff told us, "We have been over incidents and agreed a strategy. We always analyse and try to understand [person]. Things are much better."

Systems were in place to safeguard people who used the service. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were clear about their responsibility to ensure people were safe. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They felt confident that the registered manager would deal with any concerns they raised.

There were systems to protect people's finances from possible misuse. When people began to use the service, bank accounts were opened for them and were managed by the registered manager. However, this was a short-term measure as arrangements were being made for this function to be transferred to the placing authority. One person's social worker told us that they would be making an application to the court of protection with regard to this. The registered manager transferred money from the bank accounts to a prepaid card. Staff used this card when supporting people in the community or with shopping. Staff were not able to access the person's actual bank account. Records of monies spent were recorded and were checked by the registered manager. People's social workers were consulted if there was a plan to spend any larger amounts of money; for example, to pay for a holiday.

People were supported to receive their medicines safely and in a way they wanted to take them. Medicines were administered by staff who had received medicines training and been assessed by the registered manager as competent to do this task. We checked the medicines storage and recording for one person's medicines. Medicines were securely stored in the office. We have recommended that, subject to a risk assessment, medicines be stored in people's individual rooms. This is because the service provided is a supported living scheme and a person's own home. Medicines administration records were accurately completed and up to date. Individual guidelines were in place for the administration of 'when required' (PRN) medicines and included the necessary information, to ensure people received these medicines appropriately and effectively.

The provider had an effective recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff.

We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support. There was evidence in staff records to confirm that they were legally entitled to work in the United Kingdom. This helped to ensure people were protected by the recruitment process.

This supported living scheme had 24 hour staffing including waking staff at night. Staffing levels were based on individual needs and were sufficient to meet people's needs. For example, one person needed support from two staff when they went out and staff were available to do this.

Good

Is the service effective?

Our findings

People's needs were assessed before they started to use the service. Information was obtained from previous placements, social workers, relatives and as far as possible, the person. Assessments considered issues in relation to equality and diversity, such as religion, ethnicity and sexuality. We saw that people and their relatives had visited the service before a decision was made as to whether they used the service in future. When needed, independent advocates were also involved in the decisions.

We found that people had been supported effectively during the transition to the service. For example, staff had visited a person at a previous placement. They had worked alongside staff from that placement to get to know the person, what they liked and how best to support them. This had helped to make the transition as smooth as possible. One member of staff told us, "I did the transition from [previous service] and was here for the first night." A social worker told us, "We were expecting issues but [person] has settled in really well." Therefore this was an effective outcome for the person.

People were supported by a small consistent staff team who received the necessary training, support and guidance to enable them to meet people's needs. Records showed that the training included confidentiality, medicines, health and safety, safeguarding and mental capacity. One member of staff said, "I've had lots of training including medicines, moving and handling, communication and safeguarding. In December we are having challenging behaviour training. It's the right training and the challenging behaviour will help further." We also saw staff had received training in preparation to meet the specific health needs of a person who was due to start to use the service. A social worker told us they felt staff were 'skilled'.

Staff told us they received good support from the registered manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said, "[Registered manager] is good with staff. You can reach them and discuss things. They give a lot of support for the job." Systems were in place to share information with staff including staff meetings and handovers between shifts.

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 Act 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 by the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received MCA training and were aware of people's rights to make decisions about their lives. The registered manager was aware of how to obtain a best interests decision when needed. Systems were in place to ensure that people's human and legal rights were protected.

Systems were in place to support people with their nutritional needs. People individually chose what they

wanted to eat and were supported by staff to buy their food and to cook. Each person had their own space in the kitchen to store their food. A social worker told us, "[Person] chooses what they want, shops and cooks. They [staff] prepare fresh food." A member of staff told us, "[Person] chooses food from the cupboard or fridge and joins in the preparation." During the inspection we saw the person do this. Staff also told us that sometimes people liked specific food from their own culture and that this was cooked with them to support their cultural preferences.

People's healthcare needs were monitored and they were supported to remain as healthy as possible. Staff supported people to attend medical appointments. Records showed that people had visited the GP, optician and dentist. Each person's file contained a health action plan with details of their health needs and how these should be met. Details of medical appointments, why people had needed them and the outcomes were all recorded. A member of staff told us people were able to indicate if they were in pain. They also said that changes in people's behaviour could also be an indication that they were unwell. When this was the case they arranged for people to be checked by the doctor.

Good

Is the service caring?

Our findings

During the inspection, we saw that staff treated people in a kind and caring manner and there were positive interactions between the staff and people. For example, a member of staff told us that staff at one person's previous placement had informed them that the person stayed in their room and did not interact with staff. However, during the inspection we saw that the person spent time in the communal areas with staff. They seemed happy and relaxed and were smiling and laughing. A relative told us, "I think they [staff] know [person] and get on with them". A social worker commented, "[Person] has a good relationship with staff."

Staff spoke to people in a polite and professional manner and took time to explain things to them. For example, they told people where they were going and when. A member of staff told us that it helped to prepare one person for what was going to happen next and also on the following day. Information was available in easy read formats to help people to understand it. One person used some Makaton signs to indicate what they wanted and staff had learnt what these meant. Makaton training was booked for December 2017, to develop staff skills and knowledge and to improve communication further. Makaton is a language programme using signs and symbols to help people to communicate.

People's privacy and dignity were respected. One member of staff told us how they did this. They said, "We wait outside the bathroom and when [person] is ready they shout for you to come in and dry their back. If they want you to go they indicate this. We always ask if it's okay for us to support them. If they don't want this [person] says go, go, go and indicates for you to shut the door."

People were supported to be as independent as possible. Staff supported people to do necessary daily living tasks including cooking, cleaning, shopping and laundry. A social worker told us, "[Person] is so much more independent since they started to use this service." A member of staff said, "We get people to do as much as possible for themselves."

People's cultural and religious needs were identified and staff were aware of these. The registered manager told us that one person's previous placement had said that they did not practice any religion. However, staff had noticed that when watching a television programme, the person had signed to indicate praying. Staff supported the person to a church service and now they went every week.

Staff told us about people's individual needs and preferences. There was a small stable staff group and this helped to ensure that people were consistently supported, in a way that they preferred and needed.

Good

Is the service responsive?

Our findings

People received individualised care based on their needs, likes, dislikes and preferences. Their care plans were personalised and described the individual support people required to meet their needs. They contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes. For example, one person's care plan said they enjoyed reggae music and going to the local Baptist church. It also indicated when the person liked to go to bed and that they liked to have a shower. Care plans were in an easy read format to help people to understand them. Due to people's communication and learning difficulties, their involvement in developing the plans was limited. However, care plans had been reviewed and updated as people settled in and staff got to know them and their likes better. Therefore, systems were in place to ensure that staff had current information about how people wanted and needed their support to be provided.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. A member of staff told us how they supported one person to make choices when they first started to use the service. They said, "In the supermarket we walked up and down the fruit and vegetable aisle and showed them each fruit. They indicated either yes or no to each one. This also helped us to find out what they liked." A social worker commented, "[Person] is very excited about the whole process of having choice."

People were supported to take part in activities they liked both in the community and at home. One person went bowling, swimming, to the cinema and to a 'friends' group. At the group, they had lunch with other people and were taking part in a 'fashion' session. We saw the person getting ready to go to the 'friends' group. They were smiling and signing that it was good. They put their coat on and stood by the door smiling, whilst waiting for staff to get ready. People had also been on holiday and staff told us that people had enjoyed this. A social worker told us, "[Person] goes out daily with two staff and they enjoy this."

People were supported to maintain links with their families. For example, one person had been supported to visit their extended family, something that they had not done for a long time. They had also been supported to meet a family member for lunch. Their relative told us, "They [staff] bring [family member] to see us."

We saw that the service's complaints procedure was available in easy read formats and displayed within the service. The registered manager told us that there had not been any complaints. The relative and social worker we spoke with confirmed that they had not had any complaints about the service provided.

Good

Is the service well-led?

Our findings

The provider was also the registered manager and was based at the service. This ensured they had a good oversight of what was happening there. Staff were clear about their roles and responsibilities and what was expected of them. One member of staff said, "[Registered manager] is very clear on what they want and says that [people who use the service] are our first priority." Another member of staff told us, "[Registered manager] is absolutely clear about standards."

Staff were positive about the registered manager and said they were accessible and approachable. One member of staff told us, "[Registered manager] is on call at any time and will come straight away if needed. Great management support." Another said, "If you are off, [registered manager] will get someone to hand over what's been happening. They are a listening ear and help you get over issues."

We found that the registered manager monitored the quality of the service provided to ensure people received the care and support they needed and wanted. This was both informally, when they were at the service, through audits and checks that necessary tasks had been completed and by visiting the service when not expected. One member of staff told us, "[Registered manager] always pops in and does not ring. Once when I was on night duty they came in at 6.30 a.m. They read reports and ask why things have not happened. For example, asking why a person has not been to an activity. They call meetings if they spot anything."

This was a new, very small service and had been operational for about six months and the registered manager had not yet sought formal feedback from people, relatives or other professionals. They had received informal feedback at people's six week review and during telephone contact with social workers and relatives. The social worker and relatives we spoke to confirmed that they were happy with the quality of service provided.

Due to people's communication and learning difficulties, their ability to feedback about the service provided was limited. However, staff told us that as they got to know people better and to understand their communication they were able to establish what they liked and how they liked their support to be provided. They had made changes to the way they supported people as a result of this. For example, they had discovered that one person liked fashion and make-up and they now helped them with this.