

Mashdel Services Ltd

# Weston Business Centre

## Inspection report

Weston Business Centre  
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04 July 2017

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Mashdel Services is registered to provide personal care and support to people in their own homes. The inspection took place on 29th June 2017 and 4th July 2017 and was announced. At the time of our inspection, 14 people were using the service.

Mashdel Services had a registered manager in post who resigned from their post two weeks before our inspection. A new manager had been appointed but as yet was not registered. 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 2008 and associated Regulations about how the service is run.'

There were not enough staff to ensure all people's needs were met. This was predominantly noticed with three out of 14 people who were receiving 24 hour care packages. Staff were working extremely long hours with no break.

Most people felt safe and were cared for by staff in way that promoted their dignity and met their needs. Staff knew how to identify and report concerns that affected people's health and wellbeing.

People were supported to take their medicines safely. People's medication records were completed correctly and when needed written protocols were in place for example for when people required drugs for pain relief or had swallowing difficulties.

People were supported to eat and drink to maintain a balanced diet. People had a variety of choice and their dietary requirements were met.

Staff respected people's wishes and preferences in the way they delivered care. Where people were able, they were involved in the planning of their care. Staff understood how to support people who may not have capacity to make certain decisions about their care.

People were encouraged to follow their interests and were supported to take part in activities that they enjoyed.

The registered provider reviewed untoward incidents and accidents and looked for opportunities to improve practices. There were systems in place for handling and resolving complaints.

People were supported by staff that had been employed following appropriate recruitment checks. This ensured they were safe to work in health and social care settings. Staff recruited had the right values and skills to work with people who used the service. Staff received training and support which ensured they had the qualifications and skills to deliver good quality care to people.

The registered provider demonstrated a desire to provide good leadership to the staff team. Audits were completed to assess the quality of the service; however a lack of effective management and a lack of oversight did not fully ensure the service delivered was safe and continued to improve. This with particular relevance to the monitoring of staff working hours, Systems in place required developing to show how the service was moving forward.

You can see what action we told the provider to take at the back of the full version of the report summary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe

Staffing levels were determined by the number of people supported and their assessed needs; however there were not enough staff to cover the hours required. People gave mixed feedback about the timeliness of their care calls.

People were protected from abuse or improper treatment, as staff and management recognised safeguarding incidents and reported them.

Staff were recruited safely.

Risks were considered and steps to mitigate these risks were built into people's care plans. Accidents and incidents were recorded, monitored and actions taken in response recorded

Medicines were safely managed.

### Is the service effective?

**Good** 

The service was effective.

Staff were well trained and supported. Training and supervisions were up to date.

People received the care and support they had consented to. The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to make meal choices based on their preferences.

### Is the service caring?

**Good** 

This service was caring.

People told us they were well cared for. People were treated in a kind and compassionate way.

People told us they were treated with respect and their

independence, privacy and dignity were promoted.

People were included in making decisions about their care. The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

### Is the service responsive?

**Good** ●

The service was responsive.

Care records were well maintained and care plans contained accurate information about people's needs. .

Complaints were handled appropriately and in line with the provider's own complaints policy.

People told us the care they received was personalised and they were supported to make day to day choices.

Feedback about the service was gathered through questionnaires and telephone conversations with people who used the service. Staff feedback was obtained via supervisions, appraisals and meetings.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

A registered manager was not in post at the time of inspection. A new manager appointed was approachable and flexible to ensure people's needs were met.

The new manager was active and visible to people using the service. They worked alongside staff and offered regular support and guidance.

People, relatives and staff were encouraged to provide feedback about the service.

A quality assurance system was in place to review the quality of the service. This was not however established fully and processes were not embedded sufficiently to evidence continuous improvement of the service.

# Weston Business Centre

## **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.

We inspected Weston Business Centre, also known as Mashdel Services on 29 June 2017 and made further visits to people who used the service on 04 July 2017. This was an announced inspection. We gave the registered provider short notice (48 hours) that we would be visiting to ensure they were available to provide the information we required.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people who used the service and relatives to find out their views on the care and service they received.

Before the inspection, we reviewed all the information we held about the service. We contacted the local authority to find out their view of the service. The registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

At the time of our inspection 14 people were using the service. We spoke with seven people and four of their relatives / representatives. We visited two people in their own homes. We also spoke with the registered provider, the newly appointed manager and five care staff.

We looked at four people's care records, including care planning documentation and medication records. We looked at five staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

## Is the service safe?

### Our findings

We received mixed feedback about staffing levels within the service. Most people we spoke with were very happy with the care packages they had in place and said they received consistency of care from a small regular team of care workers. They told us their arranged care calls were timely. Other people told us they experienced late care calls and sometimes scheduled calls felt rushed. One person told us, "One of my carers is always in a rush. She goes early and sometimes doesn't empty my commode. I was happier with the previous company." Another person told us, "One of my carers walks everywhere and she is often hot and in a rush and can be running late."

A few full time staff told us there was no provision built into their rotas for breaks in 24 hour packages or travel time between visits. This meant they often had to juggle some call times, in order to follow their rota as closely as possible. This meant people did not always receive support as agreed in their care contracts with the registered provider, in line with their assessed needs.

In contrast to this, other staff said there were no issues with their calls or rotas. The service employed 28 carers overall at the time of this inspection. This also included the new manager covering some care calls herself. We therefore reviewed the last four weeks rotas and allocated calls and identified some concerns around the deployment of staff. The rotas showed that at least four staff had on more than one occasion worked excessive hours. These were where there were 24 hour care packages in place. However the provider had not planned for breaks or cover and we saw occasions where the rotas identified staff working for 96 hour or more shifts. Whilst some of this time was allocated as sleeping shifts, staff confirmed that sometimes people wished to wake in the night and watch television or use the facilities and needed support to do so. This meant that staff were not able to have a full period of sleep and were working unsafely and excessive hours with no breaks.

Another person who had a 24 hour care provision in place was also requesting a later time for going to bed and the service was unable to meet this request as it did not fit in with the staffing arrangements. One person we visited told us they liked the three carers they had but that they did not want their carers working extremely long hours, day to day. The carer present at the time also stated that, "[Person] likes to have a change of carer. They enjoy their time with everyone but like to have a change of staff. I think that is good also." We discussed this with the provider who advised us that they were currently recruiting more staff to cover care hours. This potentially meant that if one of the regular staff members was sick or on holiday the service did not currently have adequate staff cover to provide care for people with complex packages of care. Another person we visited was noted to have someone living in with them seven days a week for three weeks at a time who was employed by Mashdel, however in contrast at regular intervals during each day another carer would come in four times daily to assist them and the registered provider acknowledged that this is what they should have done with the other two 24 hour packages.

We spoke with the registered provider regarding staff working arrangements and discussed the working time directive legislation. The Working Time Regulations determine the maximum weekly working time, patterns of work and holidays, plus the daily and weekly rest periods in a 24 hour period. They told us they were

actively recruiting new staff and that there had been some staff changes recently. Whilst we acknowledge staff had signed 48 hour working opt out agreements, it was clear some staff employed were working well in excess of that and up to 90 plus hours per week with minimal breaks. We noted this was a regular occurrence over a number of weeks and one staff member told us, "I am quite tired yes." We advised the registered provider that they must review their staffing levels, how staff are deployed, and the allocation of staff to care calls, to ensure that staffing levels were appropriate and people's needs could be met in a timely manner. The provider advised us at the time of inspection they had been through a difficult period of change and would attend to this immediately. We were notified following the inspection that they were adjusting staff working hours to better suit the people who received care however it required our inspection to highlight staffing as an issue.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which relates to - Staffing

People said they felt safe receiving care and support from Mashdel Services. Comments from people included, "I trust them completely", "I feel 100% safe" and, "I feel happy and safe". People told us they could ring the office if there are problems and there was usually someone who answered. We observed calls being responded to in the office as part of the inspection and people's queries being responded to. For example when people were confirming who would visit them. Staff told us they felt people were kept safe and described the training they had completed as part of their role. One staff member said, "We get training on any new equipment and have completed safeguarding training. Another staff member said, "Yes, we keep people very safe it's a really important part of our role."

Potential risks to people's health and welfare were identified and assessed to help keep people safe. A number of risk assessments had been carried out in respect of each person using the service, in relation to moving and handling, falls, nutritional needs, skin integrity, and mental health. Risks to people within their own homes had also been assessed, such as the environment, security and staffs access to their premises. Steps to reduce any identified risks were built into people's care plans alongside their needs. In one person's case this was particularly pertinent regarding moving and handling as they used a tracking hoist. In another person's home we observed staff support a person to move safely using a standing hoist.

Staff showed a good understanding of safeguarding adults, including how to report concerns. They could tell us about the various types of abuse and potential warning signs to look out for, such as changes in people's usual behaviour. Staff were required to complete safeguarding training as part of their mandatory training. One staff member said, "We update our training every year." This was also confirmed in discussion with the training manager of the service. Staff were also aware of the registered provider's whistle blowing procedure. Staff said they had not used the procedure personally but felt concerns would be dealt with correctly.

The registered provider had effective systems to ensure newly recruited staff were suitable to work with people using the service. We viewed the recruitment records for five recently recruited staff. These showed a range of pre-employment checks had been carried out, including obtaining references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

Where there had been an accident or incident involving a person who used the service the details of the event had been recorded and a copy was held at the registered provider's main office. These records showed what action had been taken to prevent similar incidents from reoccurring.

Medicines were managed safely and records showed people's medicines were being administered in



accordance with prescribing instructions by their GP. Medicines were administered from people's own dispensed medicines in box and bottle to mouth systems. People told us, "I'm happy with how the carers administer my medication" and, "They give me my tablets, when I need them." The registered provider used a 'Medication Administration Record' (MAR) chart to record when people's medicines were administered. The MAR chart prompted staff to record the date of administration, whether medicines had been given, the time, a signature and a reason if they were not taken. Staff had completed these correctly and we found no gaps in the MAR charts for the two people's records we viewed in their own homes. The registered provider told us that any gaps would be investigated to identify the cause and action taken.

People told us they received their prescribed medicines safely and in a timely manner. Daily notes showed where they had been assessed as safe to manage their own medicines staff supervised or prompted them to do this. One person told us, "I take my medication when the carers are here – they supervise me and then write it down" Another person's care plan we viewed stated they required support to take their medicines. We viewed the person's daily logs and saw records of staff confirming they had checked that people had taken their medicines.

# Is the service effective?

## Our findings

Most staff we spoke with told us they felt supported to carry out their role. One staff member said, "You can call the office anytime and they will always help you. I often pop in to the office." Another staff member told us, "If there are any changes we will always be made aware. I don't feel unsupported at all." A relative of someone who was three weeks into a new package said, "The manager came out in the first week and ironed out any niggles. I get text messages if I need to tell them where things are or if I need to follow something up. Communication is very good. Carers come on time and stay extra sometimes. It's early days but so far so good"

Records confirmed staff received regular one to one supervision and an annual appraisal. This ensured people received care and support from knowledgeable and experienced staff. One person said, "When they [staff] are here they know exactly what I like and how I like things done." Another person said, ""They [staff] are quite good, they do what I need. It's the same two and they come on time. At first I was concerned about using a new service, but so far so good." A third person said, "I am very happy with the carers from Mashdel. I had a carer from a previous agency I did not like but the ones I have now are great."

Staff were required to complete particular training which the registered provider had specified as mandatory for all staff. This included health and safety, first aid, moving and assisting, infection control and fire safety. Our discussions with the training manager confirmed training was up to date at the time of our inspection. Training took the form of both e learning and classroom based one to one practical sessions. Staff were trained on how to use equipment in people's own homes and we saw there was detailed guidance on how to use the equipment available in people's care plans. For example, one person used a specific bath chair and we saw pictorial guidance of this and the size slings to use when using the hoist to transfer the person onto the bath chair.

When asked if carers arrived on time comments from most people included, "Yes, they are always prompt at 8am, only twice have they not turned up both times on a Sunday. I rang the office and they sent someone from Southend the first time, I didn't bother to ring the second time" and, "If a carer can't turn up, the office will ring and someone comes within 15-20 mins and they keep us updated." Further comments from other people included, "The carer arrives on time and stays the correct length" and, "Yes they come on time and stay for the right length. It's a regular team and they log things daily. The office contacted me about a mix-up on rotas. They apologised and got it sorted" and, "If they are running late the carers notify the office who then notify me." Another person told us, "Carers will ring me if they are running late. I have rung the office when nobody turned up and they said they will hunt around but they always send someone." People confirmed that even though they acknowledged there were sometimes occasions when staff may be delayed unavoidably, there had been no missed visits in recent months.

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 under the MCA. We checked whether the service was working within the principles of the MCA. Staff showed a good understanding of MCA. They were able to describe when the MCA applied to the people they supported. Staff also described how they would support people to make their own day to day decisions. One staff member said, "Although [person] has communication difficulties we always give them options and choices. For example if I am offering them a cup of tea, I show them the cup and they will let me know if they want one. This person was noted to have a listening device in their bedroom which would alert the sleep in carer if they required assistance. The person told us they were fully aware of this and were happy it was in place.

People were asked for their consent before receiving care and support from staff. We saw one person being asked for consent when we visited regarding our presence in their home. The staff member told us, "I always check with them that things are okay. I would not want to do something they did not agree to." Staff confirmed they always asked people first before providing their care. Comments from people included, "They [staff] always ask me before they shower me and do my breakfast" and, "They make porridge for my breakfast and prepare my lunch." Staff also asked if there was anything else they could do before they left. For example one person said, "They always check, they leave a jug and two glasses and a can of drink out for me." Another person said, "Carers check I have enough to drink before they leave." Staff also said they would respect a person's right to refuse. One staff member said if a person did not want something done at a particular time they would offer other options and ask them again later. They said, "We have to remember it is their choice."

People who required support with nutrition had care plans which detailed the support they needed. This included guidance for staff about people's preferences, such as how they liked their meals or tea made. The support plan also advised staff to allow people to make their own choices about what they would like to eat and drink. Staff described how they helped people make nutritional meal choices by offering foods based on what they knew people liked.

People were supported to maintain good health. One person told us, "They [staff] always wash my legs and feet and cream them and then put my shoes and socks on." Another person told us, staff always wear gloves and an apron, when they carry out my skin regime." People's records showed where staff had highlighted concerns about people's health and wellbeing appropriate contact had been made with healthcare professionals.

## Is the service caring?

### Our findings

People we spoke with were complimentary about the care and service they received. People said, "The carers are very kind and polite", "Carers are polite" and, "They are kindly. No problems with them"

The registered provider told us there was a person-centred approach to the support people received. This was evident in the way staff spoke about people who used the service. Staff spoke with kindness and compassion, and were positive about the people they supported. We asked staff what 'caring' looked like for them and one member of staff said, "It's like caring for your own relative. There is genuine affection for the people we look after. You actually feel like you make a difference and I always ask people if they are okay and offer more assistance or reassurance when needed."

Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. One person's relative told us, "My [relative] is happy - we couldn't ask for better. When we came back from holiday early due to illness they put 24 hr care in", and another relative said, "The new person is very, very good. It makes such a difference. My [relative's] needs are addressed – in the way they choose. We are very pleased." This showed us people were supported to make the own choices and decisions.

The registered provider told us staff induction and training, along with person-centred care plans supported staff to understand the values of dignity and respect. We saw people had been asked if they preferred male or female support and that this had been recorded. We saw in one person's care plan it specifically instructed staff to cover the person during personal care to maintain their dignity. It was clear from our discussions with staff that these values underpinned the work they carried out with people. One staff member said, "The door is always closed during personal care and I leave [person] alone if they wish for personal space. I always explain exactly what I am doing." People we spoke with confirmed they were treated with dignity and respect. One person who received care with their spouse told us, "They treat me kindly and with respect", and, "Everything runs lovely and smoothly. The carers are well mannered and treat us as a couple. I would recommend them to anybody."

People told us staff supported them to maintain their independence and staff explained how they supported one person to mobilise to keep their independence. People explained they were involved in planning and making decisions about their care and that their wishes were met wherever possible. They explained new staff were mostly always introduced so they would know them. This helped when care workers were on leave because they knew the other care workers on the team who would cover. This also helped staff to develop relationships with people and, therefore, provide more personalised care.

# Is the service responsive?

## Our findings

People were involved in deciding how their care and support was delivered. One person said, "Carers take my [relative] to college each day and come back and prepare an evening meal. They take me out on Saturdays, sometimes fishing. We have been with the company less than a year but compared to the previous company, Mashdel are much better" and, "Things are going quite nicely. I get a printed rota each week.

People's care records confirmed their needs had been assessed to determine how they wanted their care provided. Records clearly documented people's preferences and demonstrated their involvement in the assessment process. For example, people's social needs and personal preferences had been discussed and agreed as to how these would be met. Most people told us the registered provider was responsive to changes they wanted to make. One person said, "They [service] responded well when I asked for an earlier visit at 7am and they made sure staff come on time." Information gathered during the initial assessment of people's needs was used to develop bespoke, personalised care plans. Care plans identified specific objectives to be achieved for each person. For example, how to protect people from any potential risks, such as the risk of falling. Care plans provided step by step guidance for staff to follow to ensure people received consistent care that met their particular requirements. For instance, one person would lie on a particular side when they were communicating 'yes' or 'no' as a response. Another person wanted staff to leave them alone when they had a friend visiting.

Care plans identified specific responsibilities for care staff and senior support workers so that all staff were clear about the registered provider's expectations. For example, care staff were responsible for providing personal care and domestic tasks and to report any concerns or changes. Senior support staff were responsible for monitoring and reviewing service delivery and to maintain a safe working environment.

We looked at how the service received and acted on complaints. We found the provider had a clear complaints policy and procedure in place. All of the people we spoke with said they were happy with the care and support they received. One person said, "I haven't any complaints at all. I speak to [registered provider] and they keep me informed." Another person said, "I am happy with all my carers. I have no complaints."

We received some concerns prior to the inspection regarding previous complaints made to the service whereby it was alleged actions had not been taken. We saw the registered provider had kept a log of all complaints and compliments received. We viewed the log and saw that all complaints had been investigated and resolved. The action taken following the complaint had been logged. For example we reviewed a recent concern which we had been made aware of, and saw that there had been regular communication between the service and the complainant and that actions and the outcome had been recorded.

People told us they were asked for their feedback about the service in a variety of ways. These included questionnaires that were issued to them by the registered provider, and also during care review visits and

separate telephone calls from office staff. Recently completed questionnaires showed that people were satisfied with the service. Staff told us they were able to share feedback in staff meetings when they occurred, or in supervision sessions.

## Is the service well-led?

### Our findings

At the time of our inspection the registered manager had recently left the service on 09 June 2017. A new manager had been appointed and had been in post for just under three weeks. They had previously been the clinical nurse manager for the service. They told us they had initiated an application to become the registered manager for registration to the Commission.

People had the opportunity to give their views about the quality of the care they received. Formalised quality audit systems were not yet fully established and embedded within the service. One person said, "Our contact with the offices is good." Another person said, "I have been with Mashdel just over a year. I've had no office contact. I knew the old staff well. It's still upside down at the minute." Additionally a third person said, "With these new people I can ring several times and often there is an answering machine and I can't get through. I don't have any contact from management unless you contact them. I haven't been officially informed of the new management." This meant that although most people were happy with the service overall and felt the staff were approachable, there was a minority that felt that engagement from the management could perhaps be better.

Staff described the new manager as approachable. One staff member said, "You can speak to them, they are approachable." Another person said, "I would feel okay raising issues with the new manager she seems quite responsive." The registered provider told us that they held management and staff meetings to oversee the governance of the service and we saw minutes of these. These meetings reported on key areas such as staff, number of people using the service and the volume of work; however these had not highlighted the discrepancies found with staff working excessive hours in a weekly period over a number of preceding months.

The service is relatively new and had only been in operation since April 2016. The registered provider told us an annual report was in the process of being completed which would provide the management with a summary of performance across the year and plans for the future however this was not yet available to view. Staff told us they were able to give their views about the service. They said specific meetings were held and they were informed if there were major changes. They advised us they could go to the office at any time. Staff told us there was a positive atmosphere within the service. One staff member said, "We like to work as a team" and "I get on really well with the people I work with."

The registered provider had effective systems in place to ensure people received their medicines safely and on time. Audits of MAR charts were undertaken daily by staff and any issues were reported back to the office. Paperwork was collated monthly and returned to the office where medication charts were checked to ensure they had been completed correctly. We saw evidence these checks had taken place by reviewing care plans and medication charts in the office.

The registered provider carried out unannounced spot checks and monitoring visits to check people received good quality care. This included a check on whether staff arrived on time and stayed the full length of time, as well as checking whether staff followed people's care plans. The records of monitoring visits we

viewed showed there were no concerns and no additional action had been required, but failed to identify that staff allocated to 24 hour packages of care were working excessive hours with no breaks.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet the provision of the regulated activity.</p> <p>Regulation 18 (1)</p>