

Shiloz Services Limited

40 Mashiters Walk

Inspection report

40 Mashiters Walk
Romford
Essex
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Tel: 01708744901

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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

40 Mashiters Walk is a supported living service providing personal care to 5 people. At the time of the inspection, 3 of those people lived permanently at the service and 2 were there on respite care.

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

Right Support: People were able to choose where they lived. The service was able to assess people's needs before they began living at the service, so they knew whether they could meet their needs. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. Care plans were in place for people which set out how to meet their needs in a person-centred way. Systems were in place for dealing with complaints. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

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.

Right Care: People were protected from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. There were enough staff working at the service to meet people's needs. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Right Culture: People were supported with care that was person-centred. Quality assurance and monitoring systems were in place to help drive improvements at the service. Relatives and staff told us there was an open and positive culture at the service. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

However, the provider did not have any formal systems in place for engaging with people who used the service and their relatives, and we have made a recommendation about this.

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 28 December 2017).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. We inspected this service because the previous inspection was more than 5 years ago, and we wanted to check the provider was still providing good quality and safe care.

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 effective?

Good ●

The service was effective.

Details are in our caring 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.

40 Mashiters Walk

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 carried out by 1 inspector.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. 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.

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 a registered manager in post. The same person was also the nominated individual and co-owner of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. 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 spoke with 1 relative by telephone. We were unable to speak with people due to their communication needs. We observed how staff interacted with people. We spoke with 4 staff; the registered manager and 3 support workers. We reviewed a range of records. This included 2 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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.

Staffing and recruitment

- There were enough staff working at the service to support people in a safe way. We observed there were enough staff on the day of inspection to support people in line with their assessed staffing needs.
- Staff and relatives told us there were enough staff. A member of staff told us, "There are enough staff, the staffing levels are OK." A relative said, "[Person] gets 1 to 1 staff a home and 2 to 1 if they go out. I believe there are enough staff."
- Checks were carried out on prospective staff before they commenced working at the service. These included criminal records checks, obtaining proof of identity and a record of previous employment.
- However, for two staff, their employment references were only obtained on the day prior to the day of the inspection.
- We announced this inspection a day in advance. The registered manager told us they were aware that they did not have all necessary staff references in place and it was on their list of things to do. They added that knowing CQC were coming to inspect led them to do this with immediate effect. We stressed with the registered manager the importance of obtaining employment references before staff started working at the service, in order that the provider could make a judgement about the staff's suitability to work in a care setting.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Assessments were person centred, based around the risks individuals faced.
- Assessments covered risks including accessing the community, health conditions, using kitchen equipment and the physical environment. Assessments were subject to review, this meant they were able to reflect the needs people face as they changed over time.
- The provider did not have the responsibility the maintenance of the premises. They did however carry out checks related to fire safety. Fire alarms were tested weekly. The provider also carried out fire drills, although the most recent was in May 2022. We discussed this with the registered manager who told us they would address this issue.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The provider had a safeguarding adults policy in place. This made clear their responsibility for reporting any allegations of abuse to the local authority. We saw that allegations of abuse had been dealt with in line with the policy.
- Staff had undertaken training about safeguarding adults and understood their responsibility for reporting

any abuse they witnessed. A staff member said, "The first thing I would do is to report it to my line manager."

Using medicines safely

- Medicines were managed in a safe way. Medicines were stored securely in a locked cabinet. Medicines administration records were maintained. Staff signed these after each medicine was given so that there was a clear audit trail. We checked some of these records and found them to be accurate and up to date.
- Where people had been prescribed medicines on an 'as required' basis, guidelines were in place about when to administer these. Staff had undertaken training about the safe administration of medicines.
- Relatives told us they were happy with the support people received with medicines. A relative said, "They have made sure they [medicines] are right."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had an accident and incidents policy to help guide staff. Accidents and incidents were reviewed to see what action could be taken to reduce the risk of similar incidents occurring in the future.

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.

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

- People's needs were assessed before they started using the service. The registered manager told us this was to see what those needs were and if the service was able to meet them.
- Assessments were carried out with the involvement of the person, their relatives and the commissioning local authority. They covered needs including personal care, health, medicines, and equality and diversity. A relative told us of the assessment process, "We had a long meeting and I was able to tell [registered manager] all about [person]."

Staff support: induction, training, skills and experience

- Staff received support and training to help provide them with the necessary skills and experience to carry out their role. On commencing work at the service staff undertook an induction training program. This included shadowing experienced members of staff.
- Staff told us and records confirmed that they received regular training, covering topics such as moving and handling, first aid, working with people with epilepsy and fire safety. Staff also had regular one to one supervision meetings with their manager. This gave both parties the opportunity to discuss matters of importance to them.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's dietary preferences were detailed in their care plans. Staff told us they supported people to make choices about what they ate, and we observed this during the inspection.
- We saw that people were supported to eat healthy food options. A relative told us, "I'd say the food is good. The diet is very good, a lot of healthy vegetables."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthy lives and the provider worked with other agencies to meet people's healthcare needs.
- People had access to various healthcare professionals including GPs, dentists and opticians. A relative told us, "I've got no issues there. [Registered manager] lets me know when [person] has a hospital appointment."
- Health Action Plans were in place which provides guidance about supporting people to live healthy lives. Hospital Passports were also in place. These provided information for hospital staff about how to meet people's needs in the event of them being admitted to hospital.

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.

- Where possible, people were supported to make choices for themselves. Relatives were also consulted to help gain an insight into what people's preferences and choices would be. The registered manager told us that where a mental capacity assessment was required, these were carried out by the local authority who commissioned the care.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 were treated well and the provider respected equality and diversity. Staff spoke in a dignified and respectful way when discussing people who used the service and we observed positive interactions between staff and people.
- A relative told us, "I am actually very pleased with the service. The reason is [person] is settled, they are getting good care. When I visit [person], they look well. They look clean and tidy."
- Care plans covered needs related to equality and diversity, including sexuality, ethnicity and religion. People's needs were met in these areas, for example, through the food provided.

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

- People were supported to express their views and be involved in making decisions about their care as much as possible. Care plans included information about people's likes and dislikes.
- Staff told us how they supported people to make choices, for example, about what they ate or the clothes they wore. A member of staff said, "We give [person] choices for breakfast. We ask what they want and they point [to what they want]."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was promoted. Staff understood the importance of respecting privacy and dignity and told us how they did this. A member of staff said, "I knock on the door and ask if I can come in. I say, 'are you ready for your shower?' I try to encourage [person] to do things for themselves, but they need prompting."
- Staff were aware of what people could do for themselves with their personal care and what they needed support with, which helped to promote their independence. People were supported to develop independent living skills. For example, on the day of inspection we observed people to be involved in preparing meals and tidying the premises with staff support.
- The provider had a policy on confidentiality to help guide staff in this area. Confidential records were stored securely in locked cabinets and on password protected electronic devices.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people. These were of a good standard, clear, detailed and person-centred, based around the needs of the individuals. Relatives were involved in developing plans. One relative told us, "I speak with [registered manager] and they incorporate what I say with [person]."
- Plans covered needs including personal care, social and leisure activities and equality and diversity. Care plans were subject to regular reviews. This meant they were able to reflect people's needs as they changed over time.

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.

- People's communication needs were met. Communication needs were covered in people's care plans and staff had a good understanding of how to communicate with individuals. A relative told us, "We put it down in [person's] report how they communicate."
- Various means of communication were used, including verbal, gestures, body language, objects of reference and the use of picture cards to help people express their wishes. Information was also produced in picture formats to help make it more accessible to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to develop and maintain relationships. People were able to see visitors as they wanted, and relatives confirmed this.
- The provider supported people to engage in community-based activities and activities at the service. This included trips to the shops, restaurants, bowling and the cinema. On the day of inspection people were supported to go for a picnic in a local park, and it was clear people were happy about this activity.
- A relative told us, "We made it clear to them that [person] is an outdoor person. [Registered manager] has sent me photos of [person] going to the gym, taking [person] for walks. It really helps them, that's what they enjoy."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the provider.
- The registered manager told us there had not been any complaints made in the past year, and we found no evidence to contradict this. Relatives told us they could speak with the registered manager if they had any concerns.

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.

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

- The provider considered equality characteristics. For example, care plans covered issues related to equality and diversity. Staff recruitment was carried out in line with good practice in relation to equality and diversity.
- Regular staff meetings were held. These gave staff the opportunity to engage with the service and discuss matters of importance to them. A member of staff said of the meetings, "[Registered manager] gives everybody room to express themselves."
- However, there were no formal systems in place for engaging with service users and their relatives. For example, the registered manager said they did not carry out any surveys. The registered manager told us they routinely discussed issues with staff, people and relatives, but this was done informally.

We recommend the provider introduces systems for engaging with and seeking the views of relevant person, including people who use the service and their relatives.

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

- The provider promoted a positive, open and inclusive culture to achieve good outcomes for people. Staff and relatives spoke positively about the registered manager and the working environment.
- A member of staff told us, "They [registered manager] are a good manager. They are like a good friend if we have any problems." Another staff member said, "The management make sure everything is up and running. [Registered manager] makes sure things are done well." A relative said, "[Registered manager] does make themselves available to me. They make me feel it is OK to raise any issues."

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 provider was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring and there was a system in place for dealing with complaints.

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

- There was a registered manager in place and staff were aware of who their manager was. Staff were

provided with a copy of their job description to help provide clarity about their role.

- The provider was aware of regulatory requirements. For example, they had employer's liability insurance cover in place. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

Continuous learning and improving care

- The provider had established systems to help develop continuous learning and improvement. Various audits were carried out, for example, in relation to infection prevention and control, medicines, and the physical environment. Risk assessments and care plans were subject to regular review.
- The registered manager carried out an 'Internal Quality assurance Audit' in May 2023. This looked at how the service was doing in various areas, including staff training, supervision, accidents and incidents and care plans.

Working in partnership with others

- The provider worked with other agencies to develop best practice and share knowledge. For example, the registered manager attended a provider forum run by the local authority. They also worked with an organisation that specialised in providing support to care services that supported people with epilepsy, and with Skills for Care, who provided advice and guidance to care providers around staff training.