

Family Mosaic Housing







18 Belmaine Avenue

Inspection report

18 Belmaine Avenue
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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	

Overall summary

The inspection took place on the 16 and 24 November 2015.

Belmaine Avenue is one of a number of services owned by Family Mosaic Housing. The service provides accommodation and support for up to three people who have a learning disability.

The service has a registered manager. A registered manager is a person who has registered with the CQC 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.

People were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

The service had a small regular and consistent staff team. The provider had appropriate recruitment checks in place

Summary of findings

which helped to protect people and ensure staff were suitable to work at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported in their role and we saw that staff had received regular supervision and training.

We found that detailed assessments had been carried out and that the care plans were very well developed around each individual's needs and preferences. We saw that there were risk assessments in place and plans on how the risks were to be managed. People were supported with taking every day risks and encouraged to take part in daily activities and outings. We saw that appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves, to help ensure their rights were protected.

People looked happy and relaxed with staff. They were able to raise concerns and there were systems in place to ensure people could be confident they would be listened to and appropriate action taken.

People's medication was well managed and this helped to ensure that people received their medication safely. They were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice. We also found that people's healthcare was good. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had an effective quality assurance systems in place. People had some opportunity to feedback on their experiences. Staff tried to involve people in day to day decisions and the running of the service. The service was well managed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge about how to keep people safe.

Good



Is the service effective?

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced diet and healthy eating was promoted.

People experienced positive outcomes regarding their health.

Good



Is the service caring?

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff understood people's care needs, they listened carefully and watched people's body language to respond to individual's needs. Staff provided people with good quality care.

Good



Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

Good



Is the service well-led?

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

Good



18 Belmaine Avenue

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 was planned to check 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.

The inspection was unannounced and took place on the 16 and 24 November 2015.

The inspection was undertaken by one inspector.

As part of our inspection we also reviewed other information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the manager and two members of the care staff. We also spoke with two relatives.

Not everyone who used the service was able to communicate verbally with us. Due to this we spent time observing the care people received within the communal areas. We also spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met.

As part of the inspection we reviewed two people's care records. This included their care plans and risk assessments. We looked at the files of two staff members and staff support records. We also looked at the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and supervision records.

Is the service safe?

Our findings

Staff told us that they felt people living at the service were kept safe. People were relaxed in the company of staff and they were seen to have good relationships. Relatives spoken with confirmed that they felt their relatives were safe and they had no concerns. One added, “The staff treat [person’s name] very well, they are safe there.”

The staff knew how to protect people from abuse and avoidable harm and had completed relevant training, which had been regularly updated. Staff were able to express how they would recognise abuse and who and how they would report their suspicions to. They were also aware of the service’s whistle blowing procedure and described who they would take any concerns to.

The service had policies and procedures on safeguarding people and these were there to help guide staff’s practice and to give them a better understanding. It was noted that the service had ‘Ask SAL’ poster in the manager’s office, which provided the reader with information on who they could contact if they had any concerns regarding vulnerable people. This showed that the service had systems and information in place to help protect people from potential harm and staff had been trained to take appropriate action.

When looking at people’s files it was clear that risk assessments had been routinely completed and these identified how risks could be reduced to help keep people safe. People were supported to take risks and encouraged to make choices and decisions during their daily lives.

Appropriate monitoring and maintenance of the premises and equipment was on-going. Regular checks had been completed to help ensure the service was well maintained and that people lived in a safe environment. No areas of concern were seen during our visit and the manager had systems in place and the support of a maintenance company should risks be identified.

There were systems in place to monitor people’s level of dependency and help assess the number of staff needed to provide people’s care. The manager advised that the

assessing of staffing levels was an on going process due to individual’s care needs often changing. There were enough staff available to meet people’s individual needs, but the manager was in the process of recruiting another person to ensure there were sufficient staff to cover sickness and annual leave.

People were able to follow their interests and past times because there were enough staff to support them. People were well supported and we saw good examples where people were provided with care promptly when they needed it or on request.

The service had a recruitment procedure in place to help ensure correct checks were completed on all new staff and this practice helped to keep people safe. The files of two new staff were viewed and the required checks had been made and this included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). The service also had a disciplinary procedure in place, which could be used when there were concerns around staff practice and keeping people safe.

People received their medicines safely and as prescribed. Medicines had been stored safely and effectively for the protection of people using the service. They had been administered and recorded in line with the service’s medication policy and procedure. Medicines had been recorded and signed for. One anomaly was noted, but the manager’s medication audit had not yet been completed which would have identified this. The manager took appropriate action to rectify this. Each person’s medication folder was accompanied by their photograph and a record of any allergies they may have. This supported staff to ensure that the correct person received the correct medicines prescribed for them.

Staff involved in managing medicines had received medication training and received regular competency checks. Staff spoken with stated the service’s medication systems were thorough and helped to ensure people received their prescribed medication and kept people safe. Regular audits had been completed and these were viewed and no concerns had been highlighted.

Is the service effective?

Our findings

Staff we spoke with said the training was very good and it had provided them with the knowledge they required to meet people's individual needs. Staff had received regular training and been provided with the knowledge and skills to carry out their roles and responsibilities as a care worker. Relatives spoken with felt people received the care they needed and one added, "They always look clean and tidy and their care is personal to them."

Newly recruited staff had completed an induction in line with the Skills for Care guidance and also attended a four day course to complete the company's mandatory training. All new staff received an induction relevant to the service and this included information about the running of the service and guidance and advice on how to meet the needs of the people living there. New staff would 'shadow' more experienced staff for at least a week, to help ensure they were confident in their role.

Staff had been well supported in their role as care workers. Documentation seen showed that staff had been supported through one to one sessions and meetings. Minutes of meetings seen showed that these sessions looked at issues relating to the running of the service and were informative and provided guidance and information for staff. Staff confirmed that they had received supervision and added they found the new manager very approachable and supportive.

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. The manager had an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and where needed had made appropriate referrals. All staff we spoke with demonstrated an awareness of the MCA and DoLS and stated they had received training. We saw that where possible staff sought people's consent before care and support was provided. The manager advised a DoLS referral had been made for one person living at the service and where needed they had involved relatives and other professionals in best interest decisions.

People's capacity to make day to day to day decisions had been assessed to help ensure they received appropriate support. This showed that the service had up to date information about protecting people's rights and freedoms. Where possible, consent had been gained and people or their relatives/advocates had agreed to the service providing care and support. People were observed being offered choices during the day and this included decisions about their day to day care needs. One relative spoken with stated that the service contacted them regularly to discuss their relative's care and any changes that had occurred.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and their individual needs were well documented. Where a risk had been identified there were nutrition and weight charts in place to enable staff to monitor people. Where people required assistance from a nutritionist or healthcare professional this had been gained. Guidance and information was available for staff, to ensure they had the most up to date information about each person's nutritional and swallowing needs. Professional's assistance had been sought where required to help ensure people were kept safe and the risk of choking was reduced.

People were being supported to have sufficient to eat, drink and maintain a balanced diet. Staff had a number of systems in place to find out people's likes and dislikes and these had been clearly recorded on each individual's file. Staff were seen offering each person different options for their lunch and then assisting them in choosing. Those who needed assistance with eating were offered appropriate support and assistance. Meal times were seen to be relaxed and staff used these to spend quality time with the people.

Cold and hot drinks were made available to people throughout the day and people were assisted to make these. Snacks were also available and people were seen being encouraged to go to the kitchen and gain access to these.

People had been supported to maintain good health and had access to healthcare services and received on going support. Referrals had been made to other healthcare professionals when needed and this showed that staff supported people to maintain their health whilst living at the service. Each person had a health action plan in place to identify any health care needs.

Is the service caring?

Our findings

People were observed with staff and were able to show through their body language and sounds that they were happy with the care they received. Some people had limited verbal communication and were seen smiling, shouting, or making hand or facial gestures when communicating with staff. Staff had a good understanding of people's non-verbal communication and responded to them appropriately. One person was heard making small vocal sounds. When staff were asked what this meant for this person they advised that they were 'content and happy,' which on observation did reflect the person's body language.

People were supported with their needs in a timely manner. It was clear that the staff were there for the people and wanted to make a difference to their lives. Staff were observed providing care with kindness and compassion. Staff communicated and interacted well with people and they provided help and support where needed. Staff were able to demonstrate they knew the people they cared for and provided appropriate care. Feedback from relatives included, "It is a very relaxing home and [person's name] likes the staff and they know her well."

People received good person centred care and the staff did their best to ensure that where possible people had been involved in decisions about their care and the lives they lived. We saw that people looked well cared for and were relaxed when staff supported them. Staff were observed

interacting with everyone and ensured that those who were unable to express their wishes were included in the conversations and activities where possible. Staff responded quickly to people's needs and they were kind and caring in their approach. We noticed that staff engaged with people at every opportunity and that people responded in a positive way. Some people had relatives involved in their care, but this was often limited. Where people did not have access to family or friends that could support them, the service had arranged for an advocacy services to offer independent advice, support and guidance to individuals.

Staff interactions with people were positive and the atmosphere was calm. People were treated as individuals and with respect and dignity. When people were supported with personal care the doors were always closed. Staff knew the people they were looking after very well and we heard them addressing them in an appropriate manner. People were encouraged to be as independent as possible and staff were observed providing support and encouragement when needed.

Where possible people were supported to express their views about their care and support. Some meetings had taken place with people, but the manager explained that they had found this method did not meet people's communication needs and it was difficult to gain their views in this format, so was looking at other ways that would better include people.

Is the service responsive?

Our findings

Staff assisted people with very personalised care and were responsive to their needs. People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to their needs.

People's needs had been fully assessed before they moved to the home. The assessment forms were easy to read and quickly helped to identify each person's needs and assist the service to identify whether they could provide the care required. The care plans we reviewed were very in-depth and contained a variety of information about each individual person including their physical, psychological, social and emotional needs. Any care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs.

People had a 'This is Me' folder in place, which provided the reader with an in-depth written picture of the person, including their past history, their hopes and dreams and what help and support they needed. Where possible people had been involved in producing this document and showed that their choices and care needs had been taken into consideration. Relatives or advocates had also been involved in the planning of people's care.

Each person had a health action plan and daily record notes, which provided information about each individual and ensured staff were kept up to date at each shift. Care plans had been reviewed regularly and updated when changes were needed to reflect variations in people's

needs. Staff spoken with confirmed that they had been given time to read each person's care folder and they felt they contained sufficient information for them to be able to provide appropriate care.

It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in. They had recently spent time with each person and created a four week activity chart which provided three different activity options for each day. These included short walks, manicures, shopping, games, feed the ducks etc. On the day of our visit one person had gone out to the shops to purchase Christmas decorations and festive activities that they could all participate in. Annual holidays had been organised and the service also attended social events with other services. Most people attended a weekly evening club to meet up with friends and the manager advised that many of the services had recently met up for a firework night. During our visit people went out with members of staff to the local shops and also for a walk. On the day of our visit two people were provided with hand massages from the staff and both were seen to enjoy the 'one to one' time and physical contact. Both people gave consent before the staff member started.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them and this included a pictorial complaints procedure. Management were seen to be approachable and they listened to people's experiences, concerns or complaints. Staff stated that they felt able to raise any concerns they had and one added that the service had improved since the new manager had been in post. Senior management also monitored complaints so that lessons could be learned from these, and action taken to help prevent them from re-occurring. Both relatives stated they had no concerns and had not raised any complaints.

Is the service well-led?

Our findings

People showed us they had trust in the staff and management and it was a friendly and homely environment. It was clear that the staff and management were there to ensure the people had a good quality of life and they empowered people in this process.

The service had a registered manager in post. There were clear lines of accountability and the manager had access to regular support from senior management when needed and was aware of their responsibilities.

Staff we spoke with were complimentary about the management team. They said that they had received supervision and attended regular staff meetings. They told us that they felt listened to and that their ideas and suggestions discussed at team meetings were acted upon. They felt they were kept up to date with information about the service and the people who lived there. They felt there was a good team and that everyone worked together and was valued. This meant that people benefitted from a consistent staff team that worked well together to deliver good care.

The service had clear aims and objectives and these included dignity, independence and choice. Staff were required to attend training on ethics and boundaries

during their induction and this looked at people's diversity and how to meet their needs. From observations and discussions with staff it was clear that they ensured that the organisation's values were being upheld to ensure continual individualised care for people.

The service had a number of systems in place to show that it aimed to deliver high quality care. Records seen showed that the manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvements.

Environmental and equipment checks had been carried out to help ensure people's and staff's safety. Monthly audits had also been completed by the manager in line with the company's own policies and procedures. Regular visits were also completed by the Deputy Operational Manager for support and auditing of the service.

The service had systems in place to gain people's views about the service. Meetings had taken place with the people living at the service in the past, but due to communication issues the manager felt these were not the best way to gain feedback from the people who lived at the service. They were looking at way that could gain feedback but was more appropriate for the people who living at the service. An annual survey is completed by the company and feedback is also gained from family and friends.