

Family Mosaic Housing

Family Mosaic Avalon

Inspection report

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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

Avalon is registered to provide accommodation with personal care for eight people who have a learning disability. There were eight people living at the service on the day of our inspection. The premises is single storey and wheelchair accessible.

At the last inspection this service was rated Good. At this inspection we found the service remained Good.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people and their safety. There were also processes in place to manage any risks in relation to the running of the service.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and staff were friendly and caring. People were supported to participate in social activities including community based events.

Staff used their training effectively to support people. The registered manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the systems in place in the service supported this practice.

Care records included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. Relatives confirmed that people received the care they required.

The service was well led; relatives and staff knew the registered manager and found them to be approachable and available in the home. People and their relatives had the opportunity to say how they felt about the home and the service it provided. The provider and registered manager had systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

Further information is in the detailed findings below.

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. Improvements had been made to risk management since the last inspection. The service is rated as Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 comprehensive inspection was undertaken by one inspector on 02 February 2017 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

People using the service had complex needs that meant we could not obtain their verbal comments on the service. We spent time sitting with people and observing their interactions with and responses to staff. We also spoke with two relatives. During the inspection process, we spoke with the registered manager, the provider's representative and four staff working in the service. We looked at two people's care and five people's medicines records. We looked at recruitment records relating to two staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

At this inspection we found that people received a safe service. We saw that people were confident in approaching and interacting with staff and in moving around the service. A relative said, "I do feel person is safe here. [Person] is always cared for and there are always staff around. The place is always clean."

At our last inspections we noted that regular safety checks relating to fire safety had not been routinely completed. At this inspection we found that improvements had been made. The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included relating to fire safety, the environment and dealing with emergencies. People's individual risks were assessed and actions were planned to limit their impact without restricting people unnecessarily. People's care plans included information about risks individual to them and a care plan was in place to help staff to manage these safely. Staff were aware of people's individual risks and how to help people in a safe way.

The provider had effective systems in place to safeguard people from abuse. Staff had attended training in safeguarding people. Staff were aware of their roles in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe.

People were protected by the provider's staff recruitment process. Staff told us that references, criminal record and identification checks had been completed before they were able to start working in the service. This was confirmed in the staff records we reviewed.

People were supported by sufficient numbers of staff to meet their needs safely. The registered manager told us that staffing levels were assessed for each person and in place in relation to the assessed and funded hours. Staff reported that there were sufficient staff to enable them to meet people's needs appropriately. We saw that staff spent time with people as well as completing the necessary care and ancillary tasks such as cooking.

The provider had systems in place that ensured people received their prescribed medicines in a timely and safe manner. This included the safe ordering, receipt, administration, recording and return of medicines. We saw that people's medicines were administered in a respectful way and in a format suitable to their individual needs. Assessments of staff competence to administer medicines safely were completed.

Is the service effective?

Our findings

At this inspection we found that people continued to be supported by staff who were suitably trained and provided with opportunities for guidance and development.

Staff told us that when they started working in the service they received a thorough induction training to enable them to meet people's needs well. This included completion of an industry recognised induction programme. The registered manager gave us written information to show that staff received appropriate training and updates. Staff confirmed they received the training they needed to enable them to provide safe quality care to people. Staff also told us that they felt well supported and received regular formal supervision and annual appraisal. This was confirmed in staff records.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. The registered manager and provider took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Staff knew how to support people in making day to day decisions. We saw assessments of people's capacity in their care records and these had been reviewed. Appropriate applications had been made to the local authority for DoLS assessments, including when existing authorisations were due to expire.

People's dietary and lifestyle requirements were known to staff and respected so that people received the food they needed and preferred. Staff told us that menus were planned by staff based on their knowledge of people's individual preferences. Pictorial information on the meals for the day was displayed in the service, as was clear information on how people needed their food to be presented in line with their assessed risks. People's weight was monitored and any concerns were referred to relevant health professionals for investigation and advice.

People's care records demonstrated that staff sought advice and support for people from relevant professionals. Each person had a 'hospital passport' as part of their care records. This provided important information about the individual person's needs, abilities and preferences. People's care records showed that their healthcare needs, appointments and outcomes were clearly recorded to ensure staff had clear information on meeting people's needs.

Is the service caring?

Our findings

At this inspection we found that people were supported in a caring and friendly way. This was identified by our observations during the inspection visit and through our discussions with staff and people's relatives. One relative said, "We are very satisfied with the care. The staff are very nice. You cannot fault the staff. They really know how to look after [person] and what they like."

We saw that staff spent time engaging people and talking with them. Relatives confirmed that they were involved in decisions regarding people's care and treatment. Each person's care records contained information about their individual life history. This helped staff to understand the person as an individual and to be aware of any particular needs regarding relationships or their cultural or religious customs. A recent written compliment from a relative noted, 'Staff are always helpful and friendly. The atmosphere here is happy and staff get along well. Thank you all at Avalon for taking care of [person] and all your hard, caring work.'

People's privacy and dignity was respected. Each person had their own bedroom which was treated as their own personal space and was decorated in an individual style. A relative told us that people were supported to maintain their self-esteem and said, "[Person] is always nicely dressed and always looks smart."

As the service no longer offers nursing care, the service had vacancies for care staff. However, the provider used a group of relief staff who provided cover along with regular agency staff to ensure people had familiar staff supporting them. This enabled consistency of care and the development of relationships. Relatives told us they always felt welcome to visit people in the service. One relative said, "The staff are very welcoming." Records showed that people were supported to maintain relationships and some people went to visit with family members at home.

Is the service responsive?

Our findings

At this inspection we found that staff continued to assisted people well with their care and support and that staff were responsive to people's individual needs. Care plans were written in a person centred way and clarified how people needed to be supported based on people's needs and preferences. We noted that some care records had not been reviewed in line with the provider's timescales. The registered manager told us that care staff were now being supported to take on this role which had previously been completed by nurses. Positive changes were being introduced to reduce the number of care files maintained for each person so that all information to support the person's care was easily accessible and current.

Staff were aware of people's individual needs and responded to these in an individual way. A recent trial had meant that one person's main meal time had been changed for example, which had resulted in reduced concerns with their health and well-being. The registered manager confirmed that this will now be formally implemented as part of the person's plan of care.

People had opportunities to be involved in social activities and leisure pursuits that interested them, both at home and in the community. It was clear from discussions with staff that they tried to ensure each person took part in the activities they liked and had interest in. A clear schedule had been implemented to ensure there were a range of activities at home and that people were actively supported to participate in these. The registered manager had introduced a written schedule which identified the staff who were designated to support each activity and for which people throughout the shift.

A number of changes had been introduced since the last inspection. An allocation sheet was in place to guide staff as to the timings for each person to receive their individual medicines in a way that met their individual needs and lifestyle choices. Variations had been made to staff shift times to provide support at times that suited people's individual preferences and personal routines, such as for getting up in the morning. The registered manager told us that this was to move away from an institutional style approach ensure that people received a service that was responsive and person centred. Changes were also being made to the use of some rooms in the premises to be more responsive to the needs of the people living there. This allowed for a 'busy' lounge and a 'quiet ' lounge as well as a sensory room to offer people a better range of experiences.

The provider had a clear system in place to manage complaints and to show they were investigated and responded to. The registered manager told us that no complaints had been received about the service since the last inspection. This meant we were unable to assess the procedure's effectiveness at this time. Information on how to raise any complaints was available in suitable formats. Relatives told us they would able to raise concerns with the registered manager and felt they would be listened to. A relative said, "We could say if we were not happy and we could ask questions. We could complain but we have never had to."

Is the service well-led?

Our findings

The service continued to be well led. An established registered manager was in post who demonstrated that they were fully aware of all aspects of the service. We saw that the registered manager spent time in the service talking with people and staff. They knew the people who lived there, their current individual needs and the staff supporting them, well. Relatives and staff told us they had confidence in the registered manager and in the way the service was managed.

There had been a change in the leadership structure as the service no longer employed nursing staff. A senior care role had been created to ensure a link between people, staff and to support the registered manager. Staff had clear roles and responsibilities and the atmosphere in the service was calm and organised. We observed that staff communicated well and shared information about people's care. Staff told us they found the registered manager approachable and supportive. The recent satisfaction survey noted the comment, 'I like the support I get from my manager, and they are easily approachable, which I like.'

The registered manager told us of a number of changes being made to the service to ensure development and improvement in line with the provider's aims for the service. People will be involved where possible. Potential staff recruits, for example, will spend time with people and staff interactions and skills and people's reactions to them, will be considered to ensure they align with the provider's values.

Systems and checks were in place to monitor, report and act upon on all aspects of the service to ensure continuous improvements and to provide people with safe, quality care. This included asking people, relatives and staff for their views through annual satisfaction questionnaires. The result of the most recent survey, dated Autumn 2016, was positive. All five responses received confirmed that people were happy or very happy with the service and that they would recommend it to others. Comments included, 'They provide my relative with the best care and they are well looked after and 'My [relative] gets the best service and I am very happy'.