

Family Mosaic Housing 1 Wharf Close

Inspection report

1 Wharf Close,
Goldingham Farm Estate,
Stanford Le Hope,
Essex,
SS17 0EJ.
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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 07 and 12 January 2015.

Wharf Close is one of a number of services owned by Family Mosaic Housing. The service provides accommodation and support for up to four people who have a learning disability or autistic spectrum disorder, and physical or sensory disabilities.

The service had a registered manager in post. 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.

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.

Summary of findings

There was a regular and consistent staff team. The provider had appropriate recruitment checks in place 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 were happy and relaxed with staff. People 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 was taken.

People's medication was well managed and this helped to ensure that people received their medication safely.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice.

We 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 the 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 a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

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, listened carefully to them and responded appropriately. 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



1 Wharf Close

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 announced and took place on the 07 and 12 January 2015. We gave 24 hours notice due to people living at the service often attending daily activities or outings and the risk of no one being present.

The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and details of any improvements they plan to make. The provider had completed this form and returned it within the set timespan given.

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 registered manager and four members of the care staff. We also spoke with a visiting advocate of one of the people.

Not everyone who used the service was able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal area. We used the Short Observational Framework for Inspectors (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us.

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 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 had good relationships. One staff member stated, “People are well looked after and they are safe. I would let my relative live here, they have a good quality of life.”

The staff knew how to protect people from abuse and avoidable harm and they had completed relevant training. They were able to express how they would recognise abuse and how they would report their suspicions. 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’ posters around the home, 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 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 enough staff available to meet people’s individual needs. 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.

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. Due to the service having one vacancy the staffing levels had recently been reduced, but this was to be increased once the vacancy was filled. The manager stated that this had not affected the care people received as each person’s dependency levels had been individually assessed. They added that the assessing of staffing levels was an on going process and they provided examples of where in the past they had requested more staff for individuals due to their care needs changing.

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. No new staff had been recently recruited, but it was confirmed that all staff would be required to provide 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. 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. There was also a record of medicines that had been destroyed or returned to the pharmacy when they were no longer needed. This meant that all medicines could be safely accounted for.

Staff involved in managing medicines had received medication training and competency checks had been completed. Regular audits had been completed and these were viewed and no concerns had been highlighted.

Is the service effective?

Our findings

People were observed with staff and were able to show through their body language that they were happy with the care provided. Some people had limited verbal communication and often smiled, clapped or made hand or facial gestures. Staff had a good understanding of people's non-verbal communication and responded to them appropriately. Staff were able to demonstrate they knew people well and ensured that their care needs were met.

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. Staff communicated and interacted well with people and they provided help and support where needed. Newly recruited staff had completed a six month induction 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. They also shadowed more experienced staff for up to two weeks to ensure they were confident in their role.

Staff had been well supported in their role as care workers and one staff member added, "I receive supervision all the time, it is a brilliant team and everyone gets on well. I love it here." Documentation seen showed that staff had been supported through one to one sessions, meetings and appraisals. Staff confirmed that these sessions had taken place and they felt the management were approachable and supportive.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals. All staff we spoke with demonstrated an awareness of the MCA and DoLS and had received training in the MCA. We saw that staff sought people's consent before care and support was provided. The manager was aware of the recent updated MCA guidance and had requested further assessments to ensure she was meeting the people's needs.

People's capacity to make day to day to day decisions had been assessed to help ensure they received appropriate

support. This showed that they 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. On the day of our visit one person had their annual review and was supported by an advocate. They were there to offer independent advice, support and guidance to the individual and help them make decisions.

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. For example, a healthcare 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. Pictorial menu boards showed that there was a varied menu and that people were offered choice and a healthy balanced diet. Staff stated that these were only a guide and they offered different options for the main meal where people wanted an alternative. One person told us that cheese sandwiches were, "Their favourite." Staff had used a number of systems to find out people's likes and dislikes and these had been clearly recorded on each individual's file. At meal times staff offered people choices and this often included assisting people to the fridge so they were able to point to what they would like to eat. Jugs of juice and hot drinks were made available throughout the day. People were encouraged to be independent with eating, but where needed staff offered support and assistance.

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 happy with the care and support they received. They were relaxed with staff and were given the time they needed. It was clear that the staff were there for the people and wanted to make a difference to their lives. Care was provided with kindness and compassion. One staff member spoken with said, “I love this job, I look forward to coming to work. It is so rewarding and everyone is so caring.”

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 were 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.

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 and permission was gained before entering people’s bedrooms. 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. Regular meetings had taken place with people and this provided them with an opportunity to discuss their likes and dislikes. Minutes of these meetings showed that people had had an opportunity to feedback regarding the care they received.

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.

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 they 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, mental, 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' document in place. Where possible they had been involved in producing this which showed that their choices and care needs had been taken into consideration. Where possible, either relatives or advocates had been involved in the planning of people's care. Care plans had been reviewed regularly and updated when changes were needed to reflect variations in people's needs.

People were seen approaching staff and they looked comfortable and relaxed in their presence. The manager had arranged regular meetings with the people and minutes of these meetings showed they tried to gain feedback on the running of the service. Issues that had been discussed included food, activities and staffing of the service. Where possible people had contributed to the meetings and this had been recorded.

People had been supported to follow their interests and take part in their chosen activities. One staff member stated, "We go out a lot, we are very pro-active with activities." During our visit people went out with members of staff to the local shops, out for meals and also a day trip to the seaside. On the day of our inspection one person was having their nails varnished by a member of staff. Once finished the person took great pleasure in showing the inspector their nails and indicating that they liked them.

It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in. One person liked trains and aeroplanes and they had arranged trips to pursue their interests. This included a trip to London and also one to Duxford Aerodrome. The staff member who arranged this added, "[person's name] smiled all day, they had a great time." Another person was observed doing arts and crafts and took great pleasure in showing the new staff coming on duty what they had done. Education courses had also been arranged in the past and included cookery and gardening.

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. One person added that a concern they had raised in the past had been 'managed well.' Only one complaint had been received and there was a record of how this had been investigated and the action taken. Senior management also monitored complaints so that lessons could be learned from these, and action taken to help prevent them from re-occurring.

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 who was aware of her responsibilities and ensured the service was well led. There were clear lines of accountability and the manager had access to regular support from senior management when needed.

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. A regular handover took place between each staff shift so that important information was passed down to each staff team. Comments received included, "They have good leadership skills" and "They are very supportive." 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 manager continually worked to improve the service for people and had developed strong links with the local community ensuring people were not isolated. Regular outings and trips were organised and also meetings with other services owned by Family Mosaic.

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. Where areas of improvement had been identified in the audits, the service had produced an action plan, which was regularly updated to show progress that had been made.

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 operational manager for support and auditing of the service.

The service had systems in place to gain people's views about their views of the service. This was in the form of a pictorial questionnaire which was completed annually with staff and advocates assistance. Feedback gained included, "I like all meals," "They take me out" and "They look after me." The information received back had been analysed for the service and also the organisation and, where necessary, suggestions and improvements had been implemented. One person visiting the service told us that they felt that the quality of the service was, "Very good" and, "The service has a good set of staff and there have not been many changes. They know the people well."