







Family Mosaic Housing Gallimore Lodge

Inspection report

Meesons Lane,
Grays,
Essex
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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 was completed on 29 June 2015 and there were six people living in the service when we inspected.

Gallimore Lodge is one of several services owned by Family Mosaic Housing. The service provides accommodation, personal care and nursing care for up to eight people who have a learning disability.

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.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in

Summary of findings

place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Care plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services. The management of medicines within the service was safe.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs and the mealtime experience for people was positive.

People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service was identified, these were addressed.

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?

The service was safe.

There were enough staff to meet people's needs.

The provider had systems in place to manage safeguarding concerns.

The provider had arrangements in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

The provider had arrangements in place for people to have their nutritional needs met.

Good



Is the service caring?

The service was caring.

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

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Good



Is the service responsive?

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Good



Is the service well-led?

The service was well-led.

The manager was clear about their roles, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive.

Good



Gallimore Lodge

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.

This inspection took place on 29 June 2015 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The majority of people who lived at the service were not able to verbally communicate with us. We spoke with one person who used the service, one qualified nurse, two members of care staff and the manager.

We reviewed three people's care plans and care records. We looked at the service's staff support records for four members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

Staff told us that they felt people living at the service were kept safe at all times. Our observations suggested that people felt safe. People appeared comfortable and relaxed in staff's company and there were good signs of wellbeing. We found that people were protected from the risk of abuse and avoidable harm. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. Staff were confident that the manager would act appropriately on people's behalf. The manager was able to demonstrate their knowledge and understanding of local safeguarding procedures. Where concerns had been raised the manager had acted accordingly and were assured that lessons had been learned from the incident, for example, steps had been taken to improve staff practice and competency so that the risk of reoccurrence across the service had been reduced.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, such as, the risk of developing pressure ulcers, poor nutrition or risk of choking, staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Where environmental risks were identified, prompt action was taken by the manager and the staff team to address these through the provider's 'estates' department.

Staffing levels were appropriate for the numbers and needs of the people being supported. Our observations throughout the inspection showed that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided in a timely and prompt manner.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for two members of staff appointed since our last inspection in September 2014 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported. The manager confirmed that although people who used the service were not able to be involved with the appointment of new staff they had the opportunity to meet prospective candidates being considered to work at the service prior to their employment.

The arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people living at the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for each person and these were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Is the service effective?

Our findings

Staff were trained and supported effectively, which enabled them to deliver good quality care to people. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard.

We spoke with one member of staff and they confirmed that they had completed the organisation's internal 'Academy 10' induction programme. This is undertaken over a four to seven day period depending on the member of staff's role and previous experience and covered several key topic areas. They also told us that they had completed a number of 'shadow' shifts whereby they worked alongside a more experienced member of staff. The staff member was positive about the opportunity they had been given to 'shadow' and work alongside more experienced members of staff and stated that this had been invaluable. They also told us that their induction had been very good and they had found it to be informative. Records confirmed this and there was evidence to show that their progress during the induction period was tracked and 'signed off' at regular intervals. The manager was also able to show that staff from an external agency utilised at the service had been subject to an induction.

Staff received regular supervision and an annual appraisal of their performance and development needs. Supervision was used to help support them to improve their practice and records confirmed this. Staff felt that this was a two-way process and that they were supported by the manager. One member of staff told us, "I get supervision every month. I get positive feedback and if I need additional advice and support that is also provided."

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS and when these should be applied.

Records showed that each person had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. People

were offered choices and this included decisions about their day-to-day care needs and participation in leisure activities. A DoLS checklist had been completed for each person and the manager confirmed that one DoLS application had been completed and others were in the process of being completed. They confirmed that these would be forwarded to the local authority for their consideration and authorisation. This meant that decisions were made in people's best interest in line with legislation.

Comments about the quality of the meals were positive. People indicated by their non-verbal cues that they liked the meals provided. Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet people's individual nutritional needs. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met, for example, staff were aware of who was at risk of poor nutrition, who was at risk of choking and who required a healthy eating plan. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition and hydration, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, for example, where people were identified as having swallowing difficulties, interventions and advice from the local Speech and Language Therapy Team and/or dietician had been sought and implemented so as to ensure the person's health, safety and wellbeing.

People's healthcare needs were well managed. People were supported to maintain good healthcare and had access to a range of healthcare services. Each person had a comprehensive health action plan in place and these identified individual's health care needs and the support to be provided by staff. In addition, each person was noted to have a 'Hospital Passport'. This document provides hospital staff with important information about the individual person which could prove useful if they were to visit the hospital for an appointment or during a hospital admission. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People were happy with the care and support they received. We noted that staff interactions with individual people was positive and the atmosphere within the service was seen to be friendly, welcoming and calm. Staff communicated well with the people they supported, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided in a way that the person could easily understand. Our observations noted that people were asked for their views on a daily basis using a range of varying communication skills such as eye contact, body language, objects of reference and pictorial formats. The manager confirmed that four people had a key ring and this contained information relating to their specific communication needs and evidence of their personal preferences, likes and dislikes to help aid their communication with staff.

Staff demonstrated affection, warmth and kindness for the people they supported. Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and key events.

Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering their room and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked so as to feel comfortable and staff were seen to respect people's choice of dress and hairstyle.

People were supported to maintain relationships with others. The manager told us that where some people did not have family or friends to support them, arrangements could be made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People received the support and assistance they needed and staff were aware of how the person wished their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to meet their specific assessed needs.

People's care plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The care plans were comprehensive and detailed. Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff, reading people's care records and reading the service's communication book. This meant that staff had the information required so as to ensure that people would receive the care and support they needed.

Information about a person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

It was evident from our discussions with staff that they tried to ensure that people had the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. People were able to enjoy a range of activities both 'in house' and within the local community, for example, going shopping, listening to music, watching a film and hand and foot massage.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. No complaints had been raised since our last inspection in September 2014. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints. A record of compliments had been maintained to record the service's achievements. A recent compliment by one relative provided positive comments about their member of family's wellbeing and the quality of the staff working at the service. This stated, 'Carers have changed over the years but [relative's] care has not. They are looked after, loved and cared for to a high standard.'

Is the service well-led?

Our findings

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits. This also included an internal review by the provider.

Specific audits relating to health and safety, infection control and medication were completed at regular intervals. General overview audits were completed at quarterly intervals and these audits looked at information relating to people who used the service and staff employed at the service. An annual Service Improvement Plan had been completed in November 2014 and demonstrated how the manager and provider identified where improvements were needed, for example, how better to support people to access more meaningful social activities. This showed that there was managerial oversight of the service as a whole by both the manager and the provider.

Staff told us there was an open and inclusive culture in the service that supported good staff morale and promoted good teamwork. People received care from a confident and well supported staff team. Staff were clear about the manager's and provider's expectations of them and staff told us they were well supported. Staff told us that they felt valued and respected by the manager and provider. In addition to regular staff meetings, staff were able to speak with the manager on a regular basis for advice and support. Staff told us that their views mattered and that they were empowered to express their opinions. In addition to this

forums were provided for both qualified nurses and support staff to meet with the organisation's senior management team. This enabled staff to 'network' and to share information.

People had completed satisfaction surveys in Autumn 2014 and these showed that people who used the service, relatives and those acting on their behalf, were satisfied with the overall quality of the service provided. One relative commented that they were happy with the care and support provided for their member of family. Specifically this stated, 'Well looked after and friendly staff.' Another relative commented, 'I think the service is excellent for my relative.'

The manager was able to demonstrate an awareness and understanding of our new approach to inspecting adult social care services, which was introduced in October 2014. They told us that this had been discussed in management meetings; however it was their intention to disseminate this information to the rest of the staff team through staff meetings and staff supervision at regular intervals so that they too had an understanding of how this applied to their everyday practices. Information relating to the provider's 'Care and Support Operational Strategy' and a provider engagement newsletter by the Local Authority was available for staff. This provides staff with information relating to 'national' agendas, local initiatives and keeps the service up-to-date on social care issues and topics.

Encouragement to increase staff performance and to recognise good practice was provided through a special incentive, such as, the provider's 'WOW Awards.' This recognises achievements by a person who used the service or a member of staff.