Faith Globallinks Ventures Limited

Faith Global Links Ventures Limited

Inspection report

158 Galleywoood Road
Great Baddow
Chelmsford
Essex
CM2 8YT
Tel: 01245 478797
Website:

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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 28 July 2015 and was unannounced.

Faith Global Links provides accommodation and personal care for up to five people who have mental health needs. At the time of our inspection five people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associate Regulations about how the service is run.

Summary of findings

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred. People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs

People's health needs were managed with input from relevant health care professionals, and there were systems in place to manage medicines so that people were supported to take their prescribed medicines safely.

People were treated with kindness and respect by staff who knew them well and were supported to maintain relationships with family and friends. Staff supported people to have sufficient food and drink.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

There were sufficient numbers of staff on shift with the right skills and knowledge to keep people safe.

There were effective systems in place to manage medication safely and to ensure that people got their prescribed medication on time.

Good

Is the service effective?
The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good

Is the service caring?
The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

Good

Is the service responsive?
The service was responsive.

People had their support and care needs kept under review.

People's choices and preferences were taken into account by staff providing care and support.

Concerns and complaints were investigated and responded to and used to improve the quality of the service

Good

Is the service well-led?
The service was well-led.

The service was well-led because there was a positive, open and transparent culture where the needs of people were at the centre of the way the service was run.

The service was run by a competent manager who was a visible presence in the home.

Good

Summary of findings

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Faith Global Links Ventures Limited

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 took place on 28 July and was unannounced. The inspection was carried out by one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with four people who used the service. We spoke with the registered manager and two care staff. We also made telephone calls to relatives and two professionals who are involved in the care of the people that live in the home.

We reviewed three people's care records, three medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People we spoke with confirmed they felt safe. One person told us, "I do feel safe here." They told us they could speak to the manager with any concerns they had. One relative told us, "we know [relative] is safe and that is a relief." They also told us that staff made sure people were safe and knew how to support people where risks to their safety and wellbeing had been identified.

The providers safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm or abuse. Staff and the manager demonstrated their understanding of what to do if they had any concerns about the safety and welfare of people. They understood their responsibility to report concerns to the local safeguarding authority for investigation, and to CQC. This was evidenced by the records we held about the organisation. There was safeguarding information available for staff and others to refer to in the communal area of the home, which included the local authority safeguarding information team contact details. Staff were able to tell us about examples of poor or potentially harmful care which demonstrated their understanding of abuse and how it could be prevented.

Risk assessments provided information for staff on how to safely support people whilst promoting independence. For example, when going out into the community. They included guidance about how to respond safely and appropriately to incidents where people may present with distressed reactions to situations whilst out.

Accident and incidents were recorded, analysed and management action plans were put in place to keep people safe. The manager kept a log of all incidents and reviewed them. This enabled them to identify and monitor patterns and trends so that action was planned and implemented to reduce the likelihood of any reoccurrence.

We saw there were processes in place to manage risk in connection with the operation of the home. Regular fire safety checks were carried out to ensure that in the case of a fire the fire alarms would work efficiently.

We looked at how the service managed their staffing levels to ensure that sufficient numbers of suitable staff were maintained to meet people's needs and keep them safe. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our observations. For example, people received prompt support and staff appeared unhurried. Relatives confirmed that staffing levels were sufficient to support people's individually assessed needs for example, where one to one support was required for them to access the community. The manager told us that they were on call in the case of an emergency.

Staff files demonstrated the provider operated a safe and effective recruitment process. The recruitment records included a completed application form which detailed past employment history and qualifications, previous employer references, proof of identity and a criminal records checks. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills required for the job role they had been employed to perform.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines. Medication profiles provided staff with guidance as to people's medical conditions, medication's that had been prescribed and why. We checked a sample of stock balances and found these corresponded accurately with the records maintained. Staff had received training in medication administration and competency assessments had been carried out on a regular basis. We observed medication being given and this was done in a respectful, dignified way, the staff supported the person to take their medication away from the other people that lived in the home.

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Is the service effective?

Our findings

People told us that they were happy with the care and support they received. One relative told us, “They are fantastic at meeting [relative] needs.”

Staff told us, when they had started working at the service they had completed a thorough induction programme. This included learning information about each of the people who lived in the home, including any risks that had been identified and clear plans of how to work with the people to alleviate the risks. Staff had completed a range of training that enabled them to carry out their roles and responsibilities efficiently, for example safeguarding and medication training. This was confirmed by viewing the training matrix where the staff training was logged. Staff spoken with said they received regular supervision where their development needs and training was discussed.

We observed staff communicating with the people that lived in the home and this was polite and respectful. Where people had communication difficulties, the staff showed patience and understanding, and gave the person enough time to respond.

Staff had received training and were able to demonstrate their understanding of their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. When people were deemed to not have the capacity, a best interest decision had been made on their behalf. This decision making process involved people that knew the individual well, such as family members, as well as other health professionals.

Staff knew how to support people to make decisions, and were clear about the procedures they must follow if an individual lacked the capacity to consent to their care and treatment. People’s capacity to make decisions had been appropriately assessed and regularly reviewed. Staff asked people’s consent before providing care and support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of adults using services by ensuring that if people are restricted in any way, these are assessed by professionals who are trained to assess whether the restriction is needed. The manager had made some Deprivation of Liberty Safeguard (DoLS) applications for people living at the home.

People were supported to express their preferences and this informed the planning of the menus. We saw records of meetings where people were able to express their wishes and preferences in planning the weekly menu. People told us, “The food is good and I can get myself snacks when I want, I choose what I want to eat at the weekly meeting”. Another person said, “I like to eat my meals in my room.” People were not rushed to eat their meals and mealtimes were flexible according to people’s preferred times to eat.

People were weighed regularly and this was clearly documented. We saw that where there had been concerns the necessary referrals had been made to the relevant healthcare professionals. People were supported to maintain good health care and had access to health care services. Staff kept daily records so they could monitor changes in people’s health. We saw people’s healthcare needs were regularly, assessed, monitored and discussed with them at their keyworker meetings. People had access to a range of other health professionals. For example, psychiatric nursing staff, physiotherapists, chiropodist, dentist and GP’s. The manager said that the service was well supported by the local surgery who had built up a relationship with the people living at the service.

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Good

Is the service caring?

Our findings

Staff treated people with kindness and warmth, One person told us, “The staff are lovely, they treat me well.” People were comfortable in the presence of staff. They approached staff with ease to ask them questions, and the staff responded appropriately. People told us the staff are kind and considerate. We observed interactions between staff and the people that lived in the home and there was laughter and humour which demonstrated that people had built up trusting and positive relationships with each other.

Relatives told us they thought the staff treated people with respect, dignity and kindness and as individuals. One relative told us, “[my relative] is happy there. It is a perfect place for them. The staff are great. We could not ask for more and it is so reassuring to know they are so well cared for.”

Staff we spoke to were able to demonstrate that they knew the needs and preferences of the people they cared for. People were able to make decisions about their care and were supported and encouraged to do this. They were encouraged to express their views and opinions as to how they wanted to live their lives. Regular meetings were held, in addition to care plan reviews and surveys, and there was also a suggestion box available for people to share their views. We were therefore assured people had been involved in making decisions about the care they received.

The people made their own decisions about their lifestyle choices and what they wanted to do with their day. They were enabled to access the community without staff support, which showed how the provider encouraged people to maintain their independence.

We looked at three care plans and saw that these were comprehensive and clearly stated people’s needs and preferences, likes and dislikes. People’s choice as to how they lived their lives had been assessed and positive risk taking had been identified and documented. Where possible people had been encouraged and supported to sign their care plans to confirm they agreed with the contents.

People told us they were supported by staff to maintain important relationships with friends and family. Relatives told us, “We can visit whenever we want to.”

We observed people being shown dignity and respect, staff knocked on bedroom doors and did not enter until invited to.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs for care, treatment and support. Each person had a care plan which was personalised and reflected, in comprehensive detail, their personal choices and preferences regarding how they wished to live their daily lives. Care plans were regularly reviewed and updated to reflect people's changing needs.

The service was responsive to people's changing needs and people's preferences were taken into account so they received personalised care. People were provided with the opportunity to have a weekly review meeting with their designated member of staff known as their keyworker. This provided people with the opportunity to discuss any concerns about their welfare and safety, or any changes they thought were needed to meet their needs. We reviewed records of these meetings which described people's responses to questions such as, "How am I doing?", "My finances", "Do you have any issues with anyone in the house or staff?" and "What would you like to do next week?" This gave people opportunities to talk about their choices, aspirations, review and discuss people's health care needs as well as raise any concerns they might have. One person told us, "Yes, these meetings are good."

Relatives told us they were involved in their relative's care plan and invited to attend any reviews. They felt fully involved.

People and their relatives told us their individual needs had been assessed and these were reflected in their care plans with regards to their social relationships, hobbies and leisure interests. People told us about the different places they accessed out in the community. One person told us, "I go out every day. They staff go with me, I like going shopping and to the hairdressers."

We saw that a designated smoking area had been made available for people that wished to smoke. This promoted a culture which enabled them to make their own lifestyle choice and maintain their independence, without it effecting the other people who lived in the home.

Records confirmed that people went out and about and accessed the community for a variety of activities and events. These included shopping trips, day care centres and lunch or coffee at local eateries. People were also supported to retain links in the local community by attending groups run by external organisations such as Age Concern and Mencap.

We were told that a holiday had been discussed with the people for this year, however they had made the decision that they would rather go on day trips this year. The manager was in the process of organising these.

People were actively encouraged to give their views and raise concerns or complaints. The manager told us how they saw complaints as opportunities to work towards improving the service. People's feedback was valued, and this was demonstrated through the provider's complaints procedure, regular keyworker and group meetings as well as surveys that had been sent to people and their relatives. All the relatives we spoke with said they were satisfied with the service their relative's received and expressed confidence in the manager to deal with any concerns they might have. We saw how a concern had been actioned and responded to as one person had recently had a toilet put into their bedroom which enabled them to have more privacy.

Good

Is the service well-led?

Our findings

The manager promoted an open and well led culture, they were a visible presence in the service and we observed interactions between the people and themselves. These were warm and friendly and it was evident from smiles and laughter that the people felt comfortable in the presence of the manager. Comments from people and relatives included, "I have no doubt that the people that live in the home are [manager's] main focus, [manager's] works very hard." "We are kept fully informed of any changes and know we can just ask if we have any problems." And "The staff and manager are open, honest and transparent, we are kept fully informed of all incidents and updated regularly."

There was effective communication between staff and the manager. Staff told us they were able to contribute to decision making, and were kept informed of people's changing needs through effective communication forums such as staff meetings, daily handover meetings, supervision and appraisal. Staff had opportunities to raise any issues or concerns through regular management support. One staff member told us, "There is always a good atmosphere here. We are well supported by the manager. The manager listens and acts on any concerns we might have."

There were effective systems in place to monitor and check the quality and safety of the service. The manager conducted a variety of monthly audits including medication and care plan reviewing. This enabled her to maintain oversight of the service and quickly identify any areas where action was needed to drive change or improvements. They signed off all accidents and incident forms and analysed the data each month and put measures in place to alleviate reoccurrence where necessary. They also carried out regular health and safety checks of the environment including fire safety checks.

People who used the service and their relatives were regularly sent questionnaires and surveys to ask for their views regarding the quality of the service they had received. The results of surveys were compiled into a report which where areas for improvement had been identified, actions with timescales had been implemented. For example people's bedrooms had been re-decorated recently. The manager informed us that the communal furniture was due to be replaced by the end of this year, therefore showing us that they had measures and plans in place for continual improvement of the service.

People's care records were stored securely in a locked cabinet, therefore people could be assured that any information about them was stored securely and kept confidential.