

Family Mosaic Housing

38a Woolifers Avenue

Inspection report

38a Woolifers Avenue,
Corringham,
Essex,
SS17 9AU
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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 March 2015.

Woolifers 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 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.

There was a 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.

Detailed assessments had been carried out and that the care plans were very well developed around each individual's needs and preferences. 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 regular outings.

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. People's healthcare needs were being met. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had quality assurance systems in place and 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 and 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



38a Woolifers 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 announced and took place on the 16 March 2015. We gave notice of our visit, 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.

As part of our inspection we reviewed information we hold about the service. This included notifications, which are events that happened at 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 two members of the care staff. We also spoke with relatives of one person. We only spoke with two people who used the service, due to not everyone being able to communicate verbally with us. We observed people and 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.

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 and medication 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 person told us that they, “felt safe” living at the service and a relative reported, “They are definitely safe and very well looked after.”

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 independent 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. Each person’s dependency levels had been individually assessed and the assessing of staffing levels was an on going process. Due to the service recently filling a vacancy the staffing levels had been increased and staff stated they were able to do more activities with the people and arrange regular outings.

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.

Each person’s medication folder was accompanied by their photograph and a record of any allergies they may have. There was also guidance for staff on ‘as and when needed’ medication. This provided staff with information on signs and symptoms to be aware of when assessing the person to identify if the medication was required. 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 competency checks had been completed. Further training had been organised for all staff as a refresher to ensure they were aware of the correct procedures and were following these. Regular audits had been completed by the manager 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 and limited communication that they were happy with the care provided. Staff had a good understanding of people's verbal and non-verbal communication needs and were seen responding to them appropriately. Staff were able to demonstrate they knew people well and ensured that their care needs were met.

Staff reported that 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 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 would also shadow a more experienced staff member for up to two weeks, to 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, meetings and appraisals. Staff confirmed that these sessions had taken place and they felt the management were approachable and supportive. One staff member added, "The manager is very approachable and can speak to her if I need advice or support at any time."

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. They had a good understanding of how to protect people's rights and ensure relevant assessments and guidance was sought for those who needed it. All staff had received training in the MCA and DoLS and were seen gaining people's consent before providing care and support.

People's capacity to make 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 had agreed to the service providing care and support. Where this may not be possible the service had arrangements for

an advocacy service, who would help people to express their views and wishes when decisions needed to be made about their lives. People were observed being offered choices during the day and this included decisions about their day to day care needs.

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. Each person had a separate shelf in the food cupboard with foods they liked and they could show staff what they wanted to eat. 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. Documentation had been completed by staff to show what each person had chosen for their meals and this showed that a good choice of meals had been made available.

On the day of our visit a trip out for lunch had been organised and on returning one person stated, "We had fish and chips. I like fish and chips." Another person was making the sign that they needed a drink and staff advised them that they were just, "Boiling the kettle and your drink is coming." The person then appeared more relaxed, but continued to 'sign' for a drink. People were encouraged to be independent with eating and drinking, but where offered support and assistance from staff when needed. One person was given small amounts of drink at a time, so they could continue using a beaker without a lid and drink independently.

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

Is the service effective?

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 like to come to work. We know our people very well." Another staff member stated, "I feel the people who live here have a good quality of life."

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. 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. The manager advised that the service was in the process of organising 'dignity champions' who would be there to offer advice and guidance to staff on general practice issues and improve the care.

Where possible people were supported to express their views about their care and support. Regular meetings had taken place and this provided people with an opportunity to discuss their likes and dislikes.

People had been involved in decisions about their care and their views had been gained where possible. Lots of information and advice had been produced in a pictorial form, which was easier for people to understand. 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. One relative spoken with stated, "[Person's name] is very happy and has settled very well. We are more than happy. The service always keeps us up to date with information or what is going on."

Is the service responsive?

Our findings

Staff assisted people with 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. When asked if people receive the care they needed one person replied, “Yes thank you.”

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 assisted 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 ‘Communication Passport’ in place. Where possible they had been involved in producing this document and included information on dietary needs, routines, family history and any assistance/support they needed. Where possible, either relatives or advocates had been involved in the planning of people’s care and included people’s choices and care needs. Health Action plans and a ‘This is Me’ document were also in place. These

contained detailed information about each individual and had been reviewed every four months and updated when changes were needed to reflect variations in people’s needs.

People were comfortable and relaxed in staff members presence and there was a homely feel. General conversations took place around food, places to visit and general activities. Regular meetings had taken place with the people living at the service and minutes of these meetings showed staff had 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 by staff to follow their interests and take part in their chosen activities. One person chose to attend a day centre each day, whilst others stayed at home and went out on regular outings and activities of their choice. On the day of our inspection people were reading, listening to music and taken out for lunch.

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 relative stated, “We have no concerns about the home and we are more than happy with the care.” 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. 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. One relative stated, “The staff are very polite and nice, they always make you feel welcome.”

The service had a registered manager in post who was aware of their 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. Comments received included, “We are a good team and work well together,” and, “The manager is very approachable and fair.” They felt they were valued by the management and this meant that people benefitted from a consistent staff team who 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 social events 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 the service. This was in the form of a pictorial questionnaire, which was completed annually with staff and advocates assistance. Feedback gained included, “The food is good,” “I get the help and support I need” and, “They always include me in things.” The information received back had been analysed for the service and also the organisation and, where necessary, suggestions and improvements had been implemented.