

Mr Robert Clarkson

Mondial

Inspection report

3 Old Road
Clacton-on-Sea
Essex
CO15 1HX

Tel: 01255 420995

Website: www.mondial3oldroad.com

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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 14 August 2015 and was unannounced.

Mondial provides accommodation and personal care for up to three people who live with a learning disability or who may have mental health needs. The service does not provide nursing care. At the time of our inspection there were three people using the service.

The service was managed on a day-to-day basis by the registered provider with the support of an assistant

manager. As a registered person, the provider has 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 safe because management team and staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

Summary of findings

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People's health needs were managed effectively with input from relevant health care professionals and people had sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the assistant manager supported staff to provide care that was centred on the individual.

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

There were enough staff with the skills to manage risks and care for people safely.

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?

The service was effective.

Staff received the support and training they needed to provide them with the information to support people effectively.

People's health, social and nutritional needs were met by staff who understood people's individual needs and preferences.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and respected their need for privacy.

People were encouraged to be involved in decisions about their care.

Is the service responsive?

The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain social and family relationships.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Is the service well-led?

The service was well led.

The service was run by a competent management team who were committed to providing a service that put people at the centre of what they do.

Summary of findings

Staff were valued and they received the support they needed to provide people with good care and support. Staff morale was high.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Mondial

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 14 August 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager.

This 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 the three people who lived at the service. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the provider, the assistant manager and one member of staff. Following our inspection we received written information from two relatives.

We looked at two people's care records and examined information relating to the management of the service such as health and safety records, recruitment records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

Relatives were satisfied that the care provided by the service was safe. One relative told us, “I have no concerns regarding any elements of care and have full trust in [the registered provider and the] team.”

Staff encouraged people to understand how to keep themselves safe when they accessed the community independently. One person told us they knew about risks from strangers, such as getting into a car with someone.

Staff had received training in safeguarding adults and they were able to explain that they understood how to keep people safe. The assistant manager had a clear understanding of their responsibility to report any suspicions of abuse to the local authority and also to notify CQC should they identify any concerns.

The provider had systems in place for assessing and managing risks. People’s care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. For example, some people had risks assessed around independently managing some aspects of their medicines. The assistant manager gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks and know what they should do to avoid risky situations. Staff worked with people to manage a range of risks effectively.

Staff understood the processes in place to keep people safe in emergency situations. The assistant manager explained the health and safety checks that they carried out included a weekly test on fire alarms. They had discussed fire drills and fire evacuations with people to remind them what they should do if the fire alarm went off. People understood what they needed to do in these situations to keep themselves safe.

The small family nature of the service meant that there was a very small staff team and very low staff turnover. There was, however, an established recruitment process in place. The staff team at the service consisted of the registered provider, the assistant manager and two members of care

staff, one of whom had been recruited the previous year. Personnel records confirmed that the provider’s recruitment process was followed and relevant checks had been carried out before the member of staff was employed. Checks on the suitability of applicants included taking up references and checking that the member of staff was not prohibited from working with people who required care and support. The new member of staff had received an induction following the skills for care common induction standards.

The provider assessed the levels of staff required to provide safe care. The people who lived at the service had very low dependency levels and managed much of their care independently with support and prompting from one member of staff, with additional support from the provider and the assistant manager on a daily basis. Staff were flexible in the hours they worked, depending on whether an outing had been arranged or if someone wanted to go somewhere with individual support. We saw that people’s care and support needs as well as their social needs were met by the staffing levels in place.

The provider had systems in place for the safe receipt, storage, administration and recording of medicines. Medicines were securely stored and there was a cabinet for controlled drugs, which required an enhanced level of secure storage. Records relating to medicines were completed accurately and stored securely. Where medicines were prescribed on an as required basis, such as medicines for epilepsy that were given when someone had a seizure, there were clear instructions about when the medicine was needed.

People were supported to understand about their medicines and took them with the support of staff where necessary. The assistant manager gave specific examples of how people took control of managing some of their medicines. Medicines were delivered from the pharmacy in monitored dose packs and were checked by staff before any medicines were given to people. The assistant manager audited the medicines every day to check that people had received their medicines appropriately and records were completed correctly.

Is the service effective?

Our findings

The assistant manager and staff were able to demonstrate a detailed knowledge of the assessed needs of all the people who lived at the service. There was a pre-admission assessment process in place, but there had been no new admissions for over two years. Staff were able to explain how people's needs changed over time and how they amended and updated care records in response to people's changing needs.

Staff had the skills and knowledge to provide care and support that met people's needs and staff received a range of training to provide them with the information they needed to carry out their role. Personnel records confirmed that staff had received core training that included moving and handling, health and safety, first aid, fire training, infection control and food hygiene. A member of staff told us they had updated their mandatory training in January 2015 and they had recently started on a National Vocational Qualification at level 3. The member of staff demonstrated a good understanding of the needs, likes dislikes and preferences of people they supported.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected.

There were assessments in place to assess people's capacity to make day-to-day decisions, such as whether they could manage their finances. The assistant manager demonstrated a good understanding of their responsibilities around the MCA and DoLS. Assessments carried out confirmed that one person was able to fully manage their finances and others required some support with budgeting. There were no DoLS applications made to the local authority and none of the people who lived at the service were subject to any restrictions.

People received food and drink that met their nutritional needs and that they enjoyed. People told us that they liked the food and could choose what they wanted to eat. A relative told us, "The accommodation is pretty good and I believe the food is equally so."

People often went out during the day, so the main meal was usually in the evening. We saw that the assistant manager asked people what they wanted for lunch and they chose a variety of sandwiches. People were able to discuss what they would like for dinner and their preferences were taken into account when shopping and planning meals. Meals were freshly prepared at whatever time people wanted to eat and staff encouraged people to get involved in cooking if they wished.

People told us that they had lost weight because they ate healthy food. The assistant manager explained that they had taken advice from the doctor about the best way to encourage healthy eating. People had not cut out any of their favourite foods but were encouraged to make healthy choices and have smaller portions of the 'naughty but nice' foods. There was a wide range of foods available and people snacked on fruit in between meals. People told us they were pleased that they had lost weight and the assistant manager explained that it had improved people's self-esteem. A relative told us how pleased they were that their family member had been supported to take pride in their appearance.

People's health needs were met with input from relevant health professionals, including doctor, community mental health services, outpatient clinic and optician. One person told us they were going to get new glasses. People's care records confirmed that they had yearly health checks and reviews with relevant specialists. Staff had a good knowledge and understanding of people's specific health conditions and were able to explain how people were supported to maintain good health. A relative told us, "[Staff offer] compassion and understanding in difficult times around [their health condition]."

Is the service caring?

Our findings

People told us that staff treated them well and were kind. We saw that staff chatted to people in a friendly, sociable manner. We observed kind and caring exchanges between staff and people which demonstrated that staff treated people well, respected their feelings and valued their opinions.

We saw that people were consulted about their care and staff listened to their views. A relative told us, "I feel [our family member] is able to express their views and given choices. [They] certainly wouldn't do something if [they] didn't want to do it!"

People were encouraged to be involved in the day-to-day running of the service and be as independent as possible.

One person was very proud of their room and happily showed us round and told us about the things they liked to collect. They told us they liked to do the dusting and change their bedding themselves.

People were able to manage most of their personal care needs independently. A little additional support was needed on occasions and staff were able to explain how they approached this support sensitively. A relative told us, "They treat [our family member] with the upmost respect and preserve dignity at all times."

People were supported to keep in touch with families and people that were important to them. One person told us about a particular friend that visited and relatives also visited. Relatives told us that staff cared about their family member. One relative said, "The care is exceptional. I think the most telling thing I can say is, when we were out for lunch [our family member] referred to Mondial as 'Home' and I think that says a great deal."

Is the service responsive?

Our findings

There was an ongoing assessment of people's care and support needs. The assistant manager was able to give specific examples of how they responded to changes in people's needs. We saw that people kept their own care plans in their rooms and they were able to tell us about how they talked about planning their care with staff.

Relatives made positive comments about the personalised care given to their family member. One relative told us, "I feel that the care that [our family member] is given by all the staff at Mondial is exceptional."

We saw that people were supported and encouraged to follow their individual interests and hobbies both at home and in the wider community. A relative told us, "[Our family member] is accessing the community more and getting more involved with any activities and outings." People went out independently and accessed facilities in town which was a short walk from the service. We saw that this happened frequently during our inspection.

People were enthusiastic about their social lives. One person said they liked to go into town to meet friends for tea in a seafront café. Two people regularly went to coffee mornings held in local churches and occasionally went to church on Sunday. One person said they had a good friend who visited regularly. One person regularly went to a local

occupational workshop and enjoyed the frequent day trips that they organised. People also said they enjoyed going to a local disco and two drop in centres where they met friends. One person was very active at a local college and enjoyed a number of different courses including cooking and fabric crafts.

When people were not out accessing the local community facilities, they told us about the things they liked to do at home. One person said they liked to watch television, particularly the football. Other people said they liked to knit, sew and read magazines.

Staffing levels were sufficient to meet people's support needs. Staff knew people well and understood their social, emotional and mental health needs. Staff were able to explain how they provided support in situations where a person became upset or anxious.

The provider had a process in place to deal with concerns and complaints. However, the small size of the service and the family atmosphere meant that any minor concerns were addressed as and when they arose and there were no formal complaints. Relatives confirmed they had no complaints. People were confident they could talk about any problems or concerns they had. One person said, "I would tell [staff] if something was wrong. They would definitely sort it."

Is the service well-led?

Our findings

The assistant manager took a key role in the day-to-day management of the service and had recently completed a National Vocational Qualification (NVQ) at level 5 in Leadership and Management. They said that they had just enrolled in a BA (Hons) course in Health and Social Care and they were looking forward to further develop their skills and knowledge.

The provider was part of the management team and spent time at the service on a daily basis. The provider took a hands-on role in the day-to-day running of the service as well as providing support to staff and to people who lived at the service.

A member of staff told us that they were a small team that worked closely together and morale was high. Any issues or other information was discussed by staff and they had also introduced a handover book to record any matters that staff needed to be aware of. The member of staff felt well supported by the provider and the assistant manager and had regular supervisions.

The assistant manager carried out a range of audits to monitor the quality of the service. These audits included daily medicines checks and monitoring areas relating to health and safety such as fire systems, emergency lighting and testing of portable electrical appliances. Records relating to auditing and monitoring the service were clearly recorded.

The assistant manager explained that they spoke regularly with relatives to seek their views about the service. Relatives told us they were happy with the way the service was managed and their family member received exceptional care and support.

People's care records were well maintained and contained a good standard of information. The assistant manager was able to demonstrate that records were reviewed, assessed and updated according to changes in people's needs. Care plans and care records were kept by people in their own rooms and staff asked permission for their records to be shared with us. Other records relating to the management of the service such as personnel records were stored securely in the office. People could be confident that information held by the service about them was confidential.