

Family Mosaic Housing Gallimore Lodge

Inspection report

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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 ●

Summary of findings

Overall summary

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

At the last inspection on 29 June 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good' and was meeting the fundamental standards. There were seven people using the service at the time of the inspection.

Our key findings across all the areas we inspected were as follows:

- ☐ Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People received their medication as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed.
- ☐ Staff had a thorough induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision and an annual appraisal of their overall performance. People were supported to have as much choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional and hydration needs were met and they were provided with drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a variety of professional services.
- ☐ People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.
- ☐ Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Social activities were available for people to enjoy and experience both 'in house' and within the local community. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues or concerns.
- ☐ Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's and others views about the quality of the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 checked 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 was a comprehensive inspection. The inspection was completed on 20 July 2017 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 registered manager are required to notify us about by law.

The majority of people who used the service were unable to verbally converse with us as a result of their complex communication needs. Therefore 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. We also spoke with people's relatives or those acting on their behalf to ascertain their views about the quality of the service provided for their member of family.

We spoke with three people who used the service, three people's relatives, three members of support staff, a senior member of staff who was deputising for the registered manager as they were unavailable at the time of the inspection and the deputy operations manager.

We reviewed three people's support plans and support records. We looked at the service's staff personnel records for two members of staff. Additionally, we reviewed three staff members support records. We also looked at the service's arrangements for the management of complaints, compliments, safeguarding information, medication administration records and the provider's quality monitoring and audit information.

Is the service safe?

Our findings

Relatives told us they had no concerns or misgivings about their family member's safety at the service. Although people using the service were unable to tell us if they felt safe, our observations showed that people were happy and relaxed in staff's company. Appropriate arrangements were in place to protect people from the risk of abuse. Staff had received safeguarding training and this was up-to-date. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a member of the management team, organisation or external agencies, for example the Local Authority, Care Quality Commission and the police. Staff were confident that the registered manager and provider would act appropriately on people's behalf so as to keep them safe.

Risk assessments were in place and information recorded within people's support plans identified risks associated with individual's care and support needs. For example, these related to people's manual handling needs and people's nutritional needs. Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom. Our observations showed that staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

Environmental risks to ensure people's and staff's safety and wellbeing were in place. For example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP). The provider had received a recent letter from the Local Authority regarding the provider's legal duties with respect to fire safety following a recent nationally reported major fire incident in June 2017. A fire risk assessment was in place and the provider's representative confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. These ensured that the provider was able to respond effectively to fire related emergencies that may occur at the service. Fire drills within the service were last completed in March and July 2017 and the staff training matrix showed that staff had received fire safety training.

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 within the last six months showed that the provider had operated a thorough recruitment procedure in line with their own policy and procedure and regulatory requirements. Relevant checks were carried out by the provider before a new member of staff started working at the service. These included the attainment of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS].

Adequate numbers of staff were available to provide the care and support as detailed within people's individual support plan. This ensured that the delivery of care by staff was appropriate in meeting their specific needs. The deployment of staff throughout the inspection showed that people's care and support needs were met and care and support was provided in a timely manner.

People received their medication as they should. We looked at the records for each person as part of the inspection process. Records showed that people had received their medication as they should, were kept in good order and demonstrated that people were given their medicines as prescribed. Our observation of staff practice in relation to medicines management was good and staff were seen to undertake this task with both dignity and respect for the people they supported.

Staff involved in the administration of medication had received appropriate training and had their competency assessed at regular intervals.

Is the service effective?

Our findings

Staff told us that appropriate arrangements were in place to ensure they received suitable training opportunities at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in key areas as part of their initial induction programme and refresher training thereafter.

Two members of staff confirmed they had completed the organisation's internal 'Academy 10' induction programme. This is undertaken over several days depending on the member of staff's role and previous experience and covered several key topic subjects. Additionally, staff confirmed they had completed a number of 'shadow' shifts whereby they worked alongside a more experienced member of staff. The staff members were positive about the opportunity they had been given to 'shadow' and work alongside more experienced members of staff and stated that this had proved very important and invaluable.

Supervisions had been completed on a regular basis allowing staff the time to express their views and to reflect on their practice. Staff also received an annual appraisal of their overall performance and development needs. Supervision was used to help support them to improve their practice and records available confirmed this process. Staff advised this was a two-way process and that they were supported by the registered manager and other team members.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff employed at the service had received Mental Capacity Act 2005 (MCA) training. Staff were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. 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 recorded. We were assured from our observations that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves.

People indicated by their non-verbal cues that they were happy with the meals provided. Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet their individual nutritional and hydration needs. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected. Relatives spoken with were satisfied that their member of family's nutritional and hydration needs were being met to an appropriate standard.

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 and who was at risk of choking. People's nutritional requirements had been assessed and clearly documented. 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 and they had access to a range of healthcare professionals and services as required. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any treatment and interventions.

Is the service caring?

Our findings

Although people were unable to verbally tell us about the quality of the care and support provided, people were observed to be happy with the care and support provided by staff. Relatives told us that they were more than happy with the care their member of family received. One relative told us, "The care provided is absolutely wonderful and my [name of person who uses the service] is very happy there. They [person who uses the service] has everything they want. I cannot fault the care provided. I would rate them 11 out of 10." Another relative told us, "The care is very good and I have no complaint." Relatives stated they would recommend the service to others.

We noted that staff interactions with each person was positive and the atmosphere within the service was seen to be friendly and calm. Staff communicated well with the people they supported, for example, staff were seen to sit next to the person to talk with 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 and pictorial formats and images.

Staff demonstrated affection, warmth and kindness for the people they supported. We noted that there was good humoured banter and engagement between staff and people using the service. 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 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's personal care was undertaken in the privacy of their bedroom or bathroom.

People were supported to maintain relationships with others. A senior member of staff 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 care that was responsive to their care and support needs. People received the support and assistance they needed and staff were aware of how the person wished their care to be provided. 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 and the care to be delivered. The care plans were comprehensive, detailed and reviewed at regular intervals. Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff and the registered manager, 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 leisure activities of their choice and according to their personal preferences and ability. People were able to enjoy a range of activities both 'in house' and within the local community, for example arts and crafts, 'story time', 'music time' 'sensory' sessions, going shopping and visiting local parks and recreation areas.

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'. One complaint had been raised since our last inspection in June 2015 and this had been appropriately dealt with.

Is the service well-led?

Our findings

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. A registered manager was in post at the time of the inspection. Relatives confirmed that they were happy with how the service was run and the management team. One relative stated, "This is the best manager they [organisation] have ever had."

We found that arrangements were in place to assess and monitor the quality of the service provided. The provider's representative told us that information was collected and recorded in a variety of ways. This included the use of questionnaires for people and those acting on their behalf and through the completion of a number of audits and checks. This demonstrated there was managerial oversight of the service as a whole by both the registered manager and the provider.

Staff were clear about the organisation's expectations of them and staff told us they were well supported. Staff told us they felt valued and respected by the registered manager and the organisation. They told us that the registered manager was approachable and there was an 'open and inclusive culture' at the service. Staff confirmed they enjoyed working at the service, that communication was very good within the staff team and they felt listened to by the registered manager. In addition to regular staff meetings, staff were able to speak with the registered manager and other senior members of staff on a regular basis for advice and support.

Three completed satisfaction surveys had been completed in Autumn 2016. The results showed that people's relatives and those acting on their behalf, were satisfied with the overall quality of the service provided and would recommend the service to family or friends. Additionally, a satisfaction survey had also been completed by staff and showed a response rate of 66%. Staff were generally happy working for the organisation. Where areas for improvement were required, an action plan had been created, for example, to develop more effective communication tools and to review the organisation's reward system.