Faith Globallinks Ventures Limited

Faith Global Links Ventures Limited

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

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 does not provide nursing care.

When we last visited the service it was rated good.

At this inspection we found the service remained good.

The manager was a strong leader and promoted a calm atmosphere which benefitted people to feel secure and settled. People were encouraged to be involved in the day-to-day decisions at the service. There were systems in place to check the quality of the service and make improvements, where necessary.

The manager had not always sent in notifications to the Commission as required. We therefore made a recommendation that they review their processes in relation to the submission of statutory notifications.

People were supported to stay safe and to manage risk effectively. There were sufficient, safely recruited staff to meet people's needs. There were robust processes in place to ensure people took their medicines as prescribed.

Staff had the necessary skills to meet a range of complex needs. They worked well with health and social care professionals to promote people's wellbeing. People choose what they ate and drank in line with their preferences.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. The registered manager understood their responsibilities in this area. Staff enabled people to be involved in the decisions they made about their life and support.

Staff spoke to people gently and treated them with respect. People were supported to communicate their wishes and preferences and to remain as independent as possible.

Detailed assessments of need were carried out and personalised care plans were in place which provided comprehensive guidance on peoples' needs. People were supported to develop person-centred routines in line with their preferences. There were varying opportunities to provide feedback about the service and to raise concerns and complaints.

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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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 took place on 31 July and 21 August 2017 and was unannounced. The inspection team consisted of one inspector. The registered manager was not available at our first visit so we returned to meet with them at a later date.

We reviewed the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We also looked at concerns we had received. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to plan what areas to focus our attention on for the inspection.

We focused on speaking with people who lived at the service and observing how people were cared for. Some people at the service had complex needs and chose not to speak with us, so we used observation to gather evidence of people's experiences of the service. We met with two care staff and the registered manager. We had contact with one family member by phone. We also had contact with one health and social care professional to find out their views about the service.

We looked at three people's care records and examined information relating to the management of the service such as recruitment, staff support and training records and quality monitoring audits.

For a more comprehensive report regarding this service, please refer to the report of our last visit which was

published on 22 September 2015.

Good

Is the service safe?

Our findings

We observed people were at ease in their interactions with staff. The care staff and the manager demonstrated a high level of commitment and skill when supporting people to remain safe, for example, if they were at risk of harm from their relationships with other people. We noted a person had been supported to develop safe routines, for example, when they went shopping; they listened to staff guidance to ensure they returned home whilst it was still daylight. Where there were specific concerns about people's safety, staff worked closely with other professionals to keep them safe.

Staff completed a risk screening tool to consider what support a person needed to remain safe. The assessments which had been carried out were personalised. For example, they looked at risk from smoking or from people refusing to take their medicines. Plans were put in place to minimise risk and these were reviewed regularly or after a specific incident.

Staff offered advice to people to help them to consider risk. Due to the differing nature of people's needs, there was an impact on some of the people at the service from restrictions which had been put in place to keep other people safe. The manager explained how these restrictions were minimised. For example, although there were locks on kitchen cabinets due to risks to one person, this was mitigated by giving keys to other people. When we spoke to the person being restricted, they understood this had happened to keep them safe. There was scope for these decisions to be more formally documented and reviewed on an on-going basis.

Staff told us they had enough staff on duty and our observations confirmed this. There was an effective recruitment process in place for the safe employment of staff. Staff confirmed they did not start working until the necessary checks such as satisfactory Disclosure and Barring Service (DBS) checks had been obtained. There were effective on-call arrangements in place. In the managers absence the staff knew which agency to ring if there were staffing shortages. The staff and manager told us they used regular agency staff to minimise the impact on people.

People's medicines were managed safely by well trained staff. The manager had put measures in place to reduce the potential for errors, for example, both members of staff on duty signed when medicines were taken. Staff knew people's specific needs around taking medicines, and what to do to reduce anxiety in this area. They knew what to do if someone refused to take their medicines. Medicines were stored safely and staff described in detail the care taken when ordering and disposing of medicines. There was potential to increase some people's independence, for example, some people could have medicine cabinets in their own rooms.

Good

Is the service effective?

Our findings

A family member described in detail the skills staff needed to meet their relative's complex needs. They told us their relative was well settled and staff "helped them to stay clean and have a bath." When staff described how they worked with the person they told us, "Without our support the person would not get out of bed or have a shower."

Our observations confirmed staff had the skills to meet people's needs and had been supported by the manager to access training and develop their expertise. A member of staff told us, "I watched a DVD then the manager asked me questions and tested me after each section. It's very detailed and they made me sure I understood it." Staff told us they had regular team meetings and individual meetings with the manager to discuss any issues or training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found people were being supported appropriately, in line with the law and guidance.
Where a person was being deprived or people's capacity had been assessed, the correct legal procedures had been followed, in close consultation with the appropriate professionals. Staff members were able to describe each person's level of capacity. One member described a decision a person had made and said, "They have capacity, it's their choice." A member of staff described how a person was able to make decisions about their daily life, for example, "They will look on the menu and will say if they want something different. Today, it was lasagne and they had it as they like it."

During our visit we observed people could chose to eat with others or at a time of their choosing. Staff sat with people to discuss a weekly menu which was very flexible, for example, some had cooked breakfast at weekends and one person had requested macaroni cheese instead of noodles. They supported people to consider healthy options when selecting what they ate or drank.

People were supported to maintain their health and wellbeing and to access input from professionals as needed. For example, care plans stated when people had visited the optician or diabetes clinic. Where necessary, staff carried out regular checks such as weighing people or taking their blood pressure to support them to remain healthy. Staff worked well with outside agencies. One health and social care professional said, "FGLV will always contact (agency) in regards to any concerns or guidance in relation to my client's care and treatment."

Good

Is the service caring?

Our findings

A person told us, "The carers are very kind and help me with all the things I need." A family member said, "Staff are very pleasant." Staff spoke to people very gently and were skilled at diffusing anxiety. We observed a member of staff reminding a person of a nice memory when they were becoming frustrated. Other people came and sat in the communal area when they were distressed. Staff were attentive, whilst giving them space to feel at ease.

Staff knew how to communicate with people and supported them to express their views. For example, one person preferred to write down any important information. A review of their care had advised staff to remind the person to write down how they were feeling when they became distressed as frustration was making them more anxious. A staff member described instances when the person communicated in writing, as outlined in their care plan. This practical advice demonstrated a compassionate and practical approach.

People were encouraged to maintain independence. For example, a member of staff told us, "[Person'] only wants a snack for supper so we put out bread, butter and fillings for them to make a sandwich." One of the people loaded their clothes into the washing machine and their care plan stated, "I iron smaller items myself". A member of staff told us this was to help retain their independence.

People were treated as individuals and their life histories and personal circumstances were respected by staff. A professional told us, "I have always found the staff to be very supportive of my client, he has spoken about how their consideration of his needs makes him feel safe and cared for." Staff spoke about people positively and we noted that where a person had caused distress within the service, staff spoke about them with compassion and dignity. Staff respected people's confidential information and knocked before entering their rooms.

Good

Is the service responsive?

Our findings

We observed that each person had developed their own routine, in line with their preferences. There were some established routines for people who benefitted from a more structured timetable, for example, some people ate together at lunchtime. However, people demonstrated they were able to make their own choices, for example, we saw one person came down for lunch at 2pm.

People had their needs and risks assessed and the required support was outlined in detailed care and support plans. The information in care plans reflected the discussions we had with staff about peoples' needs. Care plans were written in a person centred way. For example, in a section called "My perfect day," one person's care plan said, "to eat dumplings." Some elements of the care plan were written in an accessible way which was easier for people to read, whilst there were other sections which incorporated more clinical and specialist information. This demonstrated a commitment to ensuring plans were person centred but still provided staff with the required information to meet any complex needs.

Staff kept personalised and detailed records about the support provided to each person which helped monitor their mental health and general wellbeing. For example, staff had recorded when a person had lost a belonging so that the next member of staff on duty would be aware if they seemed anxious. People's care was reviewed regularly to ensure staff adapted the support flexibly in line with changing needs. Relevant professionals were communicated with well and involved appropriately when people's needs changed.

People were supported to engage in activities outside of the service, for example, to go shopping or to a community group. Staff described how different people were supported to keep in touch with their family through visits or phone calls. One person showed us plants and pots which they had bought from a garden centre with the support of a member of staff.

The manager reminded people every month at their monthly meeting what to do if they wanted to complain. The monthly meetings were used to encourage feedback and this meant most issues were dealt with informally and there were few formal complaints.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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. The manager was aware of the need to notify the Commission about significant events which had occurred at the service however we noted that they had not notified us when the police had been involved in a particular incident. Due to specific circumstances relating to the event, the manager had not realised a notification was required. We discussed this with the manager who immediately rectified this and sent us the required statutory notification.

We recommend that the manager reviews their processes in line with the Commission's guidance to ensure they are aware of the correct requirements in relation to statutory notifications.

When we first visited the service the manager was on leave. The deputy manager was not available but although staff did not have access to all the documentation we needed they were able to assure us that people were being well cared for and supported safely. The manager was available on the phone and we returned at a later date to review matters relating to the running of the service. We discussed the inspection with the manager who agreed to put more formal systems in place, should they be absent during a future inspection.

The manager was a strong leader and expected high standards from their staff. A professional told us, "The care home provides a caring, safe and supportive environment that promotes wellbeing." We saw that staff followed detailed guidance to ensure they continued to meet the standards the manager expected. The guidance was practical and clear to follow, which promoted the calm, ordered environment which we observed.

The manager was approachable and involved with the daily running of the service. A person told us, "I would talk to the manager and the nurses (staff) if there were any problems." A family member told us, "The manager would sort anything out if there was a problem." A member of staff told us, "The manager is always available."

Monthly meetings were held with the people at the service. These were well attended and an excellent way of involving people in the decisions made at the service. Discussions were wide ranging and included discussing menus and voting on what to do to celebrate Christmas.

The manager had carried out surveys with staff, people and their families and these were followed up in a personal way, for example, they had rang families up to discuss any specific issues. The comments were largely positive, for example, a person had written, "I am happy living here."

There was a clear programme of checks on the quality of the service, for example, medication and care records were done every two months and surveys were done annually. Many of the checks were practical

and reflected the non-institutional nature of the service, for example, staff checked the freezer contents every two months to check the food was in date. The manager had taken on board comments from our last visit, for instance we noted there was new furniture in the communal area.