

## Family Mosaic Housing

# 18 Belmaine Avenue

### 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

Belmaine 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. On the day of our inspection they did not have any vacancies.

The service has a registered manager. A registered manager is a person who has registered with the 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 2008 and associated Regulations about how the service is run.

At the last inspection the service was rated as Good. At this inspection the service remained Good

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.

The service had a small regular and consistent staff team. The provider had appropriate recruitment checks in place, 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.

We found that detailed assessments had been carried out and that the care plans were very well developed around each individual's needs and preferences. We saw that there were comprehensive risk assessments in place and plans on how the risks were to be managed and reduced. People were supported with taking every day risks and encouraged to take part in daily activities and outings. We saw that 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 looked happy and relaxed with staff. They 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 taken.

People's medication was well managed and this helped to ensure that people received their medication safely. They were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice. We also found that people's healthcare was good. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had an effective quality assurance systems in place. People had some opportunity to feedback on their experiences. Staff tried to involve people in day to day decisions and the running of the service. The service was well managed.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# 18 Belmaine 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 unannounced and took place on the 11 and 18 September 2017.

The inspection was undertaken by one inspector.

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. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with the registered manager and three members of the care staff. We also contacted relatives and health care professionals for their feedback and where received this has been added to the report.

Not everyone who used the service was able to communicate verbally with us. Due to this we spent time observing the care people received within the communal areas. We also spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met.

As part of the inspection we reviewed three people's care records. This included their care plans, daily records and risk assessments. We looked at the files of two staff members and their staff support records. We also looked at the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and supervision records.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse and risks to people's safety as at the previous inspection, and the service's rating continues to be Good.

Staff told us that people living at the service were kept safe. Due to people's lack of verbal communication we observed staff during the visit and found that people were very relaxed in their company and they were seen to have very good relationships. Relatives spoken with confirmed that they felt their relatives were safe and they had no concerns.

The registered manager had a good understanding of how to protect people from abuse and avoidable harm. All staff had completed relevant training and this had been regularly updated. Staff were able to express how they would recognise abuse and who and who they would report their suspicions to. They were also aware of the service's whistle blowing procedure.

The service had policies and procedures on safeguarding people from the risk of abuse 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' poster in the registered manager's office, which provided the reader with information on who they could contact if they had any concerns regarding vulnerable people. This showed that the service had systems and information in place to help protect people from potential harm and staff had been trained to take appropriate action.

The service had been very proactive with regard to assessing people's risks and what actions could be taken to help reduce these. The registered manager had recently completed new risk assessments and people's files had clear risk assessments and these identified how risks could be reduced to help keep people safe. These included risk assessments for bed rails, hoists, moving and handling, digesting food and general care. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives where possible.

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 systems in place to monitor people's level of dependency and help assess the number of staff needed to provide people's care. The registered manager advised that the assessing of staffing levels was an ongoing process due to individual's care needs often changing. There were enough staff available to meet people's individual needs, but the registered manager had recently contacted other health care professionals to assess whether further hours could be gained due to one person care needs changing and the need for a second staff member at night and also another person wanting to participate in more person centred activities.

There were sufficient staff on duty to ensure they received the support they needed. Staff knew the people very well and ensured they were participating in activities they liked and we saw good examples where people were provided with care promptly when they needed it or on request. The service had a 15 hour vacancy but this had been advertised and the registered manager hoped to fill this position soon.

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. The service had consistent staff groups and no new staff had been employed over the last 12 months, so checks on recruitment could not take place. Looking at files of staff previously recruited it was clear that the required checks had been made and this included 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. Guidance on each person's prescribed medication could be found and this included information on possible side effects. A risk assessment had been completed which provided details of any risks and how these were to be managed and there was also specific information on how much assistance each person required and how they liked to take their medication. Each person had their own medication cupboard and medicines had been stored safely and effectively for the protection of people using the service. These had been administered and recorded in line with the service's medication policy and procedure. No anomalies were seen and there were clear protocols in place for staff when administering 'as and when required' medication and also alerting them to any allergies. Records were clear and easy to understand and regular audits had taken place by the registered manager. Staff involved in managing medicines had received medication training and also regular competency checks. These were very comprehensive and the registered manager had signed to state that the staff member was assessed as competent. Staff spoken with stated the service's medication systems were thorough and helped to ensure people received their prescribed medication and kept people safe.

# Is the service effective?

## Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate with their health and dietary needs. The service's rating continues to be Good.

Documentation seen showed that staff had received regular training and been provided with the knowledge and skills to carry out their roles and responsibilities as a care worker. The service's mandatory training was updated every three years. Staff we spoke with said the service was good at providing them with training and felt this provided them with the knowledge they required to meet people's individual needs. Some staff were in the process of completing an accredited level two day course for diabetes. Relatives spoken with told us people received the care they needed.

Newly recruited staff would complete an induction in line with the Care Certificate, which is a recognised induction training in care, which provides new staff with the required skills. Although no new staff had been recently recruited, it was confirmed that all new staff would receive an induction relevant to the service and this would include information about the running of the service and guidance and advice on how to meet the needs of the people living there. New staff also 'shadowed' more experienced staff to help ensure they were confident in their role. The registered manager advised that at present all staff at the service were in the process of completing the Care Certificate as they felt this helped to ensure all staff were aware of good practice and could be confident that they all had the same skills and knowledge.

Staff had been well supported in their role as care workers. Documentation seen showed that staff had been supported through one to one sessions, observations, meetings and yearly appraisals. Minutes of meetings seen showed that these sessions looked at issues relating to the running of the service and were informative and provided guidance and information for staff. Staff confirmed that they had received supervision and added they found the registered manager very approachable and supportive.

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 Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of MCA and DoLS. We found that the management team had a good understanding of MCA and DoLS and staff demonstrated an awareness and confirmed they had received training and information about protecting people's rights and freedoms. Training was updated every three years. People's capacity to make day to day to day decisions had been assessed to help ensure they received appropriate support and these had been regularly reviewed.

People's capacity to make day to day to day decisions had been assessed to help ensure they received appropriate support. This showed that the service had up to date information about protecting people's rights and freedoms. Where possible, consent had been gained and people or their relatives/advocates had

agreed to the service providing care and support. People were observed being offered choices during the day and this included decisions about their day to day care needs and what they would like to eat and drink. Relatives spoken with stated that the service were very good in contacting them to discuss their relative's care and any changes that had occurred.

People were being supported to have sufficient to eat, drink and maintain a balanced diet. Staff had a number of systems in place to find out people's likes and dislikes and these had been clearly recorded on each individual's file. Staff were seen offering each person different options for their lunch and then assisting them in choosing. Those who needed assistance with eating were offered appropriate support and assistance. Meal times were seen to be relaxed and staff used these to spend quality time with the people. Staff told us that they tried to eat with people at meal times and they added that they felt this helped to make the atmosphere 'more homely.' Cold and hot drinks were made available to people throughout the day and people were assisted to make these. Snacks were also available and people were seen being encouraged to go to the kitchen and gain access to these. Records had been kept on what each person had eaten for their breakfast, dinner and tea but the registered manager was in the process of developing these to also show how much was eaten at each meal.

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. This included risk assessments and a copy of any health care professionals assessment that may be relevant. 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. Guidance, information and risk assessments were available for staff, to ensure they had the most up to date information about each person's nutritional and swallowing needs. Professional's assistance had been sought where required to help ensure people were kept safe.

People had been very well supported to maintain good health and have access to healthcare services and receive ongoing support. Referrals had been made to other healthcare professionals when needed and this showed that staff supported people to maintain their health whilst living at the service. Clear records of any conversations or contact with health care professionals had been made. The registered manager also provided examples where they had advocated for individuals to ensure they received the care and treatment they need. Each person had a health action plan and hospital passport in place to identify any health care needs and provide other health care professionals a better understand of the person's care needs. Feedback from one health care professional included, "They always contact me and I am updated if my service users see any health care professionals or go into hospital. If admitted to hospital the service arrange for someone to be with them so they have a familiar face and they are not so scared."



# Is the service caring?

## Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The service's rating continues to be Good.

People were observed with staff and were able to show through their body language and sounds that they were happy with the care they received. Some people had limited verbal communication and were seen smiling, or making hand or facial gestures when communicating with staff. Staff had a good understanding of people's non-verbal communication and responded to them appropriately. One person was heard making small vocal sounds. When staff were asked what this meant for this person they advised that they were 'content and happy,' which on observation did reflect the person's body language. Another person became upset and staff recognised straight away that the person needed their own personal space and what to do to help change the person's behaviour.

People were supported with their needs in a timely manner and their privacy and dignity were maintained. It was clear that the staff were there for the people and wanted to make a difference to their lives. Staff were observed providing care with kindness and compassion. Staff communicated and interacted well with people and they provided help and support where needed. Staff were able to demonstrate they knew the people they cared for and provided appropriate care. Feedback from staff included, "It is a very homely atmosphere here, which I think we all find very comforting and a nice place to work." The service also had one staff member who was the 'dignity champion' and the registered manager advised their role included monitoring dignity within the service and providing staff with advice and guidance when needed.

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 where possible. Staff responded quickly to people's needs and they were kind and caring in their approach. Each person was clean and tidy and appropriately dressed for the weather. We noticed that staff engaged with people at every opportunity and that people responded in a positive way. Some people had relatives involved in their care, but the service were able to arrange for an advocacy services to offer independent advice, support and guidance to individuals if needed.

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. Where possible people were supported to express their views about their care and support. People were encouraged to be as independent as possible and staff were observed providing support and encouragement when needed.

## Is the service responsive?

### Our findings

At this inspection we found people continued to receive responsive care which was person centred and met their needs. The rating of the service continues to be Good.

Staff assisted people with very personalised care and were responsive to their needs. People received the support and assistance they needed and staff were aware of how each person 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.

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 assist the service to identify whether they could provide the care required. The registered manager had recently implemented new care plans and these were reviewed and very in-depth. These contained a variety of information about each individual person including their physical, psychological, 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. Staff told us that they worked closely with the people to find out their personal preferences and how they liked their care to be provided. During our observations, it was clear that the staff knew the people very well and were able to establish what they wanted and ensure people were happy and content. They were also seen encouraging people to be as independent as possible through enabling and empowering them to complete tasks and take part in chosen activities.

People had a 'This is Me' folder in place, which provided the reader with an in-depth written picture of the person, including their past history, their hopes and dreams and what help and support they needed. Where possible people had been involved in producing this document and showed that their choices and care needs had been taken into consideration. Relatives or advocates had also been involved in the planning of people's care. One person had a 'do not attempt resuscitation' form in place and this was also part of the care plan and risk assessment. To ensure staff were made aware of this information a copy could also be found in the person's medication file.

Each person had a health action plan and daily record notes, which provided information about each individual and ensured staff were kept up to date at each shift. Care plans had been reviewed regularly and updated when changes were needed to reflect variations in people's needs. Staff spoken with confirmed that they had been given time to read each person's care folder and they felt they contained sufficient information for them to be able to provide appropriate care. The service also had hospital passports in place which are documents that contain essential information about each individual person and can be taken to hospital or health care appointments if needed. This would include what care and assistance they may need, their likes and dislikes, any communication needs or risks. These helped to ensure staff at the hospital were aware of the person's needs and appropriate care can be provided.

It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in and records confirmed what activities people had participated in. During our inspection

people were involved in watching films, listening to music, going for walks, helping with the shopping, playing bingo, leg and hand massages and trips out. Feedback from relatives included, "They do a lot activities with [person's name], the staff always friendly, and accommodating."

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. People were provided with information on how to raise concerns and management were seen to be approachable and listened to people's experiences, concerns and complaints. Staff stated that they felt able to raise any concerns they had and senior management also monitored complaints so that lessons could be learned from these. Relatives stated they had no concerns and had not raised any complaints.

# Is the service well-led?

## Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The service's rating continues to be Good.

The service had a registered manager in post. There were clear lines of accountability and the registered manager had access to regular support from the organisation's senior management team when needed and was aware of their responsibilities. People showed us they had trust in the staff and management and it was a friendly and homely environment. 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.

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 were kept up to date with information about the service and the people who lived there. They added that there was a good team and that everyone worked together and was valued. This meant that people benefitted from a consistent staff team that worked well together to deliver good care. Feedback from one health care professional included, "The service is well run and the manager is exceptional. They go above and beyond for the people they care for."

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. Environmental and equipment checks had been carried out to help ensure people and staff's safety. Monthly audits had also been completed by the registered 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.

Although people did not have regular meetings with management there were systems in place to gain people's views about the service and involve them in decision making where possible. Examples of this included where people were involved in the recruitment of any new staff. The registered manager told us that new staff would be invited to visit the service and interact with the people living there, to ensure a bond and good relationship had been created; we were told that employment would hinge on whether this had been successful. People had been involved in the decoration of their rooms and were seen to be very personalised. Families were also involved and had regular contact with management. An annual survey is completed by the provider and feedback is also gained from family and friends. Feedback from one relative included, "I've always found it a good place. Never have I had any problems, they always notify me with any problems. [Person's name] is well looked after they meet her needs as best as they possibly can."