

Family Mosaic Housing

19 Fairview Road

Inspection report

Vange,
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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 was completed on 17 March 2015 and there were four people living in the service when we inspected.

19 Fairview Road is one of several services owned by Family Mosaic Housing. The service provides accommodation and personal care for up to four people who have a learning disability.

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.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

Summary of findings

There were sufficient numbers of staff available. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Care plans were sufficiently detailed and provided an accurate description of people's care and support needs. The management of medicines within the service was safe.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected. People had good healthcare support and accessed healthcare services when required.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs. The mealtime experience for people was positive.

People were treated with kindness and respect by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service was identified, these were addressed.

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 to meet people's needs.

The provider had systems in place to manage safeguarding concerns.

The provider had arrangements in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

The provider had arrangements in place for people to have their nutritional needs met.

Good



Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Good



Is the service responsive?

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Good



Is the service well-led?

The service was well-led.

The manager was clear about their roles, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive.

People are regularly involved with the service and people's feedback about the way the service is led was positive.

Good



19 Fairview Road

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 took place on 17 March 2015 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 manager are required to notify us about by law.

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.

Not everyone who used the service was able to verbally communicate with us. We spoke with four people who used the service, two members of care staff and the manager.

We reviewed three people's care plans and care records. We looked at the service's staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, and quality monitoring and audit information.

Is the service safe?

Our findings

Staff told us that they felt people living at the service were kept safe at all times. We found that people were protected from the risk of abuse. 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 report any concerns about a person's safety to their manager or the provider. Staff were confident that the manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. The manager told us there had been no safeguarding incidents at the service since our last inspection in July 2014 and they were aware of how to manage and report incidents if needed.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing such as the risk of poor nutrition and mobility, staff were aware of people's individual risks. In addition risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. In addition, we found that where appropriate, people were supported to take responsible risks as part of an independent lifestyle. For example, two people told us that they could walk to the local shops and/or college on their own without staff support. One person told us, "I like going to the shops on my own. I don't need staff with me all of the time." Where environmental risks were identified, prompt action was taken by the manager and staff team to address these through the provider's 'estates' department.

People told us that there were always enough staff available to support them during the week and at weekends. Staff told us that staffing levels were

appropriate for the numbers and needs of the people currently being supported. The manager confirmed that additional staff were deployed during the day to assist people to access the local community and to support them to undertake social activities. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs.

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 policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with people in a 'care setting'. The manager confirmed that people living at the service met prospective candidates being considered to work at the service prior to their employment. The manager advised that people's views and preferences were considered and taken into account when appointing new staff and some people had not been appointed following feedback.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Two people told us, "I get all of my medicines." Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for each person who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Is the service effective?

Our findings

Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. We spoke with two newly employed members of staff and they confirmed that they had completed the organisation's internal 'Academy 10' induction. This was undertaken over a four to seven day period depending on the member of staff's role and previous experience and covered several key topic areas. In addition, they told us that they had commenced and/or completed Skills for Care Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good care basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. Staff were positive about the opportunity they had been given to 'shadow' and work alongside more experienced members of staff and stated that this had been invaluable. They told us that their induction had been thorough and in-depth.

Staff told us that they received regular supervision. They told us that supervision was used to help support them to improve their practice. Records confirmed what staff had told us. Staff told us that this was a two-way process and that they felt supported by the manager.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS and when these should be applied. Records showed that each person who used the service 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 clearly recorded. People were observed being offered choices throughout the day and this included decisions about their day-to-day care needs.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "I like the food." Another person told us, "There are lots of things we can choose to eat here." Our observations of the lunchtime meal showed that the dining experience for people within the service was positive and flexible to meet people's individual nutritional needs. Everyone was asked by staff what they wanted to eat and their choices were respected. We saw that people were provided with enough to eat and drink throughout the day. Where appropriate and according to people's individual abilities people were empowered to make drinks for themselves and others.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional. For example, where a person had been identified as being at risk of swallowing difficulties, a referral to the local Speech and Language Therapy Team had been made so as to ensure the person's health and wellbeing.

People told us that if they were not feeling well they were supported to see their GP. People's healthcare needs were well managed. People were supported to maintain good healthcare and had access to a range of healthcare services. Each person had a comprehensive health action plan in place and these identified each individual's health care needs and the support to be provided by staff. People's healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

Our observations showed that people were happy with the care and support they received. People told us that the staff were nice and looked after them well. We observed that staff interactions with individual people was positive and the atmosphere within the service was seen to be friendly. Staff had a good rapport with the people they supported and we observed much laughter and sociable banter which people enjoyed. We saw that staff communicated well with the people living at the service. For example, staff provided clear explanations to people about the care and support to be provided. The manager and staff told us that three people required no specific communication aids and one person had a tablet computer to help aid their communication.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. Staff asked people for their preferences throughout the day and ensured that these were met. Two people told us that they were always included and asked their opinion by staff about their care and support needs.

Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and 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 that suited their individual needs. Staff were seen to respect people's decisions in respect of their choice of dress and hairstyle. One person told us that they did not like to wear skirts and preferred to wear trousers or leggings as this was more comfortable for them.

People were supported to maintain relationships with others. Two people told us that they were friends, that they enjoyed each others company and regularly spent a lot of time together. One person also told us that they were regularly supported by staff to visit their family. The manager told us that where some people did not have regular family or friends involvement, 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 the support and assistance they needed and staff were aware of how the person wished 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 specific needs and in line with assessment of need.

People's care plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The care plans were comprehensive and detailed. Staff were made aware of changes in people's needs through handover meetings, discussions with the manager, reading the 'house' communication book and reading people's care records. This meant that staff had the information required so as to ensure that people who used the service 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 encouraged and enabled people the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. Two people's records showed that they regularly attended and enjoyed going to the local café for a drink and something to eat, personal shopping and going to college. Both people told us that they enjoyed these activities. Comments included, "I like my outings to the café and shopping" and, "I like going to college and the café." People also told us that they sometimes helped out with day-to-day activities, such as, the completion of household chores.

People told us that if they were unhappy or had any concerns they would discuss these with the manager or staff. One person told us, "I'd soon tell staff if I was not happy. I have no complaints." 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'. No complaints had been raised since our last inspection in July 2014. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints.

Is the service well-led?

Our findings

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits. This also included an internal review by the provider. For example, specific audits relating to health and safety, infection control and medication were completed at regular intervals. In addition to this a general audit was completed at quarterly intervals and these looked at information relating to people who used the service and staff employed at the service. An annual Service Improvement Plan was completed in February 2015 and demonstrated how the manager and provider identified where improvements were needed, for example, how better to support people to access more meaningful social activities.

People knew who the manager was and told us that the manager was regularly at the service. Staff told us that there was an open culture in the service that supported

good staff morale and promoted good teamwork. Staff were clear about the manager's and provider's expectations of them and staff felt well supported. Staff felt valued by the manager and the provider. In addition to regular staff meetings, staff were able to speak with the manager on a regular basis for advice and support and felt that their views were taken into account and respected.

People had completed satisfaction surveys in 2014 and these showed that people were satisfied with the overall quality of the service provided. People told us that regular meetings took place whereby they could discuss a range of topics with staff, for example, about the meals provided, the 'home' environment, staff and social activities.

The manager was able to demonstrate an awareness and understanding of our new approach to inspecting adult social care services, which was introduced in October 2014. They told us that this had been discussed in management meetings, however it was their intention to disseminate this information to the rest of the staff team. Encouragement to increase staff performance and to recognise good practice was provided through a special incentive, such as, the provider's 'WOW Awards.' This recognises achievements by a person who uses the service or a member of staff.