

Family Mosaic Housing

148 Hornsey Lane

Inspection report

148 Hornsey Lane
Islington
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 2 and 3 December 2014 and was unannounced. At our last inspection in May 2013 the service was meeting all the regulations we looked at.

148 Hornsey Lane provides accommodation and personal care to a maximum of 12 men and women with enduring mental health needs.

People told us they felt safe and secure at the home and safe with the staff.

However, we had concerns about staffing levels as there was only one member of staff on duty during the evening

and throughout the night. There had not been any recent assessments of people's level of dependency so the provider could not evidence that one staff on duty was enough to meet people's needs during this period.

The management and staff at the home had identified and highlighted potential risks to people's safety and had thought out and recorded how these risks could be minimised.

People told us that staff were kind and compassionate towards them and listened to what they had to say.

Summary of findings

Staff understood the principles of the Mental Capacity Act (MCA 2005) and we observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do.

People were positive about the food provided and we saw that people helped out in the kitchen with staff support. People's nutritional needs were monitored and if there was a problem the manager contacted the GP for advice. People said they had good access to other healthcare professionals such as dentists, chiropodists and opticians and this was confirmed by records we looked at.

People said staff were able to spend time with them, getting to know them and how they were feeling and we observed staff sitting and chatting to people.

People we spoke with were positive about the registered manager and confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of this report.

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 and people told us they felt safe at the home. However, because people's dependency levels were not been regularly assessed, we had concerns about staffing levels.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Risks to people's safety were identified by the staff and manager and measures put in place to reduce these risks as far as possible.

Requires Improvement



Is the service effective?

The service was effective as the organisation provided staff training in the areas they needed in order to support people effectively.

Staff understood the principles of the MCA 2005 and told us they would always presume a person could make their own decisions about their care and treatment unless the person had been assessed as lacking capacity.

People said they had good access to other healthcare professionals such as dentists, chiropodists and opticians.

Good



Is the service caring?

The service was caring and people told us the staff treated them with compassion and kindness.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff upheld people's privacy and made sure that people's personal information was not shared with others unless agreed.

Good



Is the service responsive?

The service was responsive and people told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with the staff and management of the home.

We saw that people could go out of the home for social activities either on their own or with a staff member if they needed support.

Good



Is the service well-led?

The service was well-led and people confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Good



Summary of findings

Staff were positive about the registered manager and told us they appreciated the clear guidance and support they received.	
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148 Hornsey Lane

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 unannounced inspection was undertaken by one inspector over two days.

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 we had about the provider, including notifications of abuse and incidents affecting the safety and well-being of people.

At the time of the inspection there were nine people using the service. We met and spoke with six people and two relatives and friends of people using the service so they could give their views about the home.

We spoke with five staff as well as the registered manager.

We met with a healthcare professional who was visiting 148 Hornsey Lane on the day of the inspection and we asked for their views about the home.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicine records. We looked at other records held at the home including staff meeting minutes, house meeting minutes as well as health and safety documents and quality audits.

Is the service safe?

Our findings

Although most people who used the service did not say they had concerns about staffing levels, one person who used the service told us, “I think we need more.” We had concerns about the length of time where only one staff member was working alone at the service. We saw that after 7pm in the evening and until 8am the following morning, there was only one staff to support all the people. This staff member slept in the office at night so there were times when no staff were available at night without first being woken up.

Three of the five staff we spoke with told us it was challenging to work this way. They told us they were often woken up during the night which disturbed their sleep. One staff member told us that the service could be very noisy at night with people “making noise and shouting non-stop”. As a result of this lack of sleep, staff were tired and left earlier than the time recorded on the staff rota. This often meant that staffing levels during the day were reduced.

The registered manager was aware of this issue and told us they had raised this with the provider but no action had yet been taken as a result. Staffing levels were based on occupancy numbers and not on people’s individual dependency levels or potential risk. A number of people had been at the service for many years and as they had become older their physical needs had increased. However, any changes in people’s level of need were not being routinely assessed or monitored and therefore the service could not provide sufficient evidence that staffing levels matched people’s current needs.

This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People described the staff as “peaceful” and “friendly”. One person commented, “I’m happy here.” They told us they felt “very safe” with the staff who supported them.

Staff could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received regular training in safeguarding adults as well as equality and diversity. They understood that racism or ageism were forms of abuse and gave us examples of how they valued and supported people’s differences.

Staff understood how to “whistle-blow” and were confident that the management would take action if they had any concerns. They were also aware that they could report any concerns to outside organisations such as the police or the local authority.

The care plans we reviewed included relevant risk assessments for each individual. These looked at potential risks to the person’s safety and welfare, for example, in relation to the person going out of the service on their own and included strategies for minimising harm. We saw that, where possible, people had been involved in developing their own risk assessments.

These risk assessments were reviewed on a regular basis and information updated as needed. Staff told us that these risks were discussed with people on a regular basis during “key-worker” sessions between the person and their designated staff member. We saw that people had been involved in looking at their possible relapse indicators which were signs to look out for that may mean the person was becoming unwell. Staff were aware of these relapse indicators and knew what to do if they had any concerns about changes in people’s mental health.

We saw that risk assessments regarding the safety and security of the premises were up to date and being reviewed. These included the fire risk assessment, water temperatures of wash hand basins (to reduce the risk of scalding) and Legionella checks.

We checked staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the home. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. Staff told us that they were not allowed to work until the service had received their criminal record checks and references.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately. All medicines were being safely stored. We checked medicine administration records (MAR) and found all medicines administered had been recorded and each entry had been signed appropriately. All staff who administered medicines had completed training and their level of competency in administering medicines had been assessed before they were allowed to manage medicines at the service.

Is the service effective?

Our findings

People told us that the staff had the necessary skills and knowledge to look after them properly. One person commented, “They have everything that you need.” The healthcare professional told us that the staff had a good level of knowledge about the people they supported.

Staff told us that the organisation provided a good level of training in the areas they needed in order to support people effectively. One member of staff told us that they would like more in depth training in mental health issues. Staff told us about recent training they had undertaken including safeguarding adults, food hygiene, mental capacity and moving and handling. We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required. One staff member commented, “We do a lot of refresher training.”

Care records showed that care staff had good written communication skills and could effectively describe the care given and the person’s well-being on a day to day basis.

Staff confirmed they received regular supervision from their manager. They told us this was a good opportunity to discuss how their work was going and look at any improvements they could make. Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation’s philosophy of care.

Staff understood the principles of the MCA 2005 and told us they would always presume a person could make their own decisions about their care and treatment unless the person had been assessed as lacking capacity. They told us that if the person could not make certain decisions then they would have to think about what was in that person’s “best interests” which would involve asking people close to the person as well as other professionals. We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person’s consent before they went ahead. People told us that the staff did not do anything they didn’t want them to do.

The registered manager told us that everyone currently at the home had full capacity to make any decisions about their care and treatment. The registered manager confirmed that there were no locked doors in the home and anyone could leave the home if they wished to. Therefore the registered manager told us she had not needed to apply for any Deprivation of Liberty Safeguards (DoLS). These DoLS are issued by the local authority when a person needs to be stopped from leaving the service because they would not be safe on their own or they are subject to other restrictions on their movement or access.

People were positive about the food provided. People’s comments about the food included, “It’s warm and tasty,” “The food is suitable,” “it’s fine it’s great” and “The staff cook. Sometimes I help”. In line with the main philosophy of the service, around maintaining people’s independence, staff cooked meals and encouraged people to help with cooking. Staff were aware of any special diets people needed and told us about culturally appropriate menus they prepared. People told us about culturally appropriate meals that had been prepared by staff.

People’s weight was being regularly checked and we saw that if there were any problems with people’s eating or drinking the registered manager had referred them to the dietician. We saw that any advice that was given by a healthcare professional regarding people’s nutrition had been recorded in the person’s care plan and staff were aware of this information. For example, we saw information about diet controlled diabetes in a care plan we looked at.

People said they had good access to other healthcare professionals such as dentists, chiropodists and opticians. The registered manager was very positive about the GP practice that covers the service and told us there were no problems accessing the GP. We saw written records in people’s care plans of GP visits as well as visits by other healthcare professionals.

The registered manager told us that most of the people at the service had complex healthcare needs and needed to attend regular hospital appointments. We saw that people were supported to attend these appointments with staff and there was correspondence and subsequent health care advice seen in people’s care notes. We saw that people’s healthcare plans were updated with any required changes.

Is the service caring?

Our findings

People told us that staff were kind and compassionate towards them and listened to what they had to say. One person commented, “Staff are very nice people.” Another person commented, “They are very kind to me.”

Staff told us they enjoyed supporting people and we observed staff treating people with respect and as individuals with different needs and preferences. Staff had attended training in relation to equality and diversity and understood that people’s diversity was important and something that needed to be upheld and valued. They gave us examples of how they respected people’s diverse needs and demonstrated a good understanding of people’s likes and dislikes and their life history. One person we spoke with told us that the staff “respect what I believe and I respect what they believe”.

People said staff were able to spend time with them, getting to know them and how they were feeling and we observed staff sitting and chatting to people. People told us they felt involved in their care and that they regularly reviewed their care needs with their key-worker.

We observed staff respecting people’s privacy through knocking on people’s bedroom doors before entering and by asking about any care needs in a quiet manner and without being overheard by anyone else. Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information.

Staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

Is the service responsive?

Our findings

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. We saw that people were involved in their care planning and on-going reviews of their care. People told us they spoke with their key-worker and the registered manager on a regular basis. People felt that the staff did things in their best interests. A person we spoke with told us, "They make me feel at home." The healthcare professional we spoke with told us the staff were good at responding to people's needs.

Last year a person was admitted who had very complex behaviours that challenged staff at the service. Their behaviour was very disruptive for both staff and people living at the home and caused a number of concerns to people's safety. Eventually this person was admitted to a more appropriate service. The registered manager acknowledged that this person should not have been admitted to the home because their complex needs could not be met by the service. She told us that as a result of this the service had reviewed the admission and assessment policy and gave as an example of a recent pre-assessment that had been carried out and that due to that person's behaviours they had not been admitted to the service.

We saw that most people went out of the home with or without staff support to access community facilities or to go shopping. On the day of the inspection people went out to a Christmas market. The registered manager told us that some people did not like to leave the service and preferred to undertake activities within the home.

Most activities at the home were in relation to maintaining daily living skills like cooking and cleaning, however the registered manager had arranged a number of leisure activities including massage and yoga. People told us they enjoyed these and one person told us that the massage sessions were "beautiful".

We asked people who use the service what they would do if they had any concerns or complaints. They told us they would talk to their key-worker or the registered manager and they were confident that any concerns would be dealt with properly. One person told us, "They listen to me." The registered manager gave us a number of examples of how she had dealt with complaints in the past and she told us that people's concerns were also brought up at regular house meetings. There were no on-going or outstanding complaints about the service at the time of our inspection.

Is the service well-led?

Our findings

People using the service and staff were positive about the registered manager. One person described the registered manager as, “lovely”. Other people commented, “She is a nice lady,” and “She does things in the home to better it”.

Staff told us that the registered manager was very caring, open and supportive. One person told us that the registered manager, “Goes the extra mile.” They told us that the registered manager was open and they did not worry about raising any concerns with her. It was clear from discussion with the registered manager that she had a detailed knowledge about all the people in the home.

Staff were also aware of the other ways they could raise concerns including use of the “whistle-blowing” procedure. All staff were aware of the provider’s own reporting concerns initiative called, “Don’t walk on by”. Staff were also able to explain the organisation’s vision and values and told us these were discussed at regular team meetings.

Staff told us about the provider’s philosophy of care called “We can” which staff said encouraged a positive attitude towards care provision. There were records of regular team meetings and we saw that staff were able to comment and make suggestions for improvements to the service.

The service had a number of quality monitoring systems including a yearly questionnaire for people using the service and one for staff. Visits were also undertaken by the provider and the placing authority. Where suggestions had been made for improvement, we saw that this was highlighted on notice boards throughout the home and gave information about what improvements had been made.

People we spoke with confirmed that they were asked about the quality of the service in regular house meetings and had made comments about this. They felt the service took their views into account in order to improve service delivery. We saw examples of where suggestions had been acted upon, for example, in relation to menus and activities. It was evident from discussions with the registered manager that they were open to suggestions and keen to look at ways of further improving the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced staff working at the service.