

Family Mosaic Housing

295 Long Lane






Inspection report

Long Lane
Grays
Essex
RM16 2QD

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Date of inspection visit: 22 July and 5 August 2015
Date of publication: 18/09/2015

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 took place on the 22 July and 5 August 2015.

Long Lane is one of a number of services owned by Family Mosaic Housing. The service provides accommodation and support for up to four people who have a learning disability.

The service does not at present have a registered manager, but the person presently managing the service has applied for registration with the Care Quality Commission (CQC). 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.

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.

Summary of findings

There was a 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 risk assessments in place and plans on how the risks were to be managed. 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.

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?

This service was safe.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge about how to keep people safe.

Good



Is the service effective?

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced diet and healthy eating was promoted.

People experienced positive outcomes regarding their health.

Good



Is the service caring?

This service was caring.

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

Staff understood people's care needs, they listened carefully and watched people's body language to respond to individual's needs. Staff provided people with good quality care.

Good



Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

Good



Is the service well-led?

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

Good



295 Long 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 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 22 July and 5 August 2015.

The inspection was undertaken by one inspector.

As part of our inspection we also reviewed other information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the Deputy Operational Manager, the manager and four members of the care staff. We also spoke with a one relative.

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 two people's care records. This included their care plans and risk assessments. We looked at the files of two staff members and 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

Staff told us that they felt people living at the service were kept safe. People were relaxed in the company of staff and they were seen to have good relationships. The staff knew how to protect people from abuse and avoidable harm and had completed relevant training, which was updated every three years. Staff were able to express how they would recognise abuse and how they would report their suspicions. They were also aware of the service's whistle blowing procedure and described who they would take any concerns to.

The service had policies and procedures on safeguarding people 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 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 in place to help protect people from potential harm and staff had been trained to take appropriate action.

When looking at people's files it was clear that risk assessments had been routinely completed and these identified how risks could be reduced to help keep people safe. People were supported to take risks and encouraged to make choices and decisions during their daily lives.

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 enough staff available to meet people's individual needs. People were able to follow their interests and past times because there were enough staff to support them. People were well supported and we saw good examples where people were provided with care promptly when they needed it or on request.

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 manager advised that the assessing of staffing levels was an on going process due to individual's care needs often changing and they had recently applied for more care time for one person due to changing needs.

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 files of two new staff were viewed and the required checks had been made and this included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). One file was noted not to have a full employment history but the Deputy Operational Manager dealt with this straight away and contacted the staff member in question to request details of the missing information. They also changed their recruitment audit forms to ensure this information was always gained during interviews. On our second visit the file was checked and this was now in order.

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. Medicines had been stored safely and effectively for the protection of people using the service. They had been administered and recorded in line with the service's medication policy and procedure. Medicines had been recorded and signed for and no anomalies were seen. Each person's medication folder was accompanied by their photograph and a record of any allergies they may have. This supported staff to ensure that the correct person received the correct medicines prescribed for them.

Staff involved in managing medicines had received medication training and received regular competency checks. Regular audits had been completed and these were viewed and no concerns had been highlighted.

Is the service effective?

Our findings

Staff we spoke with said the training was very good and it had provided them with the knowledge they required to meet people's individual needs. Staff had received regular training and been provided with the knowledge and skills to carry out their roles and responsibilities as a care worker.

Newly recruited staff had completed an induction in line with the Skills for Care guidance and also attended a four day course to complete the company's mandatory training. All new staff also received an induction relevant to the service and this included information about the running of the service and guidance and advice on how to meet the needs of the people living there. They would 'shadow' more experienced staff for at least a week to ensure they were confident in their role.

Staff had been well supported in their role as care workers. Documentation seen showed that staff had been supported through one to one sessions and meetings. Minutes of meetings seen showed that these sessions looked at issues relating to the running of the home and were informative and provided guidance and information for staff. Appraisals had not been completed for 2015 due to a recent change in manager, the manager was aware that these needed to be completed. Staff confirmed that they had received supervision and added that they felt the management were approachable and supportive.

The manager had an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and where needed had made appropriate referrals. All staff we spoke with demonstrated an awareness of the MCA and DoLS and stated they had received training. We saw that where possible staff sought people's consent before care and support was provided. The manager advised a DoLS referral had been made for one person living at the service and where needed they had involved relatives and other professionals in best interest decisions.

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.

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. 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. Professional's assistance had been sought where required to help ensure people were kept safe and the risk of choking was reduced.

People were being supported to have sufficient to eat, drink and maintain a balanced diet. Pictorial menu boards showed that there was a varied menu and that people were offered choice and a healthy balanced diet. Staff had used a number of systems to find out people's likes and dislikes and these had been clearly recorded on each individual's file. Staff stated they would offer different options for the main meal where people wanted an alternative. Most people needed assistance with eating and staff offered appropriate support and assistance.

Cold and hot drinks were made available to people throughout the day. One person who was more able was seen assisted by staff in making choices on what they wanted to eat and also making their own hot drinks. The staff had recently changed the tea and coffee containers so that the person was able to see the contents and they had found this had empowered the person and they now needed less assistance.

People had been supported to maintain good health and had access to healthcare services and received on going 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. Each person had a health action plan in place to identify any health care needs.

Is the service caring?

Our findings

People were observed with staff and were able to show through their body language that they were happy with the care they received. Some people had limited verbal communication and were seen smiling, shouting, 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. Staff were able to demonstrate they knew the people they cared for and provided appropriate care. Feedback from relatives included, "The staff are extremely good, I cannot fault them and I am pleased my relative is there."

People were given the time they needed. 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.

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. 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 this was often limited. Where people did not have access to family or friends that could support them, the service had arranged for an advocacy services to offer independent advice, support and guidance to individuals.

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. People were encouraged to be as independent as possible and staff were observed providing support and encouragement when needed.

Where possible people were supported to express their views about their care and support. Some meetings had taken place with people, but the manager was aware that this was something they needed to develop further within the service. Minutes of previous meetings showed that people had been given an opportunity to feedback regarding their care and how the service was run and also future outings and trips.

Is the service responsive?

Our findings

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 care plans we reviewed were very in-depth and 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.

People had a 'This is Me' document in place, but the manager explained that these were in the process of being reviewed. Where possible people had been involved in producing this document and showed that their choices and care needs had been taken into consideration. Where possible, either relatives or advocates had been involved in the planning of people's care. Each person also had a

health action plan and daily record notes which provided information at each shift and ensured staff were kept up to date. Care plans had been reviewed regularly and updated when changes were needed to reflect variations in people's needs.

It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in. They had also been on day trips to local parks, a farm and visited the bowling alley and local swimming pool. Annual holidays had been organised and the service also attended social events with other services. Most people attended a weekly evening club to meet up with friends. During our visit people went out with members of staff to the local shops and also for a walk. Staff members were seen doing one to one activities with people such as colouring, arts and crafts and playing snakes and ladders.

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. Management were seen to be approachable and they listened to people's experiences, concerns or complaints. Staff stated that they felt able to raise any concerns they had. Senior management also monitored complaints so that lessons could be learned from these, and action taken to help prevent them from re-occurring.

Is the service well-led?

Our findings

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.

The service does not have a registered manager in post at present, but the manager had made an application to CQC for her registration and is awaiting her interview. There were clear lines of accountability and the manager had access to regular support from senior management when needed and was aware of their responsibilities.

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 that their ideas and suggestions discussed at team meetings were acted upon. They felt they were kept up to date with information about the service and the people who lived there. They felt 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.

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. The manager explained that since they had been appointed they had been auditing paperwork and documents within the service to ensure these were in line with company policies and procedures and making relevant changes were needed.

Environmental and equipment checks had been carried out to help ensure people's and staff's safety. Monthly audits had also been completed by the manager in line with the company's own policies and procedures. Regular visits were also completed by the Deputy Operational Manager for support and auditing of the service.

The service had systems in place to gain people's views about the service, but the manager was in the process of making improvement of these and make it more appropriate for the people who lived at the service. An annual survey is completed by the company and feedback is also gained from family and friends. Meetings had taken place with the people living at the service in the past, but the manager wanted to reintroduce these and improve the process. A staff survey had recently been completed and the provider were in the process of collating the information and preparing an action plan.