

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Faith Global Links Ventures Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Faith Global Links Ventures Limited
Registered Manager	Mrs. Olufumike Adediji
Overview of the service	Faith Global Links Ventures Limited provides accommodation with personal care and is registered for three people who have mental health needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 September 2012, talked with people who use the service and talked with staff.

What people told us and what we found

Feedback from the people who lived at Faith Global Links Ventures was very positive and they liked living there. Staff treated people with respect and dignity, knew their needs very well and encouraged and reassured them. One person said "I get looked after very well here, I have no grumbles".

People's care and support and personal information about their health, mental health and social care needs was recorded, reviewed and maintained. It was written in a person centred way which ensured that staff provided an individualised service. One person said "I was very angry when I came here but they have helped me. I like this little place".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

The manager told us that the people who used the service were fully involved in their care and support on a day to day basis. People were encouraged to be as independent as possible and we saw that staff helped people to make choices and decisions.

Staff engaged well with people who used the service and spoke with them in a respectful way. We saw that staff knew the needs of people who used the service by the way they dealt with situations which occurred during our inspection visit. People were encouraged and reassured by the staff which diffused conflict and enabled the person to feel in control. One person said "I was very angry when I came here but they have helped me. I like this little place".

House meetings, which usually involved everyone who used the service, were held monthly and we saw the brief notes of the meetings from April to August 2012. This ensured that people could express their views and have an input into the daily life of the home.

We looked at the care files of three people who used the service. People had been involved in completing them and had signed their agreement to the contents. People's personal preferences, life histories, likes and dislikes, important people in their life were all recorded and reviewed on a monthly basis. This ensured that information about people was up to date so the staff knew how to care and support them properly and safely.

Information about making complaints was on the wall in the dining room. A suggestion box was available in the lounge if people did not want to hand their complaint to a staff member. The service user handbook was comprehensive and written in a clear and welcoming style. Everyone who used the service had a copy in their files.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We saw that people received care that was person centred and individual to their needs. We viewed three people's records. These were written in the first person and included pictures to help them understand the words. The files were comprehensive and detailed the physical, mental health, social and emotional needs of people living at Faith Global Links Ventures and showed that their needs were assessed and planned for.

From our discussions with the staff and observations of care we saw that care plans reflected people's needs and current care practices. Risks such as suicide, aggressive behaviour, self harm and vulnerability in the community had been assessed and risk management plans were in place. This ensured that people were cared for as safely as possible as well as being enabled to maintain their independence where possible.

Daily records were kept to provide an ongoing picture of people's care. We saw that care records were kept under regular monthly review in order to identify any changing needs. People who lived at the home could be assured that the information about them would provide staff with up to date knowledge and understanding of their needs in order to provide suitable, safe and individualised care.

Care records showed that people were supported to address their health care needs via referrals and appointments to other professionals such as doctors, dentists, psychiatric services; district and continence care nurses as and when needed. Good records of visits and any interventions were maintained. One person said "I get looked after very well here, I have no grumbles".

The manager told us that people could come and go when they liked and had a key to their bedrooms. However, some people were reluctant to go out very often or needed support to access the community. If this was the case, staff took people out as requested on an individual basis.

We noted that one person's bedroom had an offensive odour and the manager explained the reasons for this. However, the manager agreed to look at ways in which this could be eliminated to ensure that the person's personal hygiene needs were being dealt with appropriately.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The manager told us that people who used the service helped to choose the menus and this was done on a four weekly basis. Menus were on the wall of the dining room and provided a range of nutritionally balanced meals. People were offered drinks throughout the day.

The manager told us that one person didn't mind going grocery shopping for food with the staff but other people had no interest in doing this activity and this was respected. People usually ate together in the dining room and if they did not want what was on the menu, they could choose something else. The staff said that meals were informal but it was important for people to eat together as they all lived together and it helped them get on better together. One person said "The food is nice and yes we get a choice about what we have". Another person told us that they liked helping the staff to do the shopping.

The kitchen was small and homely and contained two fridge/freezers which were adequate for the number of people living at the home. Food was stored appropriately and surfaces were clean and tidy.

All staff had undertaken nutrition training and one staff member had a National Vocational Qualification (NVQ) Level 2 in cooking and food and drink.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The manager told us that all the staff had received training in safeguarding vulnerable adults from abuse in 2012. New staff completed the common standards induction programme which included information and learning about safeguarding. We saw that this had been completed by the newest staff member.

When we spoke with staff they confirmed that they had received training and this was also recorded in the form of certificates in their staff files. Staff were aware of people's needs and behaviours and the actions to take to keep people safe. We saw this was recorded and reviewed.

We saw that the service had relevant policies and procedures which included the local guidance relating to safeguarding vulnerable adults from abuse in place and were available to staff and used as part of the training.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

On the inspection visit of the 14 September 2012, the manager told us that they had four people living at Faith Global Links Ventures. However, they were only registered to provide accommodation with personal care to three people. All four people had their own bedroom and shared bathroom facilities with others living in the home. The home was adequately maintained.

Building work was underway at the time of our inspection. This did not appear to have any adverse effects on the people living at the home or their day to day health and wellbeing. The manager told us that the home was being extended and a bedroom with ensuite facilities was being built on the ground floor specifically for a person who was living at the home who found the stairs difficult to manage. The manager told us that she was going to apply to extend the occupancy of the home once the bedroom was finished. The manager was advised that she was in breach of her registration conditions. She agreed to put in a request immediately to increase the number of places at the home to four whilst the building work was being completed.

Whilst this report was being finalised, changes to the registration status of the home had been approved and Faith Global Links Ventures was registered to provide a service for four people.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The staff at Faith Global Links Ventures told us that they felt supported in their role and had access to good induction and training. We spoke with two staff who said that it was a small caring home and the staff knew the people who used the service very well. People we spoke with told us that the staff were kind and helpful and looked after them well. One person said "The staff are nice, they have to be to put up with me and they seem to know what they are doing".

Staff meetings were held monthly and these provided an opportunity for discussion and information sharing. We saw the minutes for June, July and August 2012.

One to one supervision sessions were recorded and signed by the manager and the staff member. These sessions were held every two months. The discussion at supervision sessions included the staff members performance, their work targets, training and support. Annual appraisals were in place and five out of the ten staff had received their appraisals in 2012. These support systems helped to ensure that staff were supported to do their job and assured people who used the service that staff were competent and had the appropriate skills to look after them.

We saw evidence in the three staff files reviewed that there was an induction process in place and staff told us that they had shadowed other staff to learn about their role and responsibilities and the needs of people using the service.

Discussion with the staff and their training records showed that staff received a satisfactory level of training so that they were skilled in meeting people's needs. Of the three files we looked at, two staff had National Vocational Qualifications (NVQ) in Care Level 2 and 3 and another staff had an NVQ in cookery, food and drink. All had undertaken a range of in house and external training. Some examples of these were nutrition, dementia and stroke care, health and safety; care planning, medication, mental capacity, moving and handling, mental health, continence care and safeguarding vulnerable adults from abuse.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people received.

Reasons for our judgement

Faith Global Links Ventures had a quality assurance system in place by the way of monthly audits, regular reviews of people's care, staff supervision and surveys to seek people's views. Staff and people who used the service met together monthly to discuss plans for the week/month ahead and deal with any issues in the home. The manager told us it was important that people met together and had some control over what goes on in their home. We saw brief notes of these meetings held in June, July and August 2012. The manager was asked to note that better recording of the discussion and actions taken at these meetings would aid the home's quality assurance process.

To gather the views of people who used the service and relatives, surveys were undertaken every six months. The two surveys we saw were completed in March and August 2012.

Overall, people who used the service and their relatives were very positive about the care and support they received at the home. We spoke to a visiting professional who told us that people were well cared for and the staff always acted on the advice given about the changing needs of the people at the home.

We saw that feedback was given following collation of the results of each survey so that people were aware of the difference their views about the service had made. The manager told us that any comments or complaints made in the survey that needed action, were dealt with individually. These comments and concerns and the actions taken were logged in the complaints file so that they could be used to improve the service for the individual and the home as a whole.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at three staff files and these were well organised and contained all the relevant information in relation to the proper recruitment of staff. This included an application form which contained their education and employment history, appropriate identification, medical history, a criminal records bureau check, two references, a job description and a contract of employment. We were assured by the contents of the staff files that appropriate checks were undertaken before staff began work.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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