

***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:

Consent to care and treatment	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ 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 up to five 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

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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 18 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Most people who used the service were able to tell us verbally about their experiences. People told us that they were happy living at Faith Global Links Ventures and the staff were helpful and nice. We observed positive interactions between people who used the service and the staff. One person said: "The staff are very nice, very helpful and there when I need them."

Systems were in place for people to be involved in decisions about their life and consent to their care, treatment and support. Medication was stored securely and administered safely for the protection of people who used the service. Staffing levels were maintained to ensure that sufficient staff were employed to care for people adequately. Any complaints or comments about the service were dealt with appropriately.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The manager told us that everyone who used the service had the capacity to make decisions and choices about their lives. We saw that an application was in the process of being made to deprive a person of their liberty in order to protect their best interests. The relevant risk assessments had been completed with input from mental health professionals.

We saw that consent had been obtained from people who used the service or their relatives in relation to their care and treatment. People told us that they had been involved in this and were happy about their care arrangements.

We were assured that systems were in place to protect people's best interests and to uphold their human rights.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

On our inspection of 18 July 2013, we found that medicines were stored securely and administered safely for the protection of people who used the service.

A staff signature list was in place so it was clear on the records who had administered medication at any given time. We saw that medicines were stored safely in a locked cupboard to which all staff on duty had access to the keys. The temperature of the area where medicines were stored was not monitored. The provider may find it useful to note that monitoring the temperature of the areas where medication was stored would ensure that it retained its optimum quality and was therefore safe to use.

Systems were in place to record when medicines were received into the service, when they were given to people and when they were disposed of.

We looked at the records for two people who lived at the home on the day of our visit. These records were in good order. They provided an account of which medicines were used and demonstrated that people had received their medication as prescribed.

We checked the controlled medication stocks and recordings which tallied and were all completed. Controlled drugs were kept in a separate locked container within the locked medicine cupboard. Two staff had signed the controlled drugs register book to ensure that no errors were made.

Staff had received training in medication administration and updates were undertaken every year. The administration of medication was checked weekly by two staff and monthly by the manager in order to protect people who used the service.

We observed the way that staff interacted with people whilst giving them their medication. This was done in a sensitive and encouraging way. One person said: "I want to take my medication how I want to take it, I am not a baby, I will say when I want help."

We were assured that the provider had in place systems for the safe administration of medication which was carried out in a way that protected people from harm.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People who used the service were supported by two staff during the day and evening and the manager was also available throughout the day. One staff member provided support during the night with a member of staff on call and available should they be needed. One person said: "The staff are very nice, very helpful and there when I need them."

The manager told us that they were in the process of recruiting for staff and an advertisement had been placed with the local Job Centre. The manager assured us that sufficient staff were always available to meet the needs of people who used the service. The staff also told us that this was the case. The manager told us she would be available outside of her usual duties should the need arise.

A local agency was used to cover if staff were unavailable due to sickness or holidays. The manager told us that the staff who were from the agency knew the people who used the service as they had been used to cover shifts on several occasions. They were familiar with their needs and support arrangements and this ensured consistency in the provision of their care.

The staff told us that Faith Global Links Ventures was a nice place to work and there were opportunities for training.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that a suggestion box was available and was placed in the lounge for people to use. Three concerns had been provided in the box since May 2013 and logged in the complaints book. We saw that these had been dealt with and what action had been taken.

The manager held monthly planning meetings with people who used the service and these were recorded. Comments and complaints were discussed at these meetings and solutions agreed. All actions taken were logged so that improvements to the service could be monitored.

People could be assured that their views and experiences were listened to and action taken appropriately.

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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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