

Mosaic Care Group Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Mosaic Care Group Limited is a privately owned domiciliary care agency, operating from offices in Ashton, Preston. The agency provides personal care services to support children, older people and adults with disabilities living in the community. At the time of our inspection there were 50 people receiving a service from Mosaic Care Group Limited.

At the last inspection, the service was rated Requires Improvement. At this inspection we found the service remained Requires Improvement. This is the first time the service has been rated Requires Improvement under the Care Quality Commissions 'Next Phase' methodology.

The service had a manager in place however they had not yet applied to become a registered manager. 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.

We found inconsistencies in individualised risk assessments and the plans in place to mitigate these. The documentation did not always contain information to adequately mitigate the risks to individuals.

We looked at how the service was staffed. We reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found one example where a family member was being asked to provide care alongside staff on a double up call. This practice was unsafe as the service could not be sure the family member had the required skills and knowledge. The practice was not risk assessed and there was no plan in place to support the practice. This put the person who used the service, staff and the family member at risk.

The risk management issues around unsafe practice and risk planning identified amounted to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice

This failure to follow the code of practice amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent). You can see what action we told the provider to take at the back of the full version of the report.

We saw evidence quarterly quality monitoring was being undertaken, however the audits were not always effective. We found little information surrounding the details of issues found and how these had been rectified and lessons learned. We also noted the audit system had not identified the breaches of regulation and areas of improvement we had noted during this inspection.

These shortfalls in quality assurance amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). You can see what action we told the provider to take at the back of the full version of the report.

People raised concerns about late visits. Two people we spoke with told us the office informed them about late visits. One we spoke with told us they had missed visits. We spoke with the manager about this and they informed us sometimes late visits can happen due to unforeseen circumstances. We have made a recommendation around this.

We looked at the procedures the provider had for the administration of medicines and creams. We found one person's medicine support plan did not list their prescribed creams. We looked at policies and procedures related to medicines management. We found the medicines policy had not been reviewed to include the most up to date NICE guidance for medicine in a community setting. We have made a recommendation around this.

During the inspection we looked at the care plans for seven people. We found current needs were not always identified. We found care plans did not always have enough detail considering the complex needs of the individual cared for. We have made a recommendation around this.

Staff told us there are always changes in the office and they don't always know who they are speaking to when they contact. At the time of the inspection not all staff were aware that there was a new manager in post. Staff told us they would like to be more informed about what was happening within the service, such as staff changes. We have made a recommendation around this.

The ratings were not displayed on the website for the service. We spoke with the provider who explained the website had been recently changed and not all of the information had been updated. The ratings were added to the website prior to the end of the inspection visit.

We looked at how people were supported to have sufficient amounts to eat and drink. The few people who said they had food prepared had breakfast or snack lunch prepared. All said they chose what to eat and the food and drinks were hot, nicely prepared and how they liked them. Care plans we looked at guided staff on how people liked their meals prepared.

We asked people about staff who visited their homes and if they had time and treated people with compassion dignity and respect. All the responses were positive. Staff understood how to respect people's privacy, dignity and rights and received training in this area. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

People were supported by staff with activities to minimise the risk of becoming socially isolated. An example was seen in one person's care file where the person was being supported to go shopping.

The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found not all assessed risks had a completed risk assessment as per the service's own policy and procedures.

Best practice guidance was not always followed in relation to the safe management of medicines.

Staff were asked to undertake checks prior to their employment with the service to ensure they were not a risk to people who may be vulnerable.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's rights were not always protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received training to ensure they could meet the majority of people's needs.

There was evidence of staff supervisions and appraisals on staff files we reviewed.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and responded to their needs appropriately.

People and their relatives were very pleased with the staff that supported them and the care they received.

People told us staff respected their privacy and dignity in a caring and compassionate way.

Is the service responsive?

The service was not always responsive to people's needs.

We found there was an assessment process; however this was not always completed fully.

We found regular reviews of care documentation were completed however current needs were not always identified.

There was a complaints policy to enable people's complaints to be addressed.

Requires Improvement 

Is the service well-led?

The service was not always well led.

A range of quality audits and risk assessments had been conducted by the provider but they were not robust and effective.

Staff told us the communication between them and the management was not always effective.

There was no registered manager in post.

Requires Improvement 

Mosaic Care Group Limited

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 service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, younger disabled adults and children.

This comprehensive inspection took place across 4 dates 25, 26, 27 October 2017. We continued the inspection on the 10 November 2017. This was because the registered manager was not available on the first two days of our inspection and we needed to speak with them. The first day on the inspection was unannounced.

The inspection team comprised of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience had background knowledge of domiciliary health and social care services.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the time of inspection there were 50 people who used the service, 17 of these were children. We spoke with a range of people about Mosaic Care Group Limited. They included five people who used the service, four relatives, the manager, the provider, three staff members and two professionals.

Before the inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the home.

We closely examined the care records of seven people who used the service. This process is called pathway

tracking and enables us to judge how well the home understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, five staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

Is the service safe?

Our findings

We asked people if they felt safe when supported by care staff. People who used the service and their relatives told us they felt safe and free from any harm while carers were in their home. One person told us, "I feel safe due to the carers being able to use the key safe." A relative said, "The carers are always offering to help my relative in all sorts of ways."

People told us they had a care plan which guided staff on their support needs at specific times of the day. There were step-by-step guidelines for morning, lunch, teatime and evening visits. We viewed five care records related to people who were supported by Mosaic Care Group Limited. We did this to look how risks were identified and managed.

We found inconsistencies in individualised risk assessments and the plans in place to mitigate these. The documentation did not always contain information to adequately mitigate the risks to individuals. For example, in one file we observed the person had been assessed as requiring a soft diet following a SALT assessment. However, they were not eating a soft diet, daily notes and staff confirmed they were eating a normal diet. We spoke to the manager about this and the manager confirmed the person had the capacity to make the decision on what they wished to eat. We asked for this to be risk assessed and managed. The updated support plan was sent to us following the inspection.

Another example we saw was for a person with diabetes where this was not risk managed. There was no information for staff to follow to identify if the person may be at risk from high/low blood sugars and what to do if this risk occurs. Additionally, we found records which indicated staff were supporting one person with making a drink. This person was at risk due to dysphagia. There was no information for staff around the consistency to the drink should be made to. We spoke with staff around these risks and the staff we spoke with were able to tell us effective ways to support people to keep them safe.

The risk management issues identified amounted to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service was staffed. We reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found one example where a family member was being asked to provide care alongside staff on a double up call. This practice was unsafe as the service could not be sure the family member had the required skills and knowledge. The practice was not risk assessed and there was no plan in place to support the practice. This put the person who used the service, staff and the family member at risk. We spoke to the local safeguarding team about this practice and they informed us that they were aware and were looking into it. We spoke to the manager who also confirmed that the family member was completing care tasks on occasions.

The risk management issues around this unsafe practice identified amounted to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. However, one staff member said, "There are times when I feel I do not have enough time between visits." We shared this with the manager who told us they would review all staff journeys.

People we spoke with did not have any concerns about staffing levels. However people raised concerns about late visits. Two people we spoke with told us the office informed them about late visits. One person we spoke with told us they had missed visits. We spoke with the manager about this and they informed us sometimes late visits can happen due to unforeseen circumstances. The electronic system is monitored to identify late or missed visits, however it was not always clear what had happened as a result of the alert. This was because staff were closing the alert as 'resolved' with no explanation about the resolution. The PASS system is a digital care management platform that provides a single view of care records including enquiry, medication and task changes. Additionally, reviews and assessments are automated.

We recommend the service reviews the practice for recording missed or late visits adequately to allow for improvements to be effectively implemented.

We looked at the procedures the provider had for the administration of medicines and creams. We found one person's medicine support plan did not list their prescribed creams. The support plan said they were not being supported with medicines. However, the morning routine stated that staff were to apply prescribed creams. We saw evidence in daily notes that staff were applying topical treatments however there was no information about what these were or how they were to be applied.

We looked at policies and procedures related to medicines management. We found the medicines policy had not been reviewed to include the most up to date NICE guidance for medicines in a community setting. Therefore staff did not always have access to up to date information and guidance.

We recommend the service works within the best practice guidelines for medicines management.

We spoke with the registered provider about accident and incidents and what actions are taken to lessen the risk of accidents happening again. The registered provider told us they had a system to document and review incidents. However, at the time of our inspection they had not had any incidents which needed analysis. They did state they had a quarterly review. They told us this would be the time they would reflect on any concerns and alter their working practices to minimise risk and keep people safe.

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the agency if they felt they were not being dealt with effectively. This showed staff could protect people by identifying and acting on safeguarding concerns quickly.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work at the service. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed and to keep people who could be vulnerable safe.

We looked at how the service minimised the risk of infections. We found staff had undertaken training in infection control. People and staff confirmed staff wore gloves and aprons when providing personal care. These safeguards supported people to remain living in their own home.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found the principles of the MCA were not consistently embedded in practice. The service provided a service to people who may have an impairment of the mind or brain, such as dementia.

We found people's capacity to consent to care had not always been assessed and information was at times conflicting. For example, in two people's care file their next of kin had signed for the consent to the service where the person's mental capacity had not been considered. The MCA stipulates that if a person lacks capacity to consent to a decision then a best interest process needs to be undertaken. Therefore the correct processes had not been followed. We spoke to the manager about this and they stated that the consent documentation would be reviewed.

This failure to follow the code of practice amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

Before providing care and support, staff received an induction from the registered provider. People told us they felt staff were well trained to support them. All the people we spoke with told us they thought the staff had the correct training and skills for people's individual needs. One person told us they thought the staff were well skilled because of the enthusiasm they portrayed when carrying out their duties.

A member of the management team told us, there was no timescale to the induction. It was dependant on how confident staff felt. Staff we spoke with told us they felt overall their induction gave them the knowledge and skills to support people effectively. One staff member said, "The induction theory could be improved as this was classroom training and was at times just someone reading from slides." We discussed this with the provider and were told the training is being reviewed.

We saw the registered manager had a structured framework for staff training. One staff member told us, "I have done training and found this very useful." However some staff were concerned their requests for training were not always fulfilled. One example of this was for first aid training which was still outstanding for staff.

We asked the manager how they supported staff. They told us staff received supervision. Supervision was a one-to-one support meeting between individual staff and the manager to review their role and responsibilities. We saw evidence of formal supervision currently taking place for staff, most of the staff told

us they felt supported in their role. However, not all staff had received this support and told us they felt this could be better. We discussed this with the provider and manager and were told that sometimes geography prevented the supervision meetings as staff lived out of the area. Moving forward, the management are planning to offer more flexible supervision sessions for staff to ensure all staff receive the support.

Some staff felt they were not well supported by management. For example some staff told us that they are sometimes unhappy with the responses they receive from office staff and on occasions the calls have been abruptly ended. We spoke to the management team about this and were told they are being strict with the on call phone due to staff using this for inappropriate contact such as requests for pay slips.

Mosaic Care Group Limited had a 24 hour on call service to manage the support delivered and ensure effective communication. Staff told us the on call system is not always effective. There is sometimes no signal and so they cannot make contact. The provider confirmed this has happened in the past however they do make every effort to ensure they can take the call or reply to messages.

We looked at how people were supported to have sufficient amounts to eat and drink. The few people who said they had food prepared had breakfast or snack lunch prepared. All said they chose what to eat and the food and drinks were hot, nicely prepared and how they liked them. Care plans we looked at guided staff on how people liked their meals prepared. For example, one person's care plan documented, 'likes chocolate croissants and a banana for breakfast.' A second care plan indicated the persons favourite food was a roast chicken dinner. This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. Visits were planned to coincide with district nurse visits, so information was shared effectively. Staff had attended multi-agency meetings. The manager told us this was to ensure all areas of the person's care was discussed. There was evidence of consultation with social workers and GP's. This confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs.

Is the service caring?

Our findings

We asked people about staff that visited their homes and if they had time and treated people with compassion, dignity and respect. All the responses were positive, saying staff are kind and caring. People and their relatives told us, "They are always on hand to help." And, "I really like the carers."

People told us positive relationships had been developed. People felt the staff knew them well. One relative told us, "The regular carer my relative has is very caring, they have become a friend." Another said, "My relative really looks forward to their carers coming round."

People's beliefs, likes and wishes had been explored within care records and guidance was available about their preferences. We saw a consistent approach to involving people in the care planning process. It was clear where each person had been consulted regarding the care they received. Involving people in care planning evidences shared decision-making working with people who use the service towards their own goals.

People were supported by staff with activities to minimise the risk of becoming socially isolated. An example was seen in one person's care file where the person was being supported to go shopping.

Staff understood how to respect people's privacy, dignity and rights and received training in this area. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

People and their relatives told us how staff provided care supported their independence and protected their dignity. One relative informed us their loved one was very independent and was encouraged to be so by their carers. This provided comfort to the relative as their loved one had always enjoyed their independence which was important to them.

Regarding their role, a member of staff told us, "I love my job and like working with people."

The registered provider told us people were able to make decisions about their wellbeing, care and treatment. However, if people wanted support from a relative, visits to plan and review care had been arranged to ensure family members were present. This showed the registered provider promoted effective accurate communication to allow people to have emotional support when needed.

Is the service responsive?

Our findings

We asked people who received support from Mosaic Care Group Limited if the care they received was personalised and met their needs. One person told us, "The carer knows how clean I like my house to be." A relative told us, "The carers my relative have seem to know them quite well." Another said, "The carer we have really attends to my son's needs by being understanding."

Staff also told us they had regular visits which allowed relationships to form and they have got to know people and their needs. People we spoke with told us staff members completed all of the required care during each visit. People also said they were happy with the care and support they received from the carers. One relative told us, "If there was something my relative didn't like, they would soon let them know."

During the inspection we looked at the care plans for seven people. We found regular reviews of care documentation were completed. However, current needs were not always identified. For example, we viewed the file for one person and the documented needs were out of date. The file stated the person required their medicines to be collected daily from the chemist. However, we were made aware by the staff that this had changed to weekly. Another example was where a person was receiving full support with topical treatments. However, the care plan did not contain any information about what the topical treatments were or how they were to be applied.

We found care plans did not always have enough detail considering the complex needs of the individual cared for. Care workers we spoke with told us they felt care plans could be more detailed to support them on visits with people they may not know well. We spoke to the provider about this and they told us they had plans to involve care staff in the care plan reviews and development to ensure staff are supported to meet people's personalised needs.

We saw holistic assessments were undertaken, however these were not always completed prior to any client being accepted into the service to ensure that individual's needs could be met. For example, one person had been supported on a one to one basis by Mosaic Care Group Limited. There was no documented evidence about how staff were to support with this.

We recommend the provider ensures that all care documentation is completed in line with best practice prior to service delivery.

The service had a complaints procedure which was made available to people they supported and their family members. We spoke with people who used the service and their relative about raising complaints. Two people who use the service and one relative told us they had raised recent concerns about lateness of visits, missed visits, no rotas being sent and regular changes of carers. They told us they felt they weren't listened to by the office staff. They were told the service was short staffed. One person said, "I have to talk to an answerphone and they don't call back after leaving a message."

We spoke with the registered manager about the comments. The registered manager did not have any

evidence these complaints had been received. It was discussed, as the complaints were not formal and written these had not been recorded. The registered manager informed us a system for recording and managing complaints and informal concerns would be put in place. We saw evidence of formal complaints and information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

We asked about supporting people with activities. One person spoke positively about the support they received to go out shopping. Another told us they were supported to go out for walks in their wheelchair which they found a comfort.

We asked about end of life care and how people were supported sensitively during their final weeks and days. The service is not currently supporting anyone with assessed end of life needs. The registered manager told us they would liaise with community nurses to provide the appropriate support.

Is the service well-led?

Our findings

The provider has been rated as requires improvement for the last two inspections.

We looked at policies and procedures related to the running of the service such as, safeguarding, whistleblowing and medicines management. These were in place and reviewed annually. However, we found the medicines policy had not been reviewed to include the most up to date NICE guidance for medicine in a community setting. Therefore staff did not always have access to up to date information and guidance.

We saw evidence quarterly quality monitoring was being undertaken. This looked at feedback from people using the service, staff, risks and concerns. The documentation included action plans and delegation of tasks which were reviewed. This demonstrated the results of audits were used to improve the quality of the service provided. However, the audits were not always effective. We found little information surrounding the details of issues found and how these had been rectified and lessons learned. We also noted the audit system had not identified the breaches of regulation and areas of improvement we had noted during this inspection.

These shortfalls in quality assurance amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

The service is required to have a registered manager in post. Over an 11 month period there has been instability within the management at the service. At the time of our inspection the service did not have a registered manager. A manager had been employed who was in the process of registering with CQC.

Staff told us there are always changes in the office and they don't always know who they are speaking to when they contact. At the time of the inspection all staff were not aware that there was a new manager in post.

Staff told us they would like to be more informed about what was happening within the service, such as staff changes. We did see evidence of a staff meeting being held in July however this was not well attended by staff. We spoke to the provider about how information and best practice was shared with the staff team. They told us the electronic system has a function to send memos to staff members. Additionally there is an active social media page where information is shared.

Staff told us they had difficulty when making contact with on call for support. We spoke with the provider who recognised this as a need for improvement.

We recommend the provider implements best practice guidelines around sharing information with others.

We saw evidence the management team sought feedback from staff, including their involvement in the running of the service, through satisfaction surveys. We saw evidence action was taken when feedback was

received. For example, staff meetings had been arranged with different time slots to help facilitate staff attendance.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The registered manager of the home had informed CQC of significant events as required. This meant we could check appropriate action had been taken.

The ratings were not displayed on the website for the service. We spoke with the provider who explained the website had been recently changed and not all of the information had been updated. The ratings were added to the website prior to the end of the inspection visit.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements to ensure the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1) (2) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have suitable risk management arrangements to make sure that care and treatment was provided in a safe way for all service users.</p> <p>Regulation 12 (1)(2) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audit systems had not identified the improvements required.</p> <p>Regulation 17 (1) (2) (a) (b)</p>

