First Choice Care Limited

Mosaic House

Inspection report

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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

Summary of findings

Overall summary

Our inspection of Mosaic House took place on 10 May 2016. This was an unannounced inspection.

Mosaic House is a home situated in North Wembley and is registered to provide accommodation and personal care to five people who have mental health needs. At the time of our inspection the home had no vacancies.

At our last inspection of Mosaic House on 29 January 2015 we made recommendations in relation to staff training and the quality of care plans. During this inspection we found that the provider had taken significant steps to improve the service in order to meet these recommendations,

At the time of our inspection, a new manager was working at the home and they were undertaking the process of becoming the registered manager for the home. 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.

People living at Mosaic House told us that they felt safe. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting.

People had up to date risk assessments to ensure that they were kept safe from avoidable harm. These were person centred and contained detailed guidance for staff about how they should support people to ensure that risks were minimised.

People's medicines were stored, managed and given to them appropriately. Records of medicines were well maintained.

There were enough staff members on duty to meet the needs of people living at the home. Additional staffing was provided when people required support for planned activities or appointments. Staff supported people in a caring and respectful way, and responded promptly to support their needs and requests.

Staff who worked at the service received regular relevant training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff members were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported. A regular programme of staff training was in place which met national training standards for workers in health and social care.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Assessments of people's

capacity to make a wide range of decisions were in place and had been undertaken and we saw that these were regularly reviewed. All staff members had received training in MCA and the Deprivation of Liberty Safeguards (DoLS). People were not restricted from leaving the home unaccompanied.

People's dietary needs were met by the home, and we saw that people were enabled to make choices about food and drink. People usually cooked for themselves, and support was provided to enable them to develop cooking skills.

The care plans maintained by the home were detailed and up to date. These contained guidance for staff about how they should support people. Staff met regularly with people to discuss their views about their care and support and their progress in relation to their care plans. The home liaised with other health and social care professionals to ensure that people received the care and support that they required.

People were supported to participate in range of individual and group activities. The home also supported people's cultural, religious, and other preferred needs and requirements.

People told us that they knew how to make a complaint. We saw complaints that had been received by the home had been addressed quickly and appropriately.

The provider visited the home regularly. During our inspection we saw that the manager and the deputy manager spent time engaging positively with people who lived there.

The home had systems in place to monitor the quality of the care and support that was provided, and we saw that actions had been taken to address any identified concerns.

Policies and procedures were up to date and reflected regulatory requirements and good practice in care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Risk assessments for people were up to date and contained guidance for staff members on how to manage identified risks.

Staff members that we spoke with understood the principles of safeguarding and what to do if they had any concerns.

Medicines were well managed and recorded.

Procedures had been put in place to ensure that people's monies were well managed.

Is the service effective?

Good

The service was effective. People's capacity to make safe decisions had been assessed and staff members had received training in the requirements of The Mental Capacity Act 2005.

People who used the service told us that they were happy with the support that they received.

Staff members received regular training and supervision, and team meetings were held regularly.

Is the service caring?

Good

The service was caring. Staff members interacted with people in a respectful and positive way.

When people required support this was responded to quickly and in a way that respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. Care plans were person centred, and contained detailed information for staff members about how they should support people.

People met regularly with their key worker, and the records showed that people had been asked for their views on their progress in meeting identified support outcomes.

People who used the service knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led. A new manager had recently been appointed, and action had commenced ensure that they were registered with CQC.

A range of quality assurance processes were in place and we saw that these were used to improve service provision.

People who used the service and staff members were positive about the management of the service.

Mosaic House

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.

This inspection took place on 10 May 2016 and was unannounced. The inspection was carried out by a single inspector.

We used a range of methods to help us to understand the experiences of people living at the home. We spoke with two people who used the service, one support worker, the deputy manager and the new home manager. We observed interactions between staff and people who used the service. We looked at three care plans and associated care documentation including risk assessments and medicines administration records. We also reviewed three staff files, along with a range of other documents maintained by the home. These included policies and procedures, staffing records, training records, complaints records, accident and incident reports, staff rotas, menus, activity records and quality assurance documentation.

Before the inspection we also reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, "I feel safe." Another person told us, "there were problems with my money but they've sorted it out"

Staff members that we spoke with demonstrated that they understood the principles of safeguarding of adults and understood their responsibilities in immediately reporting any concerns. We looked at the home's safeguarding records and saw that concerns had been appropriately recorded and reported. Records of meetings with residents and staff members showed that safeguarding had been discussed on a regular basis. Staff members had received training in safeguarding principles and procedures.

The home looked after some people's monies. Following a recent safeguarding concern we saw that procedures had been put in place to ensure that these were managed safely. Regular weekly and monthly audits had been put in place and balances and withdrawals were checked against people's bank statements. Where the home was looking after people's debit cards, these were only accessible to the manager and deputy manager, and were signed for when being taken out of and returned to the home's safe. We looked at the records of monies looked after by the home. These were well maintained and accurate.

We looked at the storage, administration and recording of medicines. Medicines were stored appropriately. We were told that medicines were ordered and received on a monthly basis and saw records in relation to this. We did not see medicines being administered but people that we
spoke with told us that knew when they were due to receive medicines, and had no concerns about how or when these were received. Medicines were counted at each handover between incoming and outgoing staff members, and the records of counts included information about whether or not people had received their medicines along with any concerns. The medicine administration records that we saw showed that receipt of medicine by the person was generally accurately recorded. We noted a gap in the medicines record for one person, although the handover record stated that they had received this. We discussed this concern this with the manager and deputy manager. They told us that they were aware of this and that the importance of ensuring that medicines were immediately recorded after they had been received had been discussed with staff members.

Staff members at the home had received training in safe administration of medicines. We also saw a record of a team training session provided by a pharmacist, and the medicines administration folder contained detailed guidance for staff members in relation to how medicines should be administered and recorded. People who lived at the home all took medicines that required them to receive monthly blood tests. We saw that these had taken place.

People's risk assessments were individualised and up to date, and were linked to other information contained within their care files. The assessments covered a range of identified risks, such as mental health, physical health, finances, relationships, medicines, drug and alcohol use, self-care and risk in the community. These were supported by risk management plans that provided guidance for staff on how to

support people to ensure that they were safe.

There were sufficient staff members on shift to ensure that people received the support that they required. During our inspection we saw that staff members were able to respond promptly to meet people's need and requests. We saw that on a typical day there was one staff member on shift from 8am – 4pm, with one staff member from 3pm to 10pm, who would also sleep in at the service overnight. The manager and deputy manager covered some of these shifts. Although there was no evidence of concerns that might result in consideration of an increased staffing ratio, we asked about risk in relation to ensuring that there were enough staff members available to support people. The deputy manager told us that there was always one staff member at the home. We asked about arrangements should additional support be required. We were told that, where people required assistance to go to appointments or activities additional staff members would be rostered to work. One person was being supported to attend an appointment and we saw that arrangements had been made to ensure that a second staff member was at the home in order to facilitate this. Although the home shared a staff team with another nearby service owned by the provider, there was a core staff team that worked regularly at the home. One person told us, "there

We looked at three staff files. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. This demonstrated that the provider ensured that staff members were suitable for the roles that they were required to undertake.

The communal areas were appropriately furnished and clean and tidy. A cleaner came to the home once a week to undertake a 'deep clean'. We saw that health and safety checks had been completed regularly. Certificates of safety, for example, in relation to electrical and gas safety, portable electrical appliance testing, and fire equipment showed that appropriate safety checks had been carried out.

Accident and incident information was appropriately recorded. We saw evidence that fire drills, fire safety and health and safety checks took place regularly. An emergency 'on call' service was in place. This was provided by the manager and deputy manager who alternated on call weeks between them, with the provider covering where required.

Good

Is the service effective?

Our findings

People told us that the service was effective. One person said, "the support I get is very good."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection of Mosaic House on 29 January 2015 we found that the home's policy and procedures in relation to MCA and DoLS required updating and recommended that the provider ensured that all staff members received training in relation to this.

On this visit we found that the home was meeting the requirements of the MCA and DoLS. We saw that assessments of people's capacity to make decisions were contained within their care files and that these were updated on a regular basis. The home' policies and procedures had been updated and staff members had received training in MCA and DoLS during the past year. Capacity assessments had been put in place for people.

No one who lived at the home was subject to DoLS, and restrictions were only in place for a person who was subject to a Home Office licence. We saw that people had signed their care plans and risk assessments, and that progress in relation to these was discussed with them at monthly key worker meetings.

People that we spoke with were generally positive about the support that they received from staff members. The staff members that we spoke with felt that they received the support and information that they required to carry out their duties effectively. Training records were up to date and we saw that staff members had received training in, for example, mental health awareness, in addition to core training that met the National Minimum Training Standards published by Skills For Care. We spoke with a staff member who had recently commenced working at the home. They told us that they had received a "very thorough" induction. We saw that a completed record of this that had been signed off by the staff member and their manager.

Staffing records for the service showed that staff had received regular supervision sessions with a manager. A supervision matrix was in place and the manager told us that this was checked weekly to ensure that supervisions were booked and recorded. Team meetings had taken place regularly. We saw from the recent team meeting minutes that discussions had taken place regarding the quality of care plans, medicines administration, safeguarding, activities and care and support issues and concerns.

People were provided with food that met their dietary requirements. Information contained within people's care plans identified people's food preferences, and we saw that a menu was available that reflected these. Choices available on the menu appeared varied and well balanced. People usually prepared their own meals and we saw that arrangements were in place to support this. The notes of resident meetings showed that food and menu choices were discussed with people who lived at the home.

The care records for people who used the service showed evidence that relevant health and social care professionals were involved in their support. We saw records of regular hospital and GP attendance, and evidence of recent reviews involving community mental health team professionals.

The home environment was suitable in respect of the needs of the people who lived there. Two bedrooms and a bathroom were situated were on the ground floor and accessible for people with mobility needs. The communal areas were spacious, and there were sufficient bathroom and toilet facilities. There was access to a well-maintained garden.

Good

Is the service caring?

Our findings

People told us that the service was caring. One person said, "they are very good and helpful."

We observed that staff members communicated with people who used the service in a respectful and professional way. Staff members engaged in friendly discussions with people. People who wished to speak with the member of staff on shift were given time to discuss their needs and concerns. People came and went from the home to undertake personal activities and we saw that staff members took time to ask them about these. We saw that one person was anxious about a doctor's appointment and that they were reassured by staff.

The staff members that we spoke with talked positively about the people who used the service and indicated that they understood their needs. One told us that they enjoyed working at the home and said, "it's important to be there when people need the support, but to help them come to their own decisions about things."

People's care plans contained information about their preferred social and cultural needs and important relationships, and the staff members that we spoke with were knowledgeable about these.

People's privacy and dignity was respected. We saw for example, that medicines were administered in privacy and that staff members knocked on people's doors and waited for a response before entering.

People living at the home were supported to be independent. The deputy manager told us, "we want to help our residents to move on to supported living so we aim to support them to do as much as possible for themselves. We provide encouragement and help them to develop the skills they need." Care plans and key worker meeting records showed that objectives were developed and discussed with people to assist them to be more independent.

Information about advocacy services was maintained within the home. We asked about use of these. The manager told that no one at the home currently had an advocate, but that they would be supported to access one should they so wish.

Good

Is the service responsive?

Our findings

People told us that the service was responsive. One person told us, "I can't complain. They have sorted things out for me when I've had a problem"

At our previous inspection of Mosaic House on 29 January 2015 we found that the care plans for people who lived at the home did not always include detailed information about for staff about how support should be provided. We recommended that the provider sought guidance in relation to how this could be improved.

On this visit we found that the home had taken significant steps to ensure that care plans were detailed, person centred and up to date. We looked at the care documentation for three people. We saw that these contained person centred assessments that included information about people's expressed needs and interests, and how they wished to be supported. The assessments were linked to people's care plans. These contained detailed information about people's support needs, such as mental and physical health, behaviours, money management, self-care, nutrition and community based activities. They contained clear guidance for staff about how, why and when support should be provided. Information contained within the plans was specific to the person and we saw that, where a person's support needs had changed their plan had been immediately updated to reflect this. Guidance about identify and supporting people with behaviours that might indicate that their mental health was at risk was in place and included information about what to do if there were concerns.

People had signed their care plans to show that they agreed with them. One person told us that they knew about their plan and what it contained. The plans included outcomes that had been agreed with people. Their keyworker notes showed that progress against these were discussed with them on a monthly basis. We saw that care plans and assessments were updated as people's outcomes or needs changed. Staff on shift recorded daily notes of care and support that included information about, for example, behaviours, activities, progress and concerns.

People participated in a range of individual activities outside the home. These included swimming, going to the gym, shopping and classes. One person told us that they went swimming on a daily basis. Staff at the home also organised group activities based on preferences that were discussed at regular resident's meetings. These included a swimming group, a gym group, meals out and visits to a local pub. The most recent residents' meeting held on 18 April showed that there had been a discussion about communal cooking sessions and that plans were made to jointly prepare a Sunday lunch and a full English breakfast.

We saw records of resident's meetings that were held monthly. The most recent of these included discussions about activities, food, safeguarding, staffing, health and safety and domestic tasks such as cleaning.

The people that we spoke with told us that they knew what to do if they needed to make a complaint. We looked at the home's complaints register. We saw that complaints raised during the past year had been addressed promptly and appropriately.

Good

Is the service well-led?

Our findings

There had been a change of manager since our last inspection on 29 January 2015. A new manager had commenced employment at the home during January 2016. We discussed the process of registration with The Care Quality Commission with the manager. He informed us he had commenced the application process and was currently awaiting clearance.

The staff members that we spoke with were positive about the support and development that they received. One staff member told us that, "[the manager] is always very clear." People who used the service felt that the home was well managed. We saw that the manager and deputy manager communicated positively with both people who used the service and the members of staff who were on shift. A person who lived at the home said, "I like him."

The manager told us that he used team meetings with staff to facilitate learning and development sessions. We saw that sessions on medicines, safeguarding and care planning had taken place. He told us that, although staff members received training in these areas, discussion as a team enabled a consistent approach.

We saw that a range of quality assurance processes were in place at the home. Regular audits of medicines, monies and care documents had taken place. Health and safety and fire risk assessments had been carried out, and the manager had recently introduced a monthly compliance monitoring process. The records of these assessments and audits showed that actions had been put in place where required and that these had been completed in a timely manner.

The provider had undertaken a service user feedback survey during April 2016. We saw that high levels of satisfaction had been recorded. People had been asked to comment on how they would like the home to improve, and we saw that a number of comments expressed the wish to become more independent. The manager told us that he would be producing an action plan that would be discussed with people at a future meeting.

We reviewed the policies and procedures.in place at the home. These were up to date and reflected good practice guidance. We saw that staff members were required to sign when they had read the policies.

We saw recorded evidence that the home liaised regularly with relevant professionals, including relevant mental health professionals, general practitioners and commissioning authorities.