

Mosaic Community Care Limited

Mosaic Community Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an announced inspection of Mosaic Community Care Limited on 18, 19 and 24 November 2015.

Mosaic Community Care Limited is a domiciliary care agency. The service provides personal care and support to adults with care needs. The agency's office is located in Preston in central Lancashire. At the time of the inspection the service was providing support to 22 adults.

At the time of our inspection there was a registered manager in post. A registered manager is a person who

Summary of findings

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.

At a previous inspection in June 2013, we found that improvements were needed regarding respecting and involving people who use services and the management of medicines. We completed a follow up inspection in December 2013 and found that the necessary improvements had been made.

During this inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to failure to ensure risk assessments were always available in people's homes for staff to access and failure to ensure medicines were being managed safely. There was a failure to ensure care plans were always present in people's homes to inform staff about how to meet people's needs, a failure to ensure sufficient staff attended to people as required, and a failure to effectively assess and monitor the quality of the service, to ensure any risk to people using the service was managed appropriately. You can see what action we told the provider to take at the back of the full version of the report.

During our inspection we found that people were not always kept safe. The people we spoke with, their relatives and some staff told us that people did not always receive the support they needed when this was required.

People and their relatives told us that staff were sometimes late and on some occasions visits were missed completely. The staff we spoke with confirmed that this was the case. The staffing rotas we reviewed showed that when two staff were providing support to a person, sometimes one member of staff was scheduled to attend later than the other.

We found that medicines were not being managed safely and staff were not always documenting medicines administration correctly.

We saw evidence that staff had been recruited safely and received an appropriate induction and training. They had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

People receiving support from the service told us the staff were able to meet their needs. One person told us, "The staff are great, they know what they're doing". One relative told us, "The staff have the right skills and training to look after my mum".

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and we saw evidence that where people lacked the capacity to make decisions about their care, their relatives were consulted.

People told us they were supported with eating, drinking and their health. However, information about people's nutrition, hydration and health needs was not always available to staff in people's homes.

The people we spoke with and their relatives told us that the staff who supported them were caring. They told us staff respected their privacy and encouraged them to be independent. However, people told us they were not always introduced to new staff who were supporting them.

We saw evidence that people's needs were reviewed regularly. Where people were unable to contribute to reviews, we saw evidence that their relatives had been consulted.

We saw evidence that the registered manager requested feedback about the service from the people they supported and their relatives. However, improvements were not always made or maintained as a result of the comments received.

Staff received regular supervision and completed a variety of training. They felt they had the knowledge and skills to meet people's needs.

The people we spoke with, their relatives and staff told us communication from the service was not always effective. Staff rotas were often not received and when rotas were received, people were not always notified of changes to the staff who would be supporting them, or of changes to the times of their visits.

Summary of findings

Many people we spoke with and their relatives were not happy with the way Mosaic Community Care Limited was being managed. They felt that their concerns were not managed appropriately and improvements were not made when necessary.

We saw evidence that different aspects of the service were audited regularly. However, the audits completed were not effective in ensuring that appropriate levels of safety were maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Information relating to people's risks and how to manage them was not always available to staff in people's homes.

People were not always supported by the correct number of staff, which meant that their needs and risks were not being managed appropriately.

Medicines information was not clear and medicines records were not always completed appropriately by staff.

The manager followed safe recruitment practices and staff received an appropriate induction and training.

Inadequate



Is the service effective?

The service was not always effective.

Staff received appropriate training.

Staff understood the Mental Capacity Act 2005 (MCA) and where people lacked the capacity to make decisions about their care, their relatives were consulted.

Information about people's nutrition, hydration and health needs was not always available to staff in people's homes.

Requires improvement



Is the service caring?

The service was not always caring.

Staff treated people with care and compassion.

Staff respected people's privacy and dignity and encouraged them to be independent.

People were not always supported by staff they knew.

Requires improvement



Is the service responsive?

The service was not always responsive.

People's needs were reviewed regularly.

Information about people's needs and how to meet them was not always available to staff in people's homes.

Improvements were not always made or maintained when concerns were raised by people or their relatives.

Requires improvement



Is the service well-led?

The service was not always well-led.

Requires improvement



Summary of findings

Feedback about the service was sought from the people being supported and their relatives. However, improvements were not always made as a result of the feedback received.

The people we spoke with, their relatives and staff felt that communication at the service was not effective.

Audits of the service were completed. However, they were not effective in ensuring that appropriate levels of safety were maintained.

Mosaic Community Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18, 19 and 24 November 2015 and we gave the provider 48 hours' notice as this is a small service and we needed to be sure that the manager would be available to participate in the inspection. The inspection was carried out by an adult social care inspector 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 service. As part of our inspection, the expert by experience contacted people who were supported by the service by telephone, to gain their feedback about the care and support they received.

Prior to the inspection we reviewed information we had received about Mosaic Community Care Limited including

statutory notifications received from the service and concerns received from Lancashire County Council safeguarding team. We also contacted Lancashire County Council contracts team for information about the service.

During our inspection we asked the registered manager to provide us with the contact details for agencies who were involved with the service, so that we could request feedback from them. The registered manager told us she would provide this information following our inspection. However, despite further requests, this information was not provided.

During the inspection we spoke with five people who received support from the service and nine relatives. We also spoke with eight members of staff including three care assistants, two trainee care co-ordinators, the training and compliance officer, the acting manager and the managing director who was also the registered manager. We looked in detail at the care records of two people being supported by the service and reviewed an additional 12 people's care records to check that care plans and risk assessments had been completed. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of audits completed.

Is the service safe?

Our findings

The people being supported by the service and their relatives did not always feel that people were kept safe. Relatives told us, “I’ve been there when new staff have arrived. They haven’t known what’s needed” and “There was an incident when a male carer arrived very late and was not wearing uniform. My relative let him in, it could have been anybody”.

We looked at how risks were managed in relation to people supported by the service. We found that detailed risk assessments had been completed for each person, including those relating to moving and handling, falls, medicines, communication, memory, health needs, personal care, social support needs and the home environment. Risk assessments were completed by the senior care assistants or the training and compliance officer and were reviewed regularly. The risk assessments we viewed were individual to the person and included information for staff about the nature of each risk and how it should be managed.

Five of the people and relatives we spoke with told us there was no care documentation available in the home for the staff who visited them. Some of the staff we spoke with confirmed this. Staff told us that sometimes when a person was new to the service, there was no care plan or risk assessment information available in the home to guide them as to the care the person required. They told us that in these situations they asked the person what care they needed or if the person lacked the capacity to provide this information, they rang the office for guidance. This meant that staff did not always have access to information about people’s needs and risks and how to support them appropriately.

The provider had failed to ensure that staff had access to information relating to people’s risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staffing arrangements at the service. Prior to the inspection we had received concerns that the service was short staffed and that some people were not receiving visits when they should. We had also received concerns that on some occasions only one member of staff was providing support to people when two staff were required to meet the person’s needs.

We discussed this with the registered manager, who told us she felt the service had sufficient staff to meet people’s needs. She advised that the service was actively recruiting additional care assistants to ensure that they could continue to meet existing needs and to meet any future increase in service provision. We saw evidence that applications had been received and interviews scheduled. The registered manager told us that periods of sickness or annual leave were covered by other care assistants, the senior care assistants or the care co-ordinators.

Eight people using the service and their relatives told us that time keeping was a problem and staff often arrived late for visits. Three people told us that there had been occasions when visits had been missed completely. Two people told us that when two care staff were due to attend, sometimes only one arrived or the second staff member was late. One person told us, “Sometimes when it’s two carers, one arrives earlier and one later and the first one has finished by the time the second one arrives”. This was reflected in some of the rotas we looked at. Where two care staff were due to visit a person, on some occasions one staff member was scheduled to attend half an hour after the other. Some of the staff we spoke with confirmed that two staff members did not always visit people when this was required to meet a person’s needs, which meant that people’s care was not always provided safely. Staff told us they felt the service needed additional staff, particularly where people required support during the evenings and weekends. They told us they were often pressured to work additional shifts to compensate for the lack of available staff.

The provider had failed to ensure that people were supported by an appropriate number of staff in order to meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the manager who told us she would personally oversee the staffing rotas following our inspection and would ensure that two members of staff always visited people when this was required. However, following our inspection we received further concerns from people and from staff, that people were being supported by only one member of staff when two was required to meet their needs.

We looked at whether people’s medicines were managed safely. Staff told us that people’s relatives were responsible

Is the service safe?

for the ordering, checking and disposal of medicines and staff were responsible for the administration of medicines. Staff told us that the majority of people's medicines were provided in blister packs. This is where the medicines for different times of the day were received from the pharmacy in dated and colour coded sealed packs, which helped to avoid error.

We were not able to view people's medication administration records (MAR) for medicines being administered at the time of our inspection because these were kept at people's homes. However, we reviewed MAR sheets for three people from previous months. We found that MAR sheets did not provide clear information for staff. There were no pictures or descriptions of tablets to ensure staff could differentiate between each medication. There were a large number of gaps in staff signatures, which meant that it was not clear whether people had received their medicines or not. We noted that there were no clear instructions for medicines that could be taken 'as required' (PRN medicines) and some prescribed external ointments and creams were not included on the MAR sheets. Similarly, there were no clear instructions for fixed period medicines such as antibiotics and eye drops and it was not clear from the MAR sheets when these medicines had been commenced and ended. Staff did not always record the appropriate codes, for example on some entries staff had written 'X' and it was unclear whether this meant that the medication was not available, had not been administered or had been refused. At the top of each MAR sheet the person's name, date of birth, GP and any allergies should have been recorded but this had not been completed.

One relative we spoke with told us, "The care staff are required to prompt my relative to take their medication with their meal but are often too late to do so. Sometimes I find the medication still in the blister pack".

The provider had failed to ensure that people received their medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines management policies and procedures were available for staff to refer to, including guidance about homely remedies (over the counter medicines), PRN (as required) medicines and checks that needed to be completed. Guidance was also available regarding covert medication. This is when medicines are administered without a person's knowledge, when a person lacks the

capacity to make a decision about the medication and it is felt to be in their best interests for them to take it. The registered manager told us that no-one was receiving covert medicines at the time of our inspection.

Records showed that 67% of the service's staff had received training in medication safe handling and awareness and the remaining staff were scheduled to complete it later this year. The staff we spoke with confirmed they had received training in medicines administration and demonstrated a good understanding of how to administer medicines safely. However, we found that this knowledge was not translated into practice. We found that medicines administration and recording were audited as part of the staff observations that were completed in people's homes at least twice each year. This included the completion of the MAR sheets by staff and whether the medicines in stock and the information on the MAR sheets was consistent. However, the audits had not been effective in identifying and addressing the medicines administration issues we found during our inspection.

We noted that there was a recruitment policy in place at the service. We looked at the recruitment records of four members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and at least two written references had been obtained in line with the policy. These checks helped to ensure that the service provider made safe recruitment decisions.

We looked at staff training and found that 83% of staff had received training in safeguarding vulnerable adults from abuse and the remaining staff were scheduled to complete it later this year. The staff we spoke with understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse and listed the contact details for the local authority.

We found that of the six care staff at the service, 83% had completed up to date training in load management and 67% had received training in food hygiene, infection control and health and safety. Fire safety training had been

Is the service safe?

completed by 50% of staff and one member of staff had been trained in first aid. Training records showed that the remaining staff were due to complete these courses later this year, including one of the trainee care co-ordinators who had joined the service three weeks earlier. This would help to ensure that people received care and support that was safe.

The service had an accident and injury reporting policy and procedure and we saw evidence that accidents and injuries had been recorded and managed appropriately. However,

we noted that the information documented was not always clear, such as the name of the person who had experienced the accident or injury and the name of the member of staff who had completed the form. We discussed this with the registered manager who told us she would raise this issue with staff.

We saw evidence that portable appliances at the service office were tested yearly. This would help to ensure that the service provided a safe environment for staff to work in.

Is the service effective?

Our findings

Some of the people we spoke with were happy with the care they received. One person told us, “The carers are marvellous. They’re all exceedingly polite and can’t do enough for me”. Another person told us, “The carers I’ve had over the last few months have been excellent”. However, other people were not happy with the care being provided. One relative told us, “New carers don’t know what their duties are or the person’s likes and dislikes when they first call”. Another said, “Jobs are not done as they should be. We can’t go away knowing that our relative is well looked after”.

Records showed that all staff had completed an induction which included training in moving and assisting, medication, safeguarding vulnerable adults, health and safety and infection control. The training and compliance officer told us that the service had recently introduced a twelve week induction process as part of the Care Certificate. We saw evidence that this included three reviews of staff member’s knowledge and performance and two observations of them providing care. She told us that when they started with the service, new staff accompanied experienced staff to observe how care should be delivered and did not provide care themselves until their practice had been approved by staff and the registered manager.

The staff we spoke with told us they had received a thorough induction and appropriate training when they joined the service.

We noted that each staff member’s practice was observed by the training and compliance officer at least twice each year, when their competence was assessed in relation to a variety of tasks. These included medicines administration, moving and assisting, the use of equipment, infection control, personal care, communication and recording. In addition, staff compliance with uniform requirements was assessed. The staff we spoke with confirmed that regular observations of their practice were completed.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. In addition to the training mentioned previously, we noted that of the six care staff, 83% had completed training in equality, diversity and duty of care and mental health awareness. In addition, 67% of staff had received training in effective communication,

confidentiality and record keeping and 50% in person centred planning. One member of staff had completed training in diabetes awareness and dementia awareness. The staff we spoke with told us they felt they had completed all the training necessary to enable them to meet the needs of the people they supported. The registered manager told us that the service did not use volunteers.

There was a supervision policy in place and staff records confirmed that supervision took place regularly in line with the policy. Supervision addressed issues including performance, accountability and personal development. Most of the staff we spoke with confirmed they received regular supervision. Staff told us they felt able to raise concerns during their supervision sessions. However, some staff felt that the issues they raised were often not addressed. The registered manager told us that staff appraisals were planned for early in the new year, as most of the staff had been in post for less than twelve months.

Staff told us they completed daily records of care every time they visited people in their homes, which detailed the care provided on each occasion and any concerns. We were unable to view the daily records relating to the time of our inspection, as these were kept in people’s homes. However, we reviewed the daily care records for two people from previous months and found that information was documented about people’s mood, nutrition and hydration, personal care and cleaning tasks completed. We noted that where two staff were providing care, only one staff member had completed the daily record and signed it. We discussed this with the acting manager who told us she had recently informed all staff that both staff members should sign the daily record to evidence that they had attended.

People and their relatives told us that communication from the service was not always good. They told us that they often did not receive rotas detailing who would be visiting them the following week and were often not contacted if staff were going to be late. One person told us, “There’s been no communication. I’ve not had a rota of who is coming for four months”. Other people told us they received rotas but were often not informed of any changes to the staff who would be visiting them or the times of their visits.

We reviewed the records completed daily by the staff on call which detailed the enquiries received by the service.

Is the service effective?

Issues raised included people and their relatives enquiring about rotas not being received and expressing concerns about late visits. We saw evidence that some concerns regarding issues such as late visits had been dealt with formally and had been responded to in line with the service's complaints policy.

We looked at how staff at the service addressed people's mental capacity. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards, which are a part of this legislation; however the Safeguards do not apply to this service.

We found that a Mental Capacity Act policy and procedure was in place, which included the five key principles of the Mental Capacity Act 2005 (MCA). The staff we spoke with told us the MCA had been addressed as part of their mental health awareness training. They understood that mental capacity related to people's ability to make specific decisions at specific times and the importance of providing as much information as possible to help people make decisions. Staff understood the importance of seeking people's consent about every day decisions, even when they lacked the capacity to make decisions about more complex aspects of their care. Staff were also aware that where people lacked capacity, their relatives should be involved in decisions about their care and that people had the right to refuse care regardless of their capacity.

We saw evidence that where it was felt that people lacked capacity, their relatives were consulted about decisions regarding their care. Where people had the capacity to be involved in planning their care, they had signed to

demonstrate their involvement. Where it was felt that people lacked the capacity to be involved in decisions about their care, their relatives had signed to confirm they had been involved. Details of relatives with Lasting Power of Attorney were included in people's care records.

We looked at how the service supported people with eating and drinking. Training records showed that 50% of the care staff had completed training in nutrition and diet and the staff we spoke with felt that people received appropriate support with their nutrition and hydration needs. Care records included information about people's dietary preferences, and risks assessments and care plans had been completed where there were concerns about a person's nutrition. However, this information was not always available to staff in people's homes.

The people we spoke with and their relatives told us people received appropriate support with nutrition and hydration. One person told us, "One carer likes cooking. She makes me different things and we put them in the freezer". Another person told us, "They make me a pot of tea when they come in, then ask me what I'm having and get on with making my meal".

We looked at how people were supported with their health. People and their relatives felt staff made sure people's health needs were met. One relative told us, "The staff update me if anything is wrong or my mum isn't well". We found that care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. However, this information was not always available in people's homes. We saw evidence that staff had contacted the GP when there were concerns about a person's health and the staff we spoke with confirmed they did this.

Is the service caring?

Our findings

Most of the people we spoke with who received support from Mosaic Community Care Limited told us the staff were caring. They said, “It’s nice to have somebody to sit and chat with. They don’t rush me or make it look like I’m a nuisance. They’re professional people” and “The staff are absolutely brilliant. There’s no issue with them wanting to dash off or anything like that”. One relative told us, “The carers are lovely and very polite. They’re all very nice”. However, one person told us, “One of the carers is lazy. They only come to use the toilet and have a cup of tea”. This person did not tell us if they had raised this issue with the service.

The staff we spoke with told us they knew the people well that they supported, both in terms of their needs and their preferences. However, due to a shortage of staff at the service, they did not always feel they had the time during visits to meet people’s individual needs in a caring way.

Many of the people we spoke with told us they were supported by a variety of staff and were not always introduced to new staff who were supporting them for the first time. People told us staff did not always know how to meet their needs and care documentation was not always available in the home for staff to refer to. People did not always receive rotas informing them of who would be supporting them the following week. When they did receive rotas, people were often not informed when changes were made. One person told us, “The carers on the list don’t always turn up. We have a variety of carers; it’s a problem remembering all their names”. One person told us they did not like one of the care staff and asked not to be supported by them. They told us that this was maintained for a number of weeks but when the service was short staffed, the care assistant was sent to support them again. This meant that sometimes people’s preferences were not respected.

We saw evidence that people received information about the service. The manager showed us the handbook that was provided to each person when the service agreed to support them. The handbook included information about the service’s philosophy of care, the standards of care people could expect, confidentiality, risk management and

equal opportunities. The handbook advised that people would have access to a complaints procedure. However, details of how to make a complaint and timescales for receiving a response were not included. The handbook also advised that people would be allocated a key worker, who would complete their care plan and review their care needs regularly. They would be the single point of contact for the person and their relatives. However, the registered manager told us that the service did not operate a key worker scheme due to the staff team being so small. She advised that care plans were completed by either herself or the training and compliance officer.

An advocacy policy and procedure was available. Advocacy services can be used when people want support and advice from someone other than staff, friends or family members. We noted that the handbook provided to people did not include information about advocacy services. We discussed this with the registered manager who advised that this information would be added to the handbook.

Many of the people we spoke with told us they were involved in planning and reviewing their care and we noted signatures on the care plans we reviewed. Where it was felt that people lacked the capacity to make decisions about their care, their relatives had signed to demonstrate their involvement. Relatives we spoke with confirmed they were involved.

People told us they were encouraged to be independent. One person told us, “If the staff know I can do something, they let me get on with it. They help me when I need it”. One relative told us, “The care staff respect my mum’s independence. They stand near her while she washes and this gives her confidence”.

The people we spoke with told us that staff at the service respected their dignity and privacy. One person told us, “The carers have come to know me. They treat me with respect”. People told us that staff did not rush them when providing support. They told us they could make choices, including what they wore each day and the food staff prepared for them.

We saw evidence that the service had signed up to the Dignity in Care Charter. This is a set of standards that aims to put dignity and respect at the heart of care services.

Is the service responsive?

Our findings

Many of the people we spoke with told us they received personalised care from the service. One person told us, “The carers have come to know me personally”. Relatives told us, “The staff document how my mum is when they arrive. They’re getting to know her well” and “My mum knows all the staff on the rota and gets on well with them. They’ve got used to my mum, they know what she likes”.

However, some people felt that too many different care staff visited them, which meant that staff did not have the opportunity to become familiar with their needs and preferences. One relative told us, “We used to have a regular carer but she left. Now we can have seven or eight over the week. We’d like to get it down to three or four. Then they’d be able to provide effective care”.

The care plans we reviewed were detailed and individualised. They documented people’s likes and dislikes, as well as their needs and how they should be met. Areas covered in the care plans included personal care, mobility, memory, communication, medication, nutrition and hydration and social support needs. We saw evidence that care plans were reviewed and that people and their relatives had been involved in the reviews. Five of the people we spoke with and their relatives told us they had involved in planning and reviewing their care. However, four people told us that a copy of their care plan was not available in their home. Some of the staff we spoke with confirmed that care plans were not present in every home they visited. This meant that staff were not always aware of people’s needs and how best to meet them.

The provider had failed to ensure that information about people’s individual needs was accessible to staff in people’s homes. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence that the service completed an assessment of people’s needs before they began supporting them. We noted that assessment documents were detailed and individual to the person and included information about people’s medicines, mobility, communication, continence, personal care and nutrition and hydration needs. Information was also included about people’s interests and social needs.

The acting manager informed us that care plans and risk assessments were usually completed by the senior care assistants at the service. However, she advised that at the time of our inspection, there were no senior care assistants in post and consequently care plans and risk assessments were being completed by the registered manager or the training and compliance officer. We found that this arrangement was not effective in ensuring adequate care documentation was available to ensure people’s needs were being met.

Where it was felt that people lacked the capacity to take part in planning their care, we saw evidence that relatives had been consulted and had signed to demonstrate their involvement. Each person’s care file included a consent form which detailed the care that would be provided and had been signed by the person or their relative. A service user contact log was also kept in each person’s care file, where the service’s contact with the person, their relatives and other professionals involved in the person’s care was documented.

The staff we spoke with were clear about the importance of taking action when people’s needs changed. They told us they contacted the person’s GP if they were concerned about the person’s health and always informed relatives of any concerns and action taken. The relatives we spoke with confirmed that staff kept them up to date with any changes in people’s needs.

A complaints procedure was available in the office and included timescales for investigation and providing a response. Contact details for the Commission and the Local Government Ombudsman were included. However, details of how to make a complaint and timescales for receiving a response were not included in the service user handbook. A record of complaints and concerns received was kept and actions taken in response were documented. The date of the response was not always documented and we discussed this with the manager who told us she would ensure that this was recorded in future. The registered manager showed us a collection of thank you cards and emails that had been received by the service.

The people supported by the service and their relatives told us they felt able to raise any concerns. One relative told us, “I haven’t had any issues but I would talk to the people in the office if I had any concerns”. One person told us they had raised a concern regarding late visits and it had been resolved satisfactorily. However, a number of people told

Is the service responsive?

us they had raised concerns about issues including late visits, missed visits and not receiving rotas and little had improved. Two people told us that improvements had been made when they raised concerns however the improvements were short lived. We saw evidence that

some concerns regarding issues including late visits had been managed as formal complaints and had been responded to in accordance with the service's complaints policy.

Is the service well-led?

Our findings

Most of the people we spoke with and their relatives were not happy with the way Mosaic Community Care Limited was being managed. People told us, “I have repeatedly contacted the service about the lack of care plan and staff rotas and requested later visits but these matters remain unresolved” and “There has been a complete lack of communication between the management and the staff”. One relative told us, “The management has been pathetic for the last month or more. We’ve got no referral point in the office. I never know who I’m going to speak to”.

We noted that the registered manager had completed a quality audit in June 2015. The audit report identified the need for additional staff. However, this remained an issue at the time of our inspection. The audit included a review of four people’s care files, which were found to be compliant with the audit tool. An action was documented in the audit report that all care files were to be reviewed on an ongoing basis to ensure all documentation was in place. We did not see evidence that this was being completed. The audit report also recorded that staff meetings needed to be held each month. However, we found that this was not happening.

We noted that the audits being completed had not identified the issues we found during our inspection relating to medicines, staffing and the availability of care documentation. In light of this, the audits of the service were not effective in ensuring that appropriate levels of safety were being maintained.

The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity, including the quality of the experience of service users in receiving those services.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection, the managing director, who was also a registered manager for the service, explained that the service would usually have an additional registered manager, who would manage the day to day running of the service. She explained that the additional registered manager had left some months earlier and this had caused difficulties with staffing. She also advised that two members of staff were on maternity leave and that this had caused additional staffing difficulties. At the time of our

inspection, a member of staff from one of the provider’s other services was acting as the additional manager, overseeing the daily management of the service. She had been in this role for three weeks.

We spoke with the acting manager who advised that at the time of our inspection, there were five care assistants providing the majority of the care to the 22 people they were supporting. In addition, there were two trainee care co-ordinators who were responsible for organising the staff rotas and dealing with daily enquiries from people, their relatives and the staff. One of the trainee care co-ordinators had started in post three weeks earlier and the other was still learning the role.

The acting manager explained that senior care assistants would usually be responsible for completing regular unannounced checks of staff practice in people’s homes and for reviewing care plans and ensuring that records were being completed appropriately. They would also provide support to the care assistants and care co-ordinators when this was needed. The acting manager told us there were no senior care assistants in post at the time of our inspection and consequently these checks were being completed by the training and compliance officer when she was able to.

The acting manager advised that the service planned to recruit senior care assistants in the near future to ensure that these checks were completed regularly and to ensure that additional support was available to the care assistants and care co-ordinators when required.

We looked at whether people were involved in the development of the service. We saw the results of a satisfaction questionnaire that had been sent to people and their relatives in July 2015. The questionnaire results showed a mixed level of satisfaction with the care being provided. Issues raised included the timing of visits and a lack of consistency of care staff visiting people. Actions identified for the service were to check rotas before they were sent out to people and to try to ensure consistency of care staff. At the time of our inspection these issues were still being raised by the people being supported by the service and their relatives, which demonstrated that the issues raised in the survey had not been addressed effectively.

Is the service well-led?

One staff member told us they had received a satisfaction questionnaire to complete recently. However, two of the staff we spoke with told us they had never received a satisfaction questionnaire.

We noted that staff meetings had taken place in February and March 2015 with the service's management and care co-ordinators. Issues addressed included the importance of risk assessments being individualised and detailed and the need for staff to raise any issues or concerns with the management team. In addition, it was identified that staff rotas needed to improve and it was agreed that the operations manager would check the rotas before they went out to the people they supported and to staff. At the time of our inspection the operations manager was on leave and the registered manager told us that as a result of this, the staff rotas had not been checked recently. We did not see the notes of any staff meetings with the care assistants at the service. However, two of the staff we spoke with told us staff meetings had taken place in the last six months.

The staff we spoke with told us that communication from management at the service was not good. They told us they often did not receive rotas unless they rang the office and asked for them and there were times when the rotas were incorrect or changes had been made but they had not been informed. They told us it was often difficult to get hold of staff at the office or the member of staff who was on call outside of office hours.

The staff we spoke with felt that they had not been kept up to date with changes in staffing at the service and who was managing it. They told us they often did not know who to contact if they had concerns. At the time of our inspection many of the staff we spoke with were not aware that an acting manager had been appointed. We discussed these issues with the registered manager who advised that she would hold a full staff meeting to ensure that all staff were updated about the changes to the service.

Staff told us they received regular supervision. They told us they felt able to raise concerns with the registered manager. However, they felt that their concerns were often not acted upon, even when they had been raised a number of times.

A whistleblowing (reporting poor practice) policy was in place and staff were aware of it. Contact details for the Commission were included. Staff felt they would be protected if they raised concerns about the actions of another member of staff.

We noted that in June 2015, the service had been awarded the Investors in People silver award. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to ensure that staff had access to information relating to people's risks.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to ensure that people received their medicines safely.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to ensure that people were supported by an appropriate number of staff.

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had failed to ensure that information about people's individual needs was accessible to staff in people's homes.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity, including the quality of the experience of service users in receiving those services