

Family Mosaic Housing

Family Mosaic Domiciliary Care

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

The service had 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. The registered manager was supported by two deputy operational managers to ensure the daily management of the service.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. The registered provider had effective recruitment processes in place which ensured people were protected from the risk of avoidable harm. Accidents and incidents were recorded and monitored to identify and mitigate reoccurrence. Medication was dispensed by staff who had received training to do so.

Staff demonstrated that they knew people well. They had received regular training and supervision and were knowledgeable about their roles and responsibilities. Care plans were person centred, included people's preferences and routines and were regularly reviewed.

People told us staff were kind and caring, they were happy with the care and support they received and that they were treated with dignity and respect. Staff were responsive to the needs of people and enabled them to maintain their independence as much as they were able. People were supported to access health and social care professionals and services when required.

Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005). People's capacity to consent had been assessed and the registered provider acted in accordance with its legal responsibilities under the MCA.

Staff felt valued by management and worked together effectively as a team. There were effective quality assurance systems in place to monitor the quality of the service and to help ensure the service was running effectively, meeting people's individual needs and working towards continuous improvement.

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.

Staff had a good understanding of how to keep people safe and protected from harm.

There were robust recruitment procedures in place to ensure people received their support from staff who had been deemed suitable and safe to work with them.

Risks to people's health and wellbeing had been assessed and plans were in place to manage identified risks to ensure their safety.

Where required, people were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and had the skills and knowledge needed to deliver care to a good standard.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities to ensure people's rights to make their decisions were promoted.

People healthcare needs were met and they were supported to access healthcare professionals when needed.

Where support was given with meals people were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People who used the service valued the relationships they had with staff and were happy with the care they received. People were pleased with the consistency of their care workers.

People's independence was promoted and staff encouraged people to do as much as they were able to.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred. People received care which met their individual needs and preferences and were supported to lead their lives in the way they wished.

People were supported to pursue their interests, hobbies and social interests.

Complaints were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were positive about the support they received.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Effective quality assurance systems were in place to monitor the quality of the service being delivered and to ensure the service maintained its standards and continually improved.

Family Mosaic Domiciliary Care

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 the 23 and 25 November 2016 and was announced. We did this to ensure the registered manager was available to assist us with the inspection. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included the last inspection report and statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service; some people were not verbally able to talk with us so we used observation as our main tool to gain insight of their experiences. We also spoke with 15 members of care staff, two deputy operational managers and the registered manager. We reviewed six people's care files, five staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. Staff were trained in recognising the signs of abuse, understood the importance of keeping people safe and protecting them from harm. Staff we spoke with were able to demonstrate a good understanding of the different types of abuse and had a clear understanding of the safeguarding and whistleblowing procedures and what action to take if they felt people were at risk. One member of staff told us, "If I felt someone was at risk I would firstly inform my line manager and if I felt no action was taken I would escalate to a higher manager and if that didn't work I would inform outside agencies and whistle blow." The registered provider's office had several 'Ask Sal' posters displayed. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns. Records confirmed the provider had referred safeguarding concerns to the local authority and had notified the Care Quality Commission of safeguarding issues.

People using the service told us they felt safe. Comments included, "I feel safe when staff are around." And, "They look after me and help me to take my medicines." People were given information to remind them how to keep safe through notices which were displayed in the registered provider's office and through 'Keeping you safe' guides, both of which were in pictorial and easy read formats. These provided people with information and advice about how to stay safe and what action to take if they felt they were unsafe or at risk of harm; for example if they are hurt or treated badly by other people, on hate crime, out and about in the community, the internet and at home.

Staff had the information they needed to support people safely. Risk assessments were undertaken to keep people safe and included information on how staff should manage these risks and support people in the safest way; care records showed that the service had assessed and regularly reviewed risks associated with people's care and support.

There were systems in place to record and monitor incidents and accidents. These were recorded on the registered provider's on line reporting system and were monitored by the registered manager and by the registered provider's health and safety team. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence. Checks had also been undertaken in the supported living schemes on the environment to minimise risks to people's health and well-being. Records showed that guidance was also disseminated from the registered provider's health and safety team to ensure people's home environment in the supported living schemes was safe, for example checking window restrictors and fire equipment.

There was a robust recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity, right to work and undertaking a criminal record check with the Disclosure and Barring Service (DBS). New staff were required to undergo a probationary period and regular competency assessment checks were undertaken by senior staff to ensure staff were safely and effectively carrying out their duties. The service had disciplinary procedures in place to respond to any poor practice.

There was enough staff to meet people's needs. People said that the service was reliable and they received support from a consistent staff team. People we spoke with who received a specific number of hours from the service such as morning and evening calls told us they felt there was enough staff and there had been no issues with staff arriving on time, leaving early or missed calls. One person said, "The girls come out and support me; they arrive on time but sometimes they can be 15 or 20 minutes late due to the traffic." Staff we spoke with also told us they felt there was enough staff and that they did not feel rushed in carrying out their duties. The registered provider had a bank of 'relief staff' who were based at the service's office. The registered manager told us they had access to these staff to cover shifts if regular staff were absent or on leave. The relief staff were introduced to people before providing care, this meant people received care and support from staff they knew if their regular carers were unavailable. The deputy operational manager confirmed there had been no missed calls.

Where staff managed people's medicines they did so safely. People told us, and records confirmed, that staff recorded any prescribed medication in their medication administration record (MAR). All staff who administered medication had received medication training and refresher courses where necessary. Regular checks were undertaken by senior staff to ensure that people had received their medication safely and as prescribed.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. The registered provider had a 'Training Academy' which was responsible for inducting all new staff and supporting the delivery of ongoing training. Staff spoke positively of their induction into the service. One member of staff told us, "The induction process was really good, I had a six day Academy induction where you go through all the mandatory training, the care certificate and Family Mosaic's policies and procedures; this means everyone is trained to a good standard before even starting work, its brilliant especially for people new to care." Training records confirmed staff had completed the induction programme and the registered provider's mandatory training. The registered manager told us that all new staff were required to complete the Care Certificate and that existing staff would also be completing the Care Certificate to 'refresh and update themselves on best practice'. The Care Certificate is a training course which enables staff who are new to care to gain the knowledge and skills that will support them within their role.

Where required staff had received specialised training to enable them to support people for example challenging behaviour, dysphagia awareness, learning disability awareness, epilepsy awareness and buccal medication. Staff told us they found the training useful; comments included, "The training is good." And, "I have all the training I need to fulfil my role and meet my customer's individual needs." This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff received supervision and had an appraisal in place. Staff told us they enjoyed their work and felt well supported and that they could always contact management if they needed any advice or guidance. One member of staff said, "I receive regular supervisions from my manager where we outline an agenda and discuss items. As my manager is approachable I feel I can talk to them when required and ask advice." Another said, "I do feel very valued and supported by my manager and organisation. I am given supervisions regularly and all aspects of my role are covered if I am uncertain of any part of my role my manager and senior managers help me with this and guide me." Records confirmed that staff received regular supervision. This meant staff had a structured opportunity to discuss their practice and development and were supported on how to provide effective care to people.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. There were policies and procedures in place including flowcharts to support staff with the assessment of people's mental capacity and what action to take if they lacked capacity. Staff had received MCA training and understood the

principles of the MCA and how to help people make choices on a day to day basis and to support them in making decisions. Where 'best interest' decisions had been made in people's best interests these had been made in line with legislation.

People had health action plans that set out their specific health needs. Records showed that people were supported to access healthcare services as required such as routine screenings, hospital appointments, GPs, dentists, occupational therapists, opticians and chiropodists. Outcomes from appointments had been included in individual's health action plans. People also had Hospital passports; these are documents which include the person's medical and support needs. They are used as a quick reference for sharing information with other healthcare professionals. This ensured continuity of care and reduced people's anxiety for example if they were admitted to hospital.

Where required people were supported to have enough food and drink and maintain a balanced diet and staff were aware of people's dietary needs and preferences. Care records showed staff discussed people's dietary needs and support on a day to day basis.

Is the service caring?

Our findings

People using the service spoke positively about the care and support they received and told us staff were kind and caring. Comments included, "I love them to bits." And, "Staff are good here, they're kind and caring." We saw from the registered provider's last customer questionnaire that 100% of respondents had said that the staff who supported them were kind and helpful.

The registered manager ensured people received continuity of care from staff who worked in small teams and supported the same people. This meant people received consistent care and support from staff who understood their needs and knew them well. New staff were introduced to people before they started delivering care; this was confirmed by people we spoke with. Where possible, people were involved in the recruitment of staff and their views were taken into account. Records showed that people had received appropriate training and had helped to choose the staff who supported them. This meant that people were supported by staff most suitable to meet their needs. The registered manager told us, "It's about people having their own team of support, people they want to have around them, staff who share their hobbies and interests, I feel the service has a strong team in terms of person centeredness. We want staff who genuinely have the desire to help people and enable people rather than 'doing for' people."

Staff spoke about people in a caring and respectful way. We observed positive interactions from staff; people were laughing and enjoying their conversations with staff. People told us that staff listened to them and respected what they had to say; people clearly valued their relationships with staff and spoke highly of individual staff members. We saw staff talking with people in a kind, caring and respectful manner and the staff we spoke with knew people very well and were able to describe people's preferences, interests and hobbies.

The service was committed to providing people with privacy and dignity. We saw minutes of a Dignity Champions meeting held in October 2016 about raising awareness of the registered provider's dignity campaign. A dignity champion is a person who promotes dignity and equality within the service. People's privacy was also respected for example when people were receiving personal care; one member of staff told us, "It's important to keep doors closed and curtains shut. This is particularly important when there are other people living in the same house." This demonstrated that the service was committed to promoting people's privacy and dignity.

People were supported to be as independent as possible. Staff told us they encouraged people to do as much as they could for themselves. Care records recorded what people could do for themselves and where they needed support. This ensured that staff provided care in a way that helped to maintain people's independence.

People were supported to express their views and make decisions about their care and support. They were given information in ways that was easy for them to understand for example in large print, Makaton or in spoken format. This meant that people received information in a way that helped them to understand it and make informed decisions.

People's diverse needs were met and recorded in their care plans, for example people were supported to access religious services and practice their faith. The registered provider had achieved 'Investors in Diversity' from the National Centre for Diversity. Services that receive this award have demonstrated they take a structured and planned approach to embedding equality, diversity and inclusion practices within their services. We saw that people had been supported to vote in the last election, records showed that the service had held workshops to encourage and support people with a learning disability to participate in the election process. This meant that people were supported to be able to exercise their rights to take part in the democratic process.

People were supported to maintain links with their families and friends. For example one staff member told us how they helped a person to visit and receive visits from their family who were elderly, they said, "If I am able to I will pick up [names of relatives] as they have to take several buses to get here which can be difficult for them." A person using the service told us how they had put forward an idea which had been embraced by staff to support people to meet up regularly for lunch at a local venue, they said, "It's good as I can see my friends as otherwise I would get lonely and others might too."

The service had information in the office about local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

The service was responsive to people's individual needs and supported people to lead meaningful and fulfilling lives. People told us they received the care and support they needed and that they were happy with the care they were receiving. One person said, "The staff help me sort things out." Another told us how they ensured staff followed their care plan so they received their care in the way they wanted.

Appropriate arrangements were in place to assess the needs of people prior to them using the service. Assessments were undertaken to identify people's health, personal care and social support needs. The deputy operational manager said, "We will help people where we can, we won't take on people if we cannot give them continuity otherwise we would be setting them up to fail; we need to ensure we can meet their needs." Information from the assessment process was used to develop people's care plans. People using the service and, where appropriate, the people that mattered to them were involved in the planning and reviewing of their care needs. People's preferences and life histories had been recorded in a document entitled, 'This is me' which contained information such as family and friend's involvement, information on the person's medication needs and outlined people's wishes and preferences; it also informed staff of what to do and of what not to do to support the person with their day to day care needs. Care plans were reviewed regularly or as and when people's needs changed. The care plans we looked at were person centred and included information on what was important to people and how they wished to be cared for. This meant there was clear information and guidance available on how staff were to support people in a person centred way.

People received consistent personalised care and support. Staff we spoke with were very knowledgeable about the people they supported and were aware of their likes and dislikes, interests and health and support needs. People told us how they were supported to pursue activities of their choice. One person told us how they had been supported to pursue their interest in wartime history and had been supported to visit museums and air shows. Another person told us how staff had supported them to assemble a 'potting table' for their greenhouse and how they were looking forward to growing more vegetables next year with support from staff. We saw many examples during our inspection of how people were supported to access the community and take part in activities, social events and to pursue their hobbies and interests. This meant they were able to provide a personalised and responsive service which met people's individual needs.

The service had an effective complaints system. People told us they did not have any complaints about the service they received but all said if they did they would speak with a member of staff or the registered manager; one person told us, "I can go to [name of staff] with any concerns, they would listen to me." Another person said, "I can go to [name of staff] with any concerns." There was a clear complaints policy and procedure in place which was also available in easy read pictorial format which explained when and how complaints would be investigated. Records confirmed complaints had been dealt with appropriately in line with the provider's policy and procedure.

We saw many records of compliments received by the service which included one from a health and social care professional who said, "We live in a world where people are happy to complain but not forthcoming in

saying thank you or giving a compliment, so I thought I would let you know how helpful [names of staff] have been over the years of working with them. Both are always happy to respond quickly to crisis intervention and work on solutions."

Is the service well-led?

Our findings

The service had a registered manager in post who during our inspection demonstrated a strong commitment to providing an excellent standard of care and support to people using the service. The registered manager was supported by two deputy operational managers. Both the registered manager and deputy operational managers worked in the office on a daily basis and demonstrated that they had a good knowledge of the people using the service. People we spoke with told us they could speak to management whenever they wanted to. One person told us, "I would recommend Family Mosaic to my friends they are very good to me."

Staff told us they felt well supported and valued. They said the management team operated an 'open door' policy and they could always approach them for support and guidance. All the comments we received from staff were positive. Staff were clear about their roles and enjoyed their work. They shared the registered manager's vision to provide the best quality care they can to people. Feedback from staff included, "This is the most person centred company I've worked for;" And, "Very good company which values its staff. I feel the service is well led, senior management appear motivated, organised and have good values and ethics. They have many long serving members of staff and I think that speaks volumes." Records showed that staff were recognised for 'going the extra mile' and the registered manager confirmed they had an allocated budget to reward staff performance.

Regular team meetings were held where a range of topics were discussed such as updates on people, recruitment, training and business changes. One member of staff told us, "There are regular team meetings, if I am unable to attend I see copies of the minutes and can speak to the manager if I don't understand anything." In addition to team meetings and supervision staff also had the opportunity to give feedback through the registered provider's annual staff survey. We saw the results of the last staff survey conducted in 2015 where 84% of staff working for the service stated they were proud to work for Family Mosaic, 92% were committed to Family Mosaic's values and goals and 84% said they would recommend the service to friends or family.

The service actively sought the views of people who used the service and used feedback to improve the quality of the service. This was done in a number of ways which included direct feedback and surveys. We looked at the results of the annual satisfaction survey which was undertaken in October 2015. We noted that the responses were generally positive and where there had been any negative response or ideas put forward for improvement an action plan had been developed with set timescales for actions to be completed. For example, we saw that some survey responses received from one of the supported living services which supported people with a hearing impairment was that they felt more deaf awareness was needed including training for staff in British Sign Language (BSL). The registered provider acted on this feedback and organised a deaf awareness week which included staff delivering specialist training to other Family Mosaic staff who had no understanding of the difficulties which deaf people have when out and about in the local community. The service received a WOW award in recognition of the delivery of the deaf awareness week. WOW awards are the UK's only national awards that recognise excellent customer service based purely on customers and colleagues nominations. Records also showed that people had been involved in the

development of the registered provider's learning disability strategy and had been invited to attend consultation events which had been held with people using the service, and with staff, to contribute towards the development of the strategy.

There were effective systems in place to regularly monitor the quality and safety of the service being provided. The registered manager was committed to delivering a high standard of care to people and ensured regular checks and audits such as health and safety, care plans, infection control, medication and financial audits were completed. Independent annual audits were also undertaken by an external organisation and where necessary action plans had been developed to improve the quality of the service. We noted that where things had gone wrong for example poor staff practice, the registered manager had taken swift and appropriate action to address this.

The registered manager told us they received consistent support from the registered provider. They attended senior management meetings which provided an opportunity to share good practice and knowledge, discuss any challenges and receive updates. The registered manager and deputy managers also attended local forums and conferences to support them to provide an effective quality service.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Personal records were stored in a locked office when not in use. Up to date information and guidance was available to the registered manager and staff on the service's computer system that was password protected to ensure that information was kept safe.