

Mosaic : Shaping Disability Services

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected the service on 4 April 2017. We gave the registered manager 24 hours' notice of our inspection because we needed to be sure they would be available.

Mosaic: Shaping Disability Services provides personal care and support for people in their own homes. At the time of our inspection 14 people were receiving personal care and support from the service.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 felt safe with the support they received. Staff understood their responsibilities to help people to remain safe including the reporting of suspicions of or actual abuse. However, one allegation that a person had made had not been alerted to the local authority for their consideration of any action that needed to be taken. A manager made contact with the local authority on the day of our visit so that they were aware of the allegation.

Risks to people's health and well-being were assessed and staff had guidance on how to support people to remain safe. The provider had a safe system in place for dealing with and managing accidents and incidents and staff knew what action they should take. There were procedures available for staff to follow in the event of an emergency, such as a fire.

The provider's recruitment procedure was safe and they carried out checks on the suitability of prospective staff. People were satisfied with the number of staff the provider had recruited and they received support when they required it.

People received their prescribed medicines when they required them. Their medicine records were not always completed accurately. The provider told us they would make improvements to their checking processes to address this and they supplied us with evidence of this after our visit. Staff knew their responsibilities to handle people's medicines safely.

People told us that staff had the required skills and knowledge. We found that staff had received some of the required training. This included assisting people to move position. There were topic areas that staff required additional training or an update in such as first aid and medicines. The provider sent us evidence after our visit detailing that training had been arranged as well as competency checks for staff to make sure they were working safely.

Staff members received an induction when they started to work for the provider as well as on-going

guidance from a manager so that they knew their responsibilities. Staff told us they received good support.

People were asked for their consent before support was provided by staff. They were involved in decisions about their care. Staff knew what action to take when there were concerns about a person's ability to make decisions for themselves. People had support plans that they had contributed to and were reviewed with them. This ensured that staff had up to date information and guidance about people's specific support requirements.

People received support that was flexible to their requirements and based on their preferences. They received support from staff who were consistent and on time.

People received the support they needed to prepare their meals where this was required. Staff took action where there were concerns about people's eating and drinking including seeking specialist advice. People received support to make sure their health and well-being was maintained.

People were supported by staff who were kind, listened to them and were compassionate. Their dignity and privacy was protected. Staff knew the people they supported including their preferences and things that mattered to them.

People knew how to make a complaint although had not needed to since we last visited. The provider had given people information about how to make a complaint when they had started to use the service. This included the details of other organisations that could help them to make a complaint.

The provider's checking of the quality of the service was not always effective. For example, checks on people's care records were not consistently carried out they had not identified some of the areas that required improvement that we had during our visit. A manager provided us with evidence after our visit to show they were making improvements. We did see that some of the provider's quality checks were effective. For example, they were making sure that people's support requirements were reviewed when required and we found that they were.

People and staff spoke highly of the service. They had opportunities to give feedback about the quality of the service. The feedback the provider received was mainly positive. Some people had made suggestions for how the service could be improved. The provider told us they had not offered feedback to people about any changes they had made. They told us they would make improvements to this.

The provider had aims and objectives for the service that were known by staff. These included supporting people to remain independent. We found that staff were working to these.

The registered manager was mainly aware of their registration requirements including notifying CQC of significant incidents that occurred. One statutory notification that they were required to send to us had not been submitted. They took action on the day of our visit to complete this.

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.

People were protected from abuse by staff who knew their responsibilities for supporting them to remain safe. One allegation of abuse had not been reported to the local authority.

Risks to people's health and well-being were assessed. Staff had the guidance they required to reduce the likelihood of an accident or incident occurring.

There were sufficient staff to provide people with the support they required and the provider checked their suitability before they started working for the service.

People received their medicines when they needed them. People's medicine records were not always completed accurately.

Is the service effective?

Good ●

The service was effective.

Staff had received guidance and some training so that they understood their responsibilities and had the required skills and knowledge. The provider had arrangements in place to offer staff the additional training they required.

People were asked for their consent before support was provided. People's capacity to make decisions had been considered and staff knew the action to take should they have concerns about a person's ability to do this.

People received support where this was required to prepare meals and to make sure they had the diet they required. People's health was monitored and action was taken where necessary to maintain their well-being.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were compassionate and kind. Their dignity and privacy was respected and staff knew how to protect their personal information.

Staff knew the people they were supporting. They knew about things that mattered to people.

People were supported to remain independent and were involved in decisions about their support.

Is the service responsive?

Good ●

The service was responsive.

People received support that was based on their preferences, was on time and from a staff team that were consistent.

People contributed to the planning and review of their support. They had support plans that were centred on them as individuals. These included information about routines that were important to them to guide staff.

People knew how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider's quality checks were not always effective in identifying areas that required improvements.

People had opportunities to offer feedback about the quality of the service. The provider did not offer feedback to people using the service about changes they planned to make as a result of the feedback received.

People and staff told us the service was well-led.

Staff felt supported and knew what their responsibilities were. They knew the aims and objectives of the service and worked to these when offering their support to people.

The registered manager was mainly meeting their registration requirements with Care Quality Commission.

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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 visit took place on 4 April 2017 and was announced. We gave the registered manager 24 hours' notice of our visit as we needed to be sure they would be in. The inspection team included an 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.

Before the inspection visit, we reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required by law.

We contacted Healthwatch Leicestershire (the consumer champion for health and social care) and the local authority who has funding responsibility for some people using the service to ask them for their feedback.

We spoke with six people who used the service. We also spoke with the registered manager, two managers who oversaw the day to day running of the service and with five support workers.

We looked at the care records of three people. We also looked at other records in relation to the running of the service. These included staffing rotas, procedures and quality checks that the provider had undertaken. We looked at two staff files to check staff were safely recruited and to look at the support and guidance they had received.

We asked the registered manager to submit documentation to us after our visit. This was in relation to the induction and training staff received, emergency planning procedures and their quality checking processes. They submitted these to us in the timescale agreed.

Is the service safe?

Our findings

People told us that they felt safe with the support they were receiving. One person said, "I feel safe at all times whether we stay in my home or go out to the cinema or gym." Other people told us that when they used the call system to request assistance they did not have to unduly wait. They told us this made them feel safe and secure.

Staff knew how to protect people from abuse and to support them to remain safe. Staff knew about the action to take should they have concerns. We found that this was in line with the provider's safeguarding policy. One staff member told us, "I would absolutely 100% speak to my manager about it. A concern is a concern. They have dealt with things in the past. Things are dealt with." Staff could describe the different types of abuse and signs that someone could be at risk.

During our visit we read in one person's care records that they had made an allegation about staff. The registered manager told us that this had not been referred to the local authority. This was important as the local authority would decide if the allegation required further investigation. A manager took immediate action when we spoke with them about this to make a safeguarding alert to the local authority. After our visit, the same manager provided us with updates about the action they had taken including reviewing the person's support requirements with a social worker.

Risks to people's health and well-being were assessed to provide staff with the guidance they required to support people to remain safe. We saw that assessments were completed in topic areas such as assisting people to move position and where a person was at risk of falling. We saw that equipment was detailed that people required to remain safe as well as care records being kept to detail the support people had received to maintain their health and well-being. One person told us, "Staff were very detailed checking all the risks I have to deal with in my life and how to cope with them." We also saw that people's homes were checked by staff for risks to people's health and safety and that staff were prompted to check people's equipment before use. In these ways people were supported to remain safe by staff who had assessed factors that could cause harm.

The provider had arrangements in place to make sure the service could continue in the event of a significant incident, such as a fire. We saw that additional staff were available during emergencies as well as plans being in place for replacement equipment to assist people with moving position should their own breakdown. A manager described to us that two people using the service would require additional assistance to vacate their home in an emergency. We looked at one plan which included guidance for staff about the type of support the person would require should an emergency occur whilst they were visiting them in their own home.

The provider had a system for managing accidents and incidents. We saw that this included the requirement for staff to record the nature of the accident or incident and any follow-up action taken. This would then be reviewed by a manager to make sure they were handled safely. The registered manager told us that no accidents or incident had occurred in the last 12 months.

People told us that there were sufficient numbers of staff to offer them care and support. One person said, "The agency has enough staff to give me all the help I need during my three daily visits." Staff felt there were a sufficient number of staff to provide the support people required. We saw that the rota was revised where staff cover was required and that people did not experience any missed calls. The provider had an on-call system so that staff could alert them to any emergency situations that required additional staffing. We saw records showing that this was working well.

The provider had a safe recruitment process that they followed to make sure that staff were suitable. This included obtaining feedback from prospective staff's previous employer and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support.

People told us that they received their medicines when they required them. One person said that their doctor had visited them recently that coincided with their staff member being present. The doctor changed their medicine dosage and the staff member immediately updated the file. Staff knew their responsibilities for handling people's medicines safely and the provider had made procedures available to them to follow which they knew about. One staff member told us, "If I made an error I would report it immediately to the person and then call their doctor. I would follow the advice and also report it to a manager."

A manager told us that they were devising competency checks for staff to make sure that they continued to offer safe support to people when offering their medicines. This was partly due to some errors being found in the medicine's record of one person. We looked at three people's medicine records. We saw that there were two occasions where they were not signed by staff when they offered people their medicines. We saw that the daily records of the care and support offered to people detailed that they had received their medicines on these occasions. A manager had identified one of the occasions of staff not signing and took action through informal monitoring. They told us they would devise a formal check to be implemented in the two weeks following our visit so that errors in recording could be identified and action taken to address them promptly.

Is the service effective?

Our findings

People told us that they received support from staff who had the necessary skills and knowledge. One person said, "My carers are friendly and professional people. They are well trained to use a hoist with me and they safely move me from my bed to the toilet or wet room."

Staff completed an induction when they started to work for the provider so that they were aware of their role and responsibilities. We also saw that two staff had completed the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. In this way staff received guidance on how to undertake their role before supporting people.

Staff were satisfied with the training offered to them. One staff member told us, "The training, it's good. Questions are always answered well when you ask them." We saw that staff had received training in topic areas such as supporting people to move position, safeguarding adults from abuse and supporting people living with epilepsy. We saw that staff had not always received up to date training in topic areas including equality and diversity, first aid and handling people's medicines. We did see that where specialist training was required for certain medicines, this had been undertaken by staff. After our visit, a manager shared with us the dates that they had arranged for training in these areas to be completed.

Staff received guidance on their work so that they met the expectations of the provider and knew their responsibilities. One staff member told us, "Supervisions are a few times a year. We discuss if I'm happy and any concerns from clients." We saw that these meetings occurred routinely with staff members and covered topic areas such as training required and a manager giving feedback to each staff member on their work. Where actions were required to make improvements, these were noted with timescales of when they should be completed by. This meant that there were opportunities for staff to reflect on their work so that they continued to offer good care and support to people.

People told us that staff always discussed with them the support they were providing and sought their consent. One person described how they were offered choices about what they ate, the clothes they wore and whether they wanted to be assisted when they went out into their local area. We saw that some people had signed their support plans to agree to their planned support. Where they were unable to, due to a physical disability, their representative had signed on their behalf. We also saw that people's daily records of the support offered to them detailed that staff gained people's consent before they carried out their duties. This meant that care and support was only delivered with the consent of people receiving it.

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. We checked whether the provider was working within the principles of the MCA.

A manager told us that there were recent concerns about one person's mental capacity to make decisions about their care and support. We saw that they had involved the person's social worker and their advocate to discuss the concerns and to make plans to assess their capacity. The managers understood their responsibilities to support people in line with the MCA. One manager told us, "All of us as a multi-disciplinary team will make the decisions if required." They described how social workers, staff working for the service and family members could make a decision in a person's best interest if it was determined they did not have the mental capacity to make it for themselves.

Staff understood the requirements of the MCA. One staff member told us, "One person now lacks capacity. So a social worker has just visited and decisions were discussed as being made on their behalf. It's about doing a joint thing together so everyone is happy with the plan." Another staff member said, "The majority of people, with a bit of support, can make decisions for themselves. If needed, we may have to involve families, a manager and social workers to make a decision for them."

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. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. We saw that no one using the service was deprived of their liberty and therefore no applications were required.

Where required, people received support to prepare a meal. One person told us, "They ask me what I want to eat and they get on and prepare it just the way I ask. The carers discuss what I want all the time." Other people described how they were encouraged by staff to cook their own meals and this was in ways that suited their physical abilities. We saw that people's preferences and dietary requirements were detailed in their support plans so that staff had the information they needed. Where there were concerns about a person's eating and drinking, specialist advice had been sought and guidance had then been made available to staff.

People were supported to maintain their health. One person told us, "My well-being has improved as a result of the care I receive." Other people told us that staff recorded their medical details accurately and had good links with their doctor, district nurses and other health agencies. They also told us that any additional support required to remain healthy was undertaken by staff in a timely manner. We saw that staff took action where there were concerns about a person's health including contacting their doctor where people had agreed for this to occur. One staff member told us, "We contact their doctor or a nurse if they are involved if we need to." This meant that people's health and well-being was promoted.

Is the service caring?

Our findings

People told us that staff were kind and offered their support in a compassionate manner. They were complimentary about how staff worked professionally but in a friendly way. One person told us, "My main support worker is brilliant. We have a good, open and friendly relationship. We have a great rapport but we both know the line between friendship and care. The proper boundaries are respected." Another said, "They always ask if there is anything else they can do for me before they leave. I'm extremely happy with all of them." People confirmed that staff listened to them and supported them well.

People told us that their dignity and privacy was respected. One person said, "I have no issues about my confidentiality. They do not snoop into things that don't concern them." A staff member told us how they maintained people's privacy and dignity. They said, "We always ask when doing intimate care and tell them what we are doing." Another staff member told us, "I make sure the curtains are closed and keep them covered. I make sure they are happy with what I am doing. It's all about them." We saw that staff wrote in kind ways about people they supported detailing the tasks they had undertaken as well as how people had spent their time. This offered other staff information on people's well-being so that staff could alter their support accordingly should this be required. In these ways staff protected people's dignity and privacy when offering their support.

Staff knew the people they supported. One person described how the staff members who supported them knew them well and offered support based on their requirements. Other people told us that their likes and dislikes were well understood by staff and detailed in their support plans. Some staff told us that they had worked for the service for a number of years and so they got to know people over time. Other staff told us that support plans were a good use of information about people. One staff member said, "The support plans are always available." Another told us, "It's all about getting to know them and running through things with them so that we know what they like and what's important to them." We saw in people's care records documents called 'About me'. These detailed people's histories and family members as well as things that people enjoyed. These were important so that staff had the information they required to maintain and to develop good relationships with people.

People were fully involved in decisions about their care. One person told us, "The carers do what I need of them, not what they think I want them to do." Another said, "Staff listen to what I ask of them and we agree how we are going to use the time together." We saw that the support planned for people had been discussed with them and their care records detailed people's agreements. We saw that one person was receiving the support of an advocate. An advocate is a trained professional who can support people to speak up for themselves. In these ways people were supported to receive care and support that was based on their decisions.

People's care records were stored securely and their personal information was handled safely. We found that staff knew how to protect people's sensitive and private information. One staff member told us, "We keep a full copy of the support plan in their house and a copy in the office which is lockable when not in use." We saw that a 'Personal information and how we deal with it' policy was available to guide staff on

how to keep information safe.

People were supported to develop their independence which they valued. One person told us, "We worked out a tailor made package of care that manages all the things I need help with. [Support worker] has changed my life completely. With their support I am able to get out so much more than I was before...This extra freedom has made my life so much happier." Staff told us how they supported people's independence. One staff member said, "One person has just changed their diet. They cannot physically do the cooking but they research new recipes and they instruct us how to cook it." We read in people's support plans what things people preferred to do for themselves and which tasks they required assistance with. This meant that staff had the guidance they required when supporting people to be independent and to retain their skills.

Is the service responsive?

Our findings

People received support based on their preferences. One person told us, "I insist on having just female carers and Mosaic have always managed to do that. My main carer knows exactly what I need them to do." People also received flexible support which was spoken highly of. One person said, "My sight is poor so they print any information I need in large type face and they read it through to me. I think that is exceptional support and they make sure I understand everything really clearly." We saw in people's care records about the flexibility offered by the service. For example, we read, 'My support will change from day to day. This will depend on my plans for the day and how I feel.'

People received support from consistent staff members who were on time. One person told us, "All of the staff have enough time to do their jobs properly. They have never missed a visit and they are hardly ever late." People described how they had built up strong relationships with the staff that supported them because they saw the same staff most of the time. A manager told us that they asked people at review meetings about the punctuality of staff and they had no current cause for concern that staff were not arriving on time.

We saw that people had support plans that were agreed with them and that were centred on them as individuals. They contained guidance for staff to follow on their routines, preference and things that mattered to them. We read the daily care notes that staff recorded the assistance they had provided. These matched what had been detailed in people's support plans for staff to follow. For example, we read in one person's support plan about their goals and the outcomes they wanted to achieve. We read in their daily care notes how staff had supported them to meet these. This meant that people received support based on their specific and individual requirements.

People contributed to the planning and review of their support. We saw that a person had returned their support plan to the provider with suggested changes and these had been incorporated into a new support plan. Staff members told us that people's care plans contained the information they required to offer people the support they required and that they were reviewed so that they had the most up to date information. One staff member said, "We look for changes and we always take notice. The support plans are updated at least every six months." Another said, "Everything is written in the support plans. They are updated every six months with people." We saw that people had been part of their reviews which they told us occurred at least once a year and more informally by conversations with a manager throughout a 12 month period.

People knew how to raise a concern or to make a complaint should they have needed to. All of the people we spoke with described the managers as being very accessible and that they reacted positively to any issues that were raised informally. People were satisfied with the support provided and told us they had not needed to make a formal complaint. We saw that people received information when they started to use the service about how to complain. This detailed the process as well as support organisations available that could assist a person to make a complaint.

Is the service well-led?

Our findings

The provider was not consistently carrying out quality checks of the service to make sure it was of a high standard. During our visit, we found that staff had not always recorded the administration of people's medicines. These had not always been identified by a manager through their quality checks. We also found information within a person's care record that meant a safeguarding alert should have been made to the local authority. This had not occurred as the provider was not routinely checking people's care records. We also found that checks on the competency of staff in key areas of support provided were not consistently taking place and being recorded. This included checks on making sure that staff were handling medicines safely and assisting people to move position in line with the training they had received.

After our visit, the provider sent us some examples of quality checks they had devised and told us they would be in place two weeks after the inspection. These included checking that staff were working safely when supporting people and auditing people's care records.

We found that other quality checks of the service were in place. We saw that a supervision planner was in place to make sure that staff received meetings with a manager to discuss their work. We also saw that a checklist was in place so that people's support was reviewed throughout a 12 month period. The record was then signed off when a review had been completed. We found that the provider had identified a medicine's recording error through their quality checking. Although the checking had not been recorded, follow-on action had. We saw that a manager took action to make improvements including observing a staff member's practice and a discussion with them about the error.

People spoke highly of the service they received. Communication with the office and managers was described as very positive and that staff were easily contactable. Everyone we spoke with told us that they would recommend the service. Staff were equally complimentary about the service. One staff member told us, "For the first time working in care I have got time to care. There is enough time without having to rush."

People had opportunities to give feedback about the quality of the service. We saw that feedback was sought by a person independent of the service during September 2016. They had asked people about their experiences of the support they received. We read many positive comments about the service and staff. We also read that there were some areas that people thought the service could improve upon. A manager told us that they had considered the feedback and made improvements where they could. They told us that they had not offered feedback to people using the service about changes they planned to make as a result of the feedback received. The registered manager told us this was something they needed to improve.

Staff felt supported by the provider. One staff member told us, "I feel the support is good. They are always really understanding. They're flexible and they are good to me, so I am good to them." Another staff member said, "It's adequate. We do get the opportunity to speak up. I don't feel rushed at all." Staff told us that they were able to offer suggestions for improvements but felt that they had not had to do this. We saw that a questionnaire had been given to staff about their experiences of working for the service. Areas covered included if they felt valued and sought their feedback on ideas for change and development of the service. A

manager told us these would be analysed once all staff had received them so that they could look to make any required improvements.

Staff knew the expectations of them. This was because the provider had arrangements in place to make sure this occurred. One staff member told us, "We have staff meetings and supervisions. I have no complaints. I get what I need in terms of what I need to know." We saw that a staff meeting had occurred in March 2017 and covered the day to day running of the service as well as a discussion of people's support requirements. The provider had also made available to staff a range of policies and procedures that detailed their responsibilities. This included the provider's whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have had concerns. One staff member told us, "I did safeguarding training recently and I know about whistle-blowing. I can go to CQC [Care Quality Commission] if I needed to." We saw that other agency's contact details such as the local authority were available for staff should they have needed to contact them.

Staff knew the aims and objectives of the service. One staff member told us, "To help people to live as independently as possible. To make their own choices and to help them to make a thorough life for themselves." This matched what we were told by people and what was detailed in the provider's statement or purpose that described what the service offered. This meant that staff worked towards shared goals when offering their support.

The registered manager was meeting most of their conditions of registration with CQC. This included the submission of statutory notifications when a significant event had occurred at the service. This was important so that we could determine that appropriate action had been taken. We had not received one statutory notification for an allegation about staff that had been made that we identified within a person's care records when we visited. A manager, on the day of our visit, completed this and submitted it to us.