Mosaic : Shaping Disability Services

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Inspection report

2 Oak Spinney Park Ratby Lane
Leicester Forest East
Leicester
Leicestershire
LE3 3AW

Tel: 01162318720
Website: www.mosaic1898.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 14 April 2016 and the visit was announced. We gave 48 hours' notice of our visit because we needed to be sure somebody would be available at the office.

Mosaic: Shaping Disability Services is a domiciliary care agency that provides personal care support in people's homes. At the time of our inspection 19 people were receiving care and support.

The service had a registered manager. 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 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. Where required, staff had assessed any risks to people's health and well-being to ensure that they supported them safely. Staff had checked that people's equipment and their homes were safe.

Staff knew how to protect people from the risk of abuse and avoidable harm. Staff knew how to report concerns and had received training to protect people from abuse. The provider had plans to keep people safe during emergencies.

People were generally satisfied with the punctuality of staff providing their care and support and staffing arrangements. There were enough staff to keep people safe and they had been checked for their suitability prior to working for the provider.

Where staff supported people with their medicines, this was completed in a safe way. Some staff required an update to their medication training. We found that the medicines records of two people required a review.

People did not always receive care and support from staff who had the necessary skills and knowledge. This was because staff had not always received regular and appropriate training. For example, half of the staff team required first aid training.

Staff had received an induction when they had become employed by the provider but had not met regularly with their supervisor. Staff did not have regular opportunities to receive guidance and support about their work in order to provide effective support to people.

People received support from a staff team that knew their responsibilities under the MCA. Staff were able to explain how to gain people's consent and how to offer choices to people who may have required additional support to do this.

People received support to stay healthy. Staff knew how to do this and sought extra support from healthcare

professionals where this had been required. Staff followed the provider's guidelines when they supported people's specific health needs.

People were receiving support from staff who cared. Their privacy and dignity had been respected and their personal care records were being stored safely.

Staff knew about people's support requirements and they supported them to remain as independent as possible. Where people required support to make choices, information on how people could access this had been made available.

People had contributed and were involved in planning and reviewing their care and support where they could. There was a risk that people did not receive the support that met their current needs. This was because reviews had not taken place every three months as detailed in the provider's procedures. This meant that staff did not have up to date information about people's care and support requirements.

People's support plans were not always person centred and individual to each person. This meant that staff did not always have detailed information on people's preferences.

People knew to make a complaint and the provider had a procedure to deal with any received. The provider sought people's feedback about the quality of the service. However, the provider had not taken action to address any concerns or suggestions for improvements made.

People and their relatives felt that the service was well-led. There were opportunities for them to give ideas about how the service could improve.

There was a shared vision of what the service strove to achieve that included the promotion of people's independence. This was understood by the registered manager and staff. Staff had been made aware of their responsibilities but this was not being regularly monitored. This was because regular meetings had not occurred with them to discuss their performance or quality of their work. Staff did not always feel that they received the support that they required from their supervisor.

There was a registered manager in place who mainly understood the requirements of their role. However, they had not always checked the service to make sure quality standards were being met.

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 avoidable harm and abuse by staff who knew their responsibilities.

There were sufficient staff to meet people's support needs and they had been checked for their suitability to work with people before working for the provider.

People received their medicines safely although some information and training required updating.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not always have regular support and relevant training.

People's consent had been gained about their support and staff knew how to help people to make decisions.

People were supported to maintain their health by staff who knew their responsibilities to seek additional help when required.

Is the service caring?

Good

The service was caring.

People received support from staff who were caring and protected their dignity and privacy.

Staff knew about people's support requirements and encouraged them to be as independent as possible.

People had been involved in the planning of their support and information on advocacy services had been made available to them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People contributed to the assessment and review of their care and support needs where they could.

People's support plans did not always include people's preferences about how their care and support should be carried out.

People knew how to complain but when feedback was given to the provider this was not acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives felt that the service was well-led.

Staff had been made aware of their requirements and felt able to give suggestions on how the service could improve but did not always get the support that they required.

The registered manager was largely aware of their responsibilities but did not always have arrangements in place to support staff and undertake quality checks of the service.

Mosaic: Shaping Disability Services

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 was 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 14 April 2016 and was announced. We gave 48 hours' notice of the inspection because we needed to be sure that someone would be available when we visited. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has had personal experience of either using services or caring for someone in this type of care service.

Before the inspection we reviewed information that we held about the service to inform and plan our visit. This included information that we had received and statutory notifications. A statutory notification details significant events that the provider must send to us. We also sought feedback from the local authority who commission and monitor services to give us their view of the care and support that had been provided.

During our visit to the provider's office we spoke with the registered manager and a senior support worker. We visited and spoke with four people who were receiving support from the service's supported living scheme and to one of their relatives. After our visit, we made telephone calls to seven people who used the service and to the relatives of two others. We also telephoned five support workers because they were unavailable during our visit.

We looked at the care records of five people who used the service and three staff files. We also looked at other documentation about how the service was run. This included viewing health and safety records and quality checks that the registered manager had carried out.

Good

Is the service safe?

Our findings

People felt safe with the support being provided by staff. One person told us, "Yes, I definitely feel safe". All of the relatives we spoke with felt that their family members were safe. One relative said, "It's very safe. An exceptional standard of care". Staff members told us about how they kept people safe when they offered support. One said, "I have supported a person who self-injured. I know what I can and cannot do to support them. If needed, I call for help from the office or call an ambulance".

People received support from staff who knew their responsibilities to protect them from abuse and avoidable harm. Staff could describe what abuse was and how they would respond to any concerns. One staff member said, "I look for signs in my normal working day. Things like bruising, if people have become withdrawn and I keep people's monies safe. If I was concerned I would write a report and inform my manager immediately". We saw that staff had received training in the safeguarding of adults. The provider had made their safeguarding policy available to staff to guide and support them when dealing with any concerns. This included who to report actual or suspicions of abuse to. In these ways people could be sure that staff knew what to do to keep them safe.

Where there were risks to people's well-being these had been assessed. For example, we saw that where people had required support to move from their bed to a wheelchair, there were risk assessments for staff to follow to keep them safe. Ways to reduce risks had been considered that focused on people's abilities with the view of enabling independence. A staff member told us, "There are risks but we encourage [person's name] to do things for herself. I stand back and watch and encourage her. I'm there if needed". We saw that these risk assessments had been agreed with people receiving support where they were able to. This meant that people were being kept safe in ways that protected their freedoms.

Where people had been involved in accidents or incidents these had been recorded and any required follow-on action had been taken. For example, where one person was observed as not being safe when supporting them to use their moving and handling equipment, staff had contacted an occupational therapist for advice. This meant that people could be confident that accidents and incidents were being looked at with a view of trying to reduce reoccurrences.

The provider had assessed the safety of people's own homes. For example, we saw that there were environmental risk assessments in place that directed staff to check items before use such as electrical equipment. Where people required equipment to move from one place to another, these were being checked regularly. A staff member told us, "I always check the equipment I use before I support people". In these ways people were being protected to keep safe from potentially unsuitable equipment.

The provider had a plan to make sure that people continued to receive support during significant incidents or emergencies. This included the arrangements to provide additional staffing and alternative accommodation should this be needed during an emergency. This meant that people would continue to receive their care and support if an incident had occurred.

People and their relatives were mainly satisfied with staff turning up on time and receiving support from the same staff members. One person told us, "I get the same staff. I've had them for about six months. Once they found ones that were ok for me they have stuck with them." Four people told us that on one occasion staff had not turned up to support them. This had mainly occurred when people had started to receive their service and we were told that this had since improved. One relative told us they were not satisfied with the provider having staff available to cover. They said, "If one of the carers is off, they don't really have anyone so I manage it myself. That is my main issue really, them not having back up staff available". Staff told us that they felt staffing levels were appropriate to keep people safe and to meet their needs and that they covered for each other when necessary. We saw the rota that showed staff had covered for one another in times of sickness or holidays. We found that there were enough staff to provide the support people needed.

People received care and support from staff that had been checked for their suitability before working for the service. We saw records that confirmed that appropriate checks had been made in line with the provider's recruitment policy. For example, two references had been obtained for all new staff and a criminal records check had been completed. In these ways the provider was able to make safer recruitments decisions about the staff who would be supporting people.

People received support with their medicines where this was required and they spoke positively about this. Where staff offered assistance they did this in a safe way. One staff member told us, "I give medicines to a couple of people. I usually just place it in their hand for them to take. If I ever made a mistake I would call the manager or an ambulance if I had serious concerns". We saw that the provider had made available to staff a policy on the safe handling of medicines. This detailed the recording, storage and error procedure. This meant that staff knew about their responsibilities when handling medicines.

Staff had not always received up to date medicines training and yearly updates to check their competence, as specified in the provider's medicines policy, had not occurred. For example, where people required specialist support with their medical condition or to take their medicines, the training had recently expired for some staff. The registered manager told us that they would source this training to make sure that staff continued to support people safely. When we spoke with staff after our visit they were aware that this training was being arranged. Where people were prescribed as and when required medicines there were instructions for staff to follow. These had been written by health professionals to make sure staff administered these safely. We found that for two people these had not been reviewed in the 12 months. The registered manager told us that they would seek to review the guidance with people's healthcare workers to make sure that they were still appropriate to keep people safe.

Requires Improvement

Is the service effective?

Our findings

People and their relatives were satisfied that staff members had the knowledge and skills to provide them with the care and support they had required. One person told us, "Yes, they are good at everything". A relative said, "Yes, they do training and then they come". Staff told us that they had received training but that this was not always regular. One said, "I have had training but not recently. There was some due but it was cancelled". Another told us, "There is some coming up and I have had some health and safety training in the last year". We saw that staff had received training but this was not always consistent. For example, only half of the staff had received first aid training and the majority of staff had not received training on the Mental Capacity Act 2005 (MCA). The registered manager showed us a calendar of upcoming training that covered safeguarding adults, nutrition and the moving and handling of people. The registered manager also told us that the service was trying to support more staff to attend first aid training. This meant that although the registered manager was taking action, there were gaps in staff training which meant there was a risk that staff did not have the knowledge to provide effective support.

People received care and support from staff that had not always been guided in how to undertake their roles effectively. Staff had received an induction when they had started to work for the organisation and had meetings with their supervisor. We found that these meetings were not regular and staff confirmed this. One staff member said, "There is support if I need it but I've never had supervision [formal meeting] with my manager in the last two and a half years". Another staff member told us, "I've had supervision a few months ago but not often. We discuss if I have any problems, the clients I support and staffing". The registered manager explained that a new manager had been appointed who had scheduled in staff supervision sessions going forwards to improve the formal support that staff receive.

The 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 to see if staff were working within the principles of the MCA and found that they were. We saw that people had signed where they could to agree to their support plans. For some people they had a legally appointed person in place to make decisions on their behalf which had been recorded in their support plans.

Staff told us that the majority of the people they offered support to could make decisions for themselves. Where people needed extra support to do this, this had been offered. One person told us, "They know how to communicate with me, they explain things to me in a way I know and use my vocabulary. They give me the extra time to get things across". One staff member said, "A couple of people need help but I try and encourage them to make choices, give them options and explain them". Another told us, "Regardless who you are dealing with, I give them the same choices to make their own decisions".

People received support from staff that knew about their responsibilities under the MCA. One staff member

told us, "You have to ask for consent. You may need to make a decision for someone if they become confused but I would always talk to the managers first". Another staff member said, "Some people will look to us for advice and all we can do is make suggestions as they can make decisions for themselves". This meant that people's human rights were being protected.

People told us that where they had required support with their eating and drinking needs, this had been undertaken to their satisfaction. One person said, "I do as much as I can for myself but they help me if I need. They help with food sometimes and help with what I ask". People also told us that where they had needed assistance to eat they were given enough time to do this and that staff knew their likes and dislikes. Where required, staff sought specialist support to make sure that a person had good nutrition. In these ways people received support from staff that knew about and met their eating and drinking needs.

People received support to maintain their health. One person told us, "They are absolutely brilliant with me. I've had [named illness]. When I'm poorly they come straight away". Another person said, "I see a nurse for a pressure sore that I have, they make sure I get the help I need". We saw that people's support plans included information on their medical conditions and instructions for staff to follow. For example, we saw a plan signed by the person for staff to follow if they had an epileptic seizure. We also saw that daily recording of people's health and well-being had taken place. For example, details of a districts nurse's visit and equipment being delivered had all been recorded. In these ways people were receiving effective support to maintain their well-being as staff had information on their needs.

Good

Is the service caring?

Our findings

People told us that the staff who supported them were caring. One person said, "They treat me with respect and patience. They are not pushy. They leave everything up to me and don't crowd me". Another person told us, "They are very good. I couldn't ask for better carers". A staff member described the approach of the staff team and said, "The staff are fantastic. We all have different approaches but we care. We're all dedicated and work together for people".

People felt that their dignity and privacy was respected by the staff who carried out their support. One person told us, "They do things like keep the door shut during changing and all that". A relative told us about what she had seen when their family member had been receiving support. They said, "She always knocks before going into a room and talks to my parents as if they are adult human beings. She makes us all feel safe and comfortable".

People told us that staff had developed good working relationships with them. They felt that staff knew about their support needs. A staff member described how they had got to know about people's support requirements and said, "We have a briefing from the office before our first call with anyone". We saw that people had an 'About Me' section of their support plan. Although this information was brief, it had detailed their specific needs. For example, the requirements for staff to help one person to read their mail. In these ways people received support from staff who had information available to them about their needs.

People were involved in the planning of their care and support where they were able to. One person told us, "The support plan has just been updated. I am always included when they do it, it's every six months". Another person said, "They ask me if things have changed and they go through it with my parents, I'm happy with that". A relative described how they were impressed with how staff had tried to include their family member in the planning of their care. They told us, "It is really hard to involve him but they know him and work hard to include him". This meant that people, where they could, had been central to deciding how they wanted their care and support to be delivered.

People had received information on independent advocacy services that were available to them. An advocate is a trained professional who can support people to speak up for themselves. This had been advised through a booklet that people had received when they had started to receive support from the service. We also saw that the provider's complaints procedure detailed advocacy information in the event that people needed support to speak up. This meant that people had access to information on independent help and advice should they have needed it.

People's independence was being encouraged. One person told us, "They let me do as much as I can, I like to be independent. They just help if I need them to". Another person said, "When I am working [paid employment] they are very good at taking a back seat and allowing me to look professional". Staff members told us how they had promoted people's independence. One said, "I just try and help people to lead an independent life. I involve her by speaking to her and giving her choices. They do what they want to and that's fine". People's support plans detailed their level of independence and guided staff on what help and

support was required. For example, we saw in one person's support plan that they had the skills to access the community independently but that they may have required reassurances from staff members. In these ways people's independence was being encouraged and recognised in a way that was caring and supportive.

People's sensitive and confidential care records were being stored appropriately. For example, they were stored behind locked doors. We also saw that the provider's office was key coded to ensure the security of information stored within in. The provider had confidentiality and data protection policies in place that were known by staff. In these ways only those authorised to view people's information had access to it which had protected their privacy.

Requires Improvement

Is the service responsive?

Our findings

People or their representatives had contributed to the assessment and planning of their support. One person told us, "They came out, we had a long chat and decided what help I would want". Relatives also confirmed their contribution and one said, "Yes, we have a care plan and were involved in the planning". We saw that where they could, people had contributed to their support plans and had signed to say that they had. This meant that people were receiving support that was based on their individual needs.

People's support plans were not always person-centred. We saw that some support plans contained information about people's support needs but lacked detail. For example, we saw that one person required support to move from one place to another but this had not included how they preferred to receive their support. We also saw that the support plans did not always include details about people's routines and what was important to them. This meant that there was a risk that staff did not fully know about people's preferences for how their support was carried out. The registered manager told us that they would look at reviewing people's support plans to include greater information about people's preferences for their support for staff to follow.

The registered manager told us that people's support needs had been reviewed to make sure that staff had up to date information about their requirements. One person told us, "I think they've come out a while ago to do a support plan. They do ask me if anything has changed". Relatives had mixed views about the reviews that had taken place. One told us, "They have been out twice, once because I wasn't sure of something and again a few weeks ago". Another said, "We have had a review but not for some time, but they are sensitive to us and responsive". We saw that people's support needs had been reviewed with them, where they were able to, every six months. This was not in line with the provider's procedures for reviewing people's needs which stated that these should have occurred every three months. This meant that people's needs had not been reviewed in line with the provider's procedures.

Staff were responsive to the changing needs of people and knew what their responsibilities were. One staff member told us, "If anyone's needs change I call the office and we discuss it". This meant that staff knew how to respond appropriately to the changing needs of the people they had supported.

People's hobbies and interests had been recorded and were known by staff. We saw that for one person they had enjoyed trips to the local leisure centre and that they enjoyed reading newspapers. For another person we saw that they enjoyed snooker and attending college. On the day of our visit we saw that people had taken part in interests and hobbies that were important to them with the support of staff where required.

People and their relatives felt that they could make a complaint if they had needed to. One person told us, "Definitely, they are very approachable". Another person said, "I would ring up Mosaic and complain if I needed to. I've got their number". Two people told us that when a complaint had been made it had been dealt with appropriately. One person said, "I have on occasion but it has been dealt with very professionally". We saw that the provider had not received any complaints in the last twelve months. We

also saw that the provider's complaint's procedure had been shared with people and their relatives. This included information on how people could complain and the process the provider had for handling them. We also saw that people had been given information on support that the provider could offer to make a complaint if required, such as providing an advocate.

People and their relatives had been asked for their feedback in the last 12 months about the service they had received. The provider did this through a questionnaire that they sent out. We saw that people had largely responded positively. However, when asked if they were satisfied with the care and support offered some people had responded negatively. We also saw that people had offered suggestions for improvements that the service could make. When we asked the registered manager if they had shared the results with people they told us that they had not. We were also told that actions had not been taken to address people's concerns or suggestions but that this would happen the next time feedback was sought. This meant that the provider had not used the feedback received as an opportunity to learn and to develop the service.

Requires Improvement

Is the service well-led?

Our findings

Staff had mixed views on the support that they had received from the registered manager. One told us, "Most times I feel supported but sometimes feel let down [in relation to getting hold of a senior member of staff]. Generally someone is there when I need them". Another staff member told us, "They've always been there for me if I've got a problem. I've had no problems". Staff members told us that they had given suggestions for improvements to the provider and felt listened to when this had occurred. One said, "I have given suggestions and nine times out of ten they listen. It's discussed and they give me good feedback". We saw that staff had not met regularly with the registered manager or their supervisor either individually or as a group. For example, regular staff meetings had not taken place. We saw that the last meeting was in August 2015 and staff told us that these should have taken place at least every six months. Annual reviews where staff received feedback on their work had also not always taken place. We saw documented in a staff member's records that they had felt that they did not feel they knew what was happening within the service. Another person had given feedback to their supervisor that they wanted more support from the senior staff as they did not always feel supported. This meant that there was a risk that staff did not receive the support they had required to deliver a good standard of care to people.

Staff knew how to raise concerns about a colleague if they had needed to. This was because the provider had made available to them a whistleblowing policy that they knew about. One staff member told us, "If I had concerns about a colleague I would report it immediately to a supervisor. I have all of the contact details". We saw that the provider's whistleblowing policy included how they would address any poor practice reported to them as well as protecting any staff member that had raised a concern. This meant that the provider encouraged staff to report poor practice. We found that the policy did not give staff guidance on agencies outside of their workplace that they could raise concerns with. When we spoke with staff they could not always tell us that other agencies were available to report concerns to. This meant that the provider had not detailed and informed staff of who they could report concerns to about the provider itself if needed. The registered manager told us that they would update the policy.

The provider had made the staff team aware of their responsibilities. Staff had been given a handbook that included a code of conduct regarding their behaviour and policies and procedures had been made available. We could not see that staff's values and behaviours had been regularly checked by the registered manager. This meant that there was a risk that the registered manager did not know about the culture of staff providing support to people and that they could not be confident that staff understood their responsibilities.

The registered manager mainly understood the requirements of their role. We saw that following a safeguarding concern they had raised this with the local authority and worked with them to investigate the incident. We found that a notification had not been sent to CQC regarding a recent death of a person who had used the service. The registered manager showed us that this had been considered but there had been a delay in it being sent. Shortly after our visit, this had been submitted.

The provider was not consistently checking the quality of the service. Quality checks had not always taken

place. For example, the registered manager told us that people's care files had been checked to make sure they had been completed thoroughly. We could not see records in the files that we viewed that these had taken place. We did see that health and safety checks had occurred including the auditing of the provider's office to make sure that it was safe. This meant that the quality of the service was not always being checked to make sure that it was delivering its aims and objectives.

The registered manager and staff understood the service's aims and objectives and could describe them. We were told that the promotion of people's independence was the services' main focus. We saw that the vision for the service had been publicised and given to people using the service. This included a mission statement that included the service aiming to promote inclusion, equality, independence and choice. This meant that the staff team was clear about its focus and people knew what the service was seeking to achieve.

People and their relatives felt that the service was well-led. We were told that they would recommend the service to others. One relative said, "It's brilliant. They are supportive to us. We don't know what we would do without our angels". Staff told us that they enjoyed working for the service. One staff member said, "I really enjoy working with them. They treat us fairly. The managers are approachable. They always ask how I am".