

First Choice Care Limited

Mosaic House

Inspection report

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Tel: 02089045250

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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

About the service

Mosaic House is a care home providing personal care to five people who live with mental health needs. At the time of our inspection there were five people using the service. The care home is located close to community amenities and facilities.

People's experience of using this service and what we found

Staff knew people well and engaged with people in a considerate and friendly way. People spoke in a positive way about the staff who supported them.

People's care and support needs were assessed before they started to use the service. Each person had an up to date personalised support plan. People were fully involved in the planning and review of their care and support.

Staff had the skills and knowledge to provide people with personalised care and support. They received the training and support they needed to enable them to carry out their roles competently.

Staff respected people's privacy and dignity and understood and valued people's differences.

People were protected from the risks of harm, abuse and discrimination. Staff knew what their responsibilities were in relation to keeping people safe.

Systems were in place to ensure that people received their prescribed medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the services supported this practice.

People had a choice of meals, snacks and drinks. People received the support they needed to stay healthy and to access healthcare services.

Staff encouraged and supported people to participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The provider had systems in place to manage and resolve complaints.

There was a positive and person-centred culture, promoted by the registered manager. People and staff spoke positively about the registered manager and the running of the service.

Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the

service were made when needed. The registered manager understood their regulatory responsibilities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mosaic House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector

Service and service type

Mosaic House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. Other information we reviewed included the previous inspection report. This information helps support our inspections. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection-

We spoke with the registered manager, assistant manager, three care staff and five people using the service. We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of five people using the service, four staff employment records, quality monitoring records and some policies and procedures.

After the inspection

The registered manager informed us about the contact that they had with the London Fire Brigade about fire safety. They also told us about some improvements and developments they had made to the service since our inspection. We received feedback from three healthcare and social care professionals who had regular contact with the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse and the risk of avoidable harm. The registered manager understood their responsibilities in relation to safeguarding people.
- Staff received training in safeguarding people. This supported them to understand the different types of abuse people may experience.
- Staff knew that they needed to report any suspected abuse and/or discrimination to the registered manager. However, some care staff needed prompting before telling us they would report suspicions of abuse to the host local authority safeguarding team, if appropriate action had not been taken by management. Following the inspection, the registered manager told us the safeguarding procedure had been discussed with all staff to ensure they were fully aware of reporting procedures.
- The provider had a whistleblowing policy. Staff told us that they would always report to management any poor practice from staff to ensure people were safe.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage risks were in place. Risks to people's safety, health and well-being were assessed and reviewed with people's involvement. Risk assessments were personalised and included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed.
- Staff knew that they needed to report any concerns to do with people's safety to the registered manager.
- Service checks of the gas, electrical and fire safety systems were carried out as required.
- People and staff took part in regular fire drills. People had a personal emergency evacuation plan (PEEP). PEEPs include information that staff, and emergency services needed to support people to leave the premises in an emergency. These had been discussed with people using the service.
- There was a fire risk assessment in place. However, it was not evident that it had been completed by someone qualified to complete a robust and effective fire risk assessment of the premises. Following the inspection, the registered manager told us he had sought advice from the London Fire Service and had arranged for a competent person to complete a suitable fire risk assessment.

Staffing and recruitment

- The provider carried out appropriate recruitment and selection processes so only suitable staff were employed to care for people.
- Arrangements were in place to ensure that there were enough staff to meet people's needs. People confirmed that they were supported by a consistent team of staff that knew them well.

- Staff told us about the systems and policies in place that ensured they were well supported and safe when working alone.

Using medicines safely

- The service had a medicines policy which covered the recording and safe administration of medicines. Staff had received medicines training and their competency to administer medicines had been assessed. We saw staff administer people's prescribed medicines safely.
- The support people needed with their medicines was detailed in their care and support plans. People were supported to develop the skills and competence to self-administer their medicines. One person spoke positively about managing and administering their own medicines.
- Auditing of medicines and stock checks took place regularly to monitor the safe management of people's medicines.

Preventing and controlling infection

- The home was clean. Cleaning tasks were completed each working shift by staff and people. The cleanliness of the service was monitored by management staff.
- Training records confirmed that staff had completed training on infection control and food hygiene.
- Protective clothing, including disposable gloves, were available to staff to use when needed.
- Daily checks of the environment included checks that food was stored and managed safely.

Learning lessons when things go wrong

- There had been no recent incidents. The provider had systems in place to ensure appropriate actions would be taken following any incidents. The registered manager told us incidents would be investigated and outcomes shared with all staff. Staff supervision records showed that learning had taken place in response to a medicines' management issue.
- Records showed lessons had been learnt in response to a complaint from a person using the service.
- At the time of the inspection a formal regular written analysis of incidents, accidents and complaints to identify any patterns and trends and to help prevent similar events being repeated was not in place. Following the inspection, the registered manager told us that this had now commenced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed with their involvement before they moved into the home. This provided information about the care and support each person needed and wanted.
- People's support plans were developed from the initial assessment and information from the person's commissioning local authority. They provided staff with the details and guidance they needed to provide people with personalised care.
- Staff encouraged people to take a lead in their care. People confirmed they made choices about their care and staff respected the decisions they made.
- People's care was reviewed on a day to day basis and during regular formal meetings with those involved in their care. Changes in people's needs were recognised and recorded. This information was shared with staff to enable them to provide effective care and support.

Staff support: induction, training, skills and experience

- People were supported by competent staff who had the training, skills and experience they needed to provide people with personalised and effective care. Training in specialist areas focused on people's specific needs and included behaviour support and mental health awareness training.
- People told us that they felt staff were competent and understood their needs and preferences.
- Staff spoke positively about the induction they had received. They told us that they had been given the information, guidance and support they needed to carry out their roles and responsibilities.
- Staff told us that were well supported by the registered manager and other senior staff. Staff records showed they had received regular supervision, and appraisal of their development and performance.
- Staff told us they were confident the registered manager would provide additional training in areas that were not included in the provider's required training if they felt they needed it.
- Staff were supported to achieve qualifications in management, and health and social care.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and dietary needs were assessed and detailed in people's care and support plans. Staff understood the importance of supporting people to eat and drink enough.
- People's weight was monitored by staff. However, we noted that some people's weights were being recorded in two different weight measurements and were sometimes inaccurate. This could lead to staff not identifying significant changes in people's weight. The registered manager promptly addressed the issue with staff, who now accurately recorded people's weights.
- People were supported to make healthy food choices. They were involved in planning their meals, buying

ingredients and preparing some of their own meals.

- Staff cooked some meals. A care staff told us that when they cooked a meal they encouraged people to help them. This supported development of people's cooking skills as well as being a social activity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff engaged with people, their families, and with other agencies to meet the health and care needs of people.
- Staff were responsive to people's changing needs. People were supported to access a range of healthcare services that included chiropodists, dietitians, dentists, psychiatrists and opticians.
- People confirmed that they saw a doctor when they needed to. One person told us they were supported by staff to make their health appointments.
- Some people regularly attended a gym to help support their well-being and to live a healthier life.
- There was detailed information in people's care files to inform staff about people's health. The registered manager was knowledgeable about CQC's recent oral health care in care homes report. He told us that detailed assessments of people's mouth care needs were in the process of being carried out. The provider had also included oral healthcare as part of their required training for staff.

Adapting service, design, decoration to meet people's needs

- The environment was suitable for people. The building was a house like others in the area. There were no specific adaptations. People were fully mobile and were able to access all areas of the home including the garden.
- People spoke positively about their bedrooms, which they had personalised with items and objects of their choice.
- Records showed that maintenance issues were addressed. New furnishings were purchased when needed. Records showed that the fitting of a new stair carpet had been planned. Feedback we received included the suggestion that action could be taken to make the environment more interesting and inspiring for people. For example, displaying pictures or posters chosen by people. Following the inspection the registered manager told us that he had made plans to discuss this with the people living in the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had the capacity to make decisions about their lives including those to do with their care and treatment.
- Staff had completed training to help them understand the principles of the MCA. They knew that if the service was concerned about a person's capacity to make decisions they would ensure that decisions were

made in people's best interests by those involved in their care.

- Staff told us they always asked for people's agreement before providing them with support.
- The registered manager knew when they needed to make a DoLS application. At the time of the inspection there was no one who was deprived of their liberty and required a DoLS authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and treated them well. They confirmed that they received the support that they needed and wanted from staff. One person told us, "I can speak to staff anytime. They listen."
- We saw positive engagement between people and staff. Staff interacted with people in a friendly and respectful way.
- People received support from staff who knew them well. Staff spoke about the importance of getting to know people by spending time speaking with them about their lives and background including any challenges they might have faced. Details of people's needs, and preferences were included in their care and support plans. This helped staff provide people with effective care.
- Staff received training about equality and diversity. Staff had a good knowledge of people's personalities, diverse needs, and what was important to them. Care staff told us, "People have different needs, abilities and disabilities. We need to be sensitive to people's needs."
- One person told us they celebrated festive occasions in the home and could attend a place of worship but preferred not to.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views. They took part in reviews of their support plans.
- People made choices about all areas of their lives including how they how they spent their day. We observed staff involving people, asking their views and offering choices.
- People had the opportunity to attend regular residents' and one to one meetings with staff where they could express their views about their care and support. Meeting records showed that a range of matters were discussed with people during those meetings. These included activities, health and safety, and issues associated with moving on to more independent settings.

Respecting and promoting people's privacy, dignity and independence

- Staff were considerate and respectful of people's privacy. When people wanted to spend time alone, this was respected. Staff knocked on people's bedroom doors and waited for the person to open the door.
- People's privacy was further supported by them having the opportunity to have keys to their bedroom if they wished.
- Staff understood the importance of confidentiality. They knew not to speak about any person unless they were involved in the person's care. People's care records were stored securely.
- Staff encouraged people to do as much as they could for themselves, including doing their own laundry

and helping with household tasks.

- People's development, and learning skills such as cooking, making health appointments, managing finances and self-administering medicines was supported by staff. This supported people's confidence and prepared them for living in more independent settings. A person told us, "I buy my own clothes, do my laundry and help with cleaning."
- A person told us about their plans to move to a flat. They were positive about the support they had received from staff to achieve this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support plans detailed their individual needs and preferences and included personalised guidance about how staff needed to support them.
- People were familiar with their care and support plan. They confirmed they had been fully involved in its development and enjoyed living in the home. One person told us, "I am very happy. It is good here." Another person told us, "I choose what to do."
- Staff knew people well and were knowledgeable about each person's preferences and needs. They were able to tell us about the support each person needed and how this was provided. Staff told us about the importance of putting people at the centre of all decisions to do with their lives.
- Thorough handovers between staff took place during each shift. This helped ensure staff were provided with the information they needed to provide people with effective care and support.
- Staff worked with people and healthcare and social care professionals to achieve the best possible outcomes for people. Healthcare and social care professionals told us they found that the service was "client centred" and that "care was about the clients." Other comments included, "There is evidence of appropriate support plans and risk assessments to reflect the individual needs of residents and a very person-centred approach."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans. People were able to verbally communicate their needs and read.
- People used electronic devices, including computers, mobile phones and carried out video calls to communicate with family and friends.
- The registered manager told us if anyone did move into the home who needed information to be provided in other formats such as pictures, this would be arranged.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- To avoid social isolation and support people's well-being people were offered opportunities to engage in social activities. Staff encouraged them to develop activities that interested them. For example, one person enjoyed gardening and had been supported by staff to help in the maintenance of the home's garden.

- People told us about the activities they took part in and enjoyed. These included listening to music, shopping, watching television, art, eating out and going to the cinema. People told us they also enjoyed outings that had included a trip to see central London's festive street lights.
- People told us about a recent holiday to the coast that they had enjoyed. This had been planned by staff with people's involvement.
- Staff supported people to maintain the relationships they wanted with family and friends. One person spoke of the regular contact they had with their family. Another person spoke about their friendships with other people living in the home.
- People had discussed their aspirations with staff and agreed goals, which they were supported to accomplish. Care staff spoke about the support that had been given to people to complete college courses. Two people were currently in the process of completing a well-being course.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People were given a range of opportunities to raise any complaints or concerns. They confirmed they understood how to do make a complaint. They told us they had no complaints but would speak with staff if they had a concern and were confident that it would be addressed.
- Care staff knew that they needed to report all complaints and concerns to the registered manager. Complaints including one from a person using the service had been investigated and responded to appropriately.

End of life care and support

- The service was not providing end of life care and support. The registered manager said they would liaise with healthcare professionals including the palliative care team if a person was identified as having a life limiting illness or were reaching the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had policies in place to make sure staff acted appropriately should something go wrong. Learning was shared with staff to prevent reoccurrence.
- The registered manager was aware of their responsibilities under the duty of candour. They knew they needed to keep people informed of actions taken following incidents. Staff knew when they needed to report significant events to us and to other agencies involved in people's care.
- The service had a positive open and inclusive culture which supported people's development and helped them to lead the life they wanted. People told us they were supported by staff who respected the choices they made.
- People were being supported by a staff team who told us they enjoyed their work and worked well as a team supporting each other to provide people with person-centred care.
- Staff meetings provided staff with the opportunity to give their views, discuss people's care needs and other matters to do with the service. Care staff told us they felt comfortable to speak up about issues to do with the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by an experienced registered manager and staff told us they felt well-supported.
- The registered manager and other staff had knowledge and understanding about their roles and responsibilities. They showed commitment to providing a caring, effective and responsive service to people.
- The registered manager and care staff were well known to people using the service, who told us staff were approachable and kind.
- Staff told us they felt well supported and could contact the registered manager and other senior staff for advice and support at any time.
- Quality systems were in place to monitor the quality of the service and make improvements where needed. Checks of a range of areas of the service including medicines, care plans, hot water temperature checks, and people's finances were carried out. Action was taken to address issues identified in these audits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People had opportunities to maintain and develop positive links with their community. People accessed a

range of local facilities and amenities.

- People were involved and asked for their views on the care they received. Satisfaction surveys, one-to-one conversations and residents' meetings were all used to gain information. We reviewed the notes of these meetings and staff meetings. These showed that a wide range of topics were discussed, and people's views were obtained and acknowledged.
- The registered manager and the staff we spoke with were committed to continued learning and improvement in the quality and safety of the service provided for people. He told us, "We [staff team] learn every day."
- When we identified ways in which some areas of the service could be developed the registered manager was responsive in quickly addressing them. For example, following the inspection the registered manager consulted people about chairing their residents' meetings and producing the agenda rather than staff. They had agreed, and this was now taking place.
- Best practice matters were discussed with staff during staff meetings and one to one supervision sessions.

Working in partnership with others

- The service worked in partnership with healthcare professionals, social workers and commissioners to ensure people received personalised care, and the support they needed to remain well and achieve their aspirations.
- Social care professionals spoke positively about the management and running of the service. They told us that communication with the registered manager was good and that he was responsive to people's needs and in addressing issues to do with the service. Comments included, "[Registered manager] has consistently provided me with feedback [about people] in a timely manner."