

## Family Mosaic Housing

# Family Mosaic - St Leonards

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 14 July 2015. We gave short notice of the inspection because the registered manager was often managing the service away from the office base and meeting people who used the service. We needed to be sure that they would be available to speak with us.

Family Mosaic – St Leonards is a domiciliary care agency registered to provide personal care to people living in

their own homes. 162 people used the service at the time of our inspection. Some people who used the service were older people including people living with dementia, or people with learning and/or physical disabilities.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Staff were trained in the safe administration of medicines. Between 16 January 2015 and 01 June 2015 we received information about six medicines errors. The registered manager worked closely with the Local Authority and staff to address these concerns. Whilst the number of medicines records errors had greatly reduced, there was still a significant number of inaccurate Medicines Administration Records (MAR) identified as part of the provider's medicines audit. No one had suffered harm due to the lack of medicine recording by staff. Although improvement plans were in place to address concerns and improvements had been made, further improvements were required.

The lack of accurate and consistent medicines records is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had completed training in the principles of the Mental Capacity Act 2005 (MCA). However some staff could not explain the requirements of the legislation or how they protected people's rights to make their own decisions. The registered manager had not completed mental capacity assessments to determine whether people had the capacity to consent to their care and treatment following guidelines set out in the MCA 2005 Code of Practice.

The lack of mental capacity assessments completed to demonstrate people had consented to their care is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff did not receive regular supervision to discuss their development needs. Some staff said they had not received the training they needed to meet people's individual needs, for example supporting people living with dementia and end of life care.

The lack of regular supervision and adequate staff training to meet people's individual needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had completed training in how to protect people from abuse and harm. However, some staff were not

always confident in recognising signs of abuse to prompt them to raise an alert if they had any concerns. Not all staff were confident in describing the terms of the whistleblowing policy and their duty to report any concerns.

We have made a recommendation about staff training on the subjects of safeguarding and whistleblowing procedures.

There was a lack of consistency of care staff supporting people with their care needs. This made people feel frustrated and anxious as they required consistency of care and support. Some care staff were not always familiar with the individual needs of people they supported, where they provided care at short notice. Although improvement plans were in place to address concerns and improvements had been made, further improvements were needed.

We have made a recommendation about providing continuity of care staff to meet people's individual care needs and preferences.

Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks and guidance for staff to follow to reduce risks to people.

There were enough staff on shifts to meet people's needs. Staffing levels were calculated according to people's changing needs and travel time was taken into account to reduce lateness of visiting calls. The registered manager followed safe recruitment practices.

Accidents and incidents were recorded and monitored to identify how the risks of re-occurrence could be reduced.

Staff provided meals when appropriate and ensured they were well balanced to promote people's health. Staff knew about people's dietary preferences and needs.

Staff treated people with kindness and respect. Although a small number of people felt staff did not always have time to talk. They did say this was not because staff were unkind but because they were too rushed. People were satisfied about how their care and treatment was delivered where they had consistent care staff visiting them. People's privacy was respected and people were assisted in a way that respected their dignity.

# Summary of findings

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People's individual assessments and care plans were reviewed regularly with their participation or their representatives' involvement. People's care plans were updated when their needs changed to make sure they received the care and support they needed. Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

The registered manager took account of people's complaints, comments and suggestions. People's views were sought and acted upon. The registered manager

sent questionnaires regularly to people to obtain their feedback on the quality of the service. The results were analysed and action was taken in response to people's views.

There was an open culture where staff could discuss issues and concerns with their supervisors and registered manager. However, staff said they had not been actively asked to contribute ideas to how the service could continuously improve. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

The registered manager notified us of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and the registered manager had an action plan for making improvements to address any shortfalls.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Records relevant to the administration of medicines were not consistently accurate to ensure medicines were administered safely to people according to their needs. Although significant improvements had been made, further improvements were needed.

Staff were trained in the safeguarding of vulnerable adults. Some staff were not always confident in recognising signs of abuse to prompt them to raise an alert if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs. Thorough staff recruitment procedures were followed in practice.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

The registered manager was not meeting the requirements of the Mental Capacity Act (MCA) 2005 to assess people's capacity to make decisions about their care. Staff had completed training in the principles of the Mental Capacity Act 2005 (MCA). However some staff could not explain the requirements of the legislation or how they protected people's rights to make their own decisions.

Staff provided meals when appropriate and ensured they were well balanced to promote people's health. Staff knew about people's dietary preferences and needs.

People were referred to healthcare professionals promptly when required.

**Requires Improvement**



### Is the service caring?

The service was caring.

Staff treated people with kindness and respect. People were satisfied about how their care and treatment was delivered where they had consistent care staff visiting them.

Information was provided to people about the service and people were involved in the planning of their care and support.

Staff respected people's privacy and dignity. The staff promoted people's independence and encouraged people to do as much for themselves as possible.

**Good**



### Is the service responsive?

The service was not consistently responsive.

**Requires Improvement**



# Summary of findings

People did not always have continuity of care staff to meet their preferences and provide continuity of care. Although improvement plans were in place to address concerns and improvements had been made, further improvements were needed.

Care plans and risk assessments were reviewed and updated with people's involvement when their needs changed.

People knew how to make a complaint and people's views were listened to and acted upon.

## Is the service well-led?

The service was not consistently well led.

There was a system of quality assurance in place. Although improvement plans were in place to address concerns and improvements had been made, further improvements were needed. It was too soon to judge whether improvements would be sustained.

The registered manager sought people's feedback and welcomed their suggestions for improvement. There was an open culture where staff could discuss issues and concerns with the registered manager. However, staff said they had not been actively asked to contribute ideas to how the service could continuously improve.

Staff had confidence in the registered manager's response when they reported any concerns.

**Requires Improvement**



# Family Mosaic - St Leonards

## 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 checked 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 was undertaken by one inspector and one expert by experience. An expert by experience supported the findings of the inspection by contacting a number of people who received care from the agency to gather their feedback. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. 162 people received care from the service at the time of our inspection.

We spoke with inspectors who had carried out previous inspections at the service. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

Before an inspection, we usually ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we had not requested that the provider completed a PIR on this occasion and we took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager, the deputy operations manager and two members of the supervisory staff team. We spoke with 19 people and their relatives. We spoke with three care staff by telephone. We looked at five care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we spoke with a quality monitoring officer and the safeguarding team manager at the local authority to obtain their feedback about the service.

# Is the service safe?

## Our findings

People said they felt safe with the staff that supported them. One person said, “I do feel very safe with all of them. I have no concerns about them being in the house.” One relative said, “Staff are all very trustworthy.” No-one we spoke with had concerns about their safety. Staff said they would always report any concerns about people’s safety to their supervisor or the registered manager. People received a ‘welcome pack’ when they first received care from the service. This contained an accessible booklet which explained to people how to safeguard themselves from possible abuse and what to do if they had any safeguarding concerns. It provided people with a confidential email address and telephone contact details to report any concerns they had. We saw a ‘don’t walk on by’ poster in the kitchen at the providers regional office which encouraged people and staff to report any safeguarding concerns they had.

The staff had a policy for the administration of medicines that was regularly reviewed and up-to-date. Staff had received appropriate training in the recording, handling, safe keeping, administration and disposal of medicines. People’s needs relevant to their medicines were assessed before the care service began. Medication Administration Records (MAR) sheets were returned to the office every four weeks and checked for accuracy to ensure staff gave people the correct medicines. Prior to the inspection we were notified about six safeguarding investigations due to inaccurate recording of MAR and due to incidents where people had not received their medicines or received medicines in error.

A senior staff member was responsible for driving improvements to medication compliance and staff training. The provider carried out monthly audits of all Medicines Administration Records (MAR). This had identified some gaps in staff compliance in recording whether people had their medication administered in line with their prescriptions. In February 2015, the medication audit identified 185 gaps in staff recording on people’s MAR. Those people’s daily records confirmed that 140 of these medications were correctly administered. In 45 cases the provider could not confirm whether people had received their medicines (37 of these were for non-medicated creams) In April 2015, the medication audit showed a reduction to 48 gaps in staff recording on people’s MAR. In

all 12 cases where the provider could not confirm whether people received their medicines, this related to non-medicated creams. No one had been found to have suffered harm as a result of these gaps in staff recording. Therefore it is most likely that people did receive the medicines they needed but staff failed to correctly record this.

The registered manager acknowledged that more work was needed to improve recording of medicines given to people. The provider had an action plan to implement these improvements. Medication training for staff had been reviewed and revised following input from an external trainer. The provider had a dedicated training officer who delivered their in-house training and had provided medication refresher training for all staff. This training had a clearer format and practical competency assessments to increase staff confidence and competence when giving people their medicines. Where medicines errors were alleged, staff were removed from these duties and had their competence re-checked.

Staff said they found the new medicines training really helpful. They felt more confident completing MAR and said the training was more practically tailored to their needs. The registered manager worked closely with the local authority safeguarding team to make the necessary improvements. The safeguarding team manager said that improvements had been made, but further improvements and time were needed to review whether changes and improvements would be sustained. This view is consistent with our findings.

The lack of accurate and consistent medicines records is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had completed training in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Policies and procedures were in place to inform staff how to deal with any allegations of abuse. However some staff were hesitant in describing the different signs of abuse and what they might need to look out for. They said they had received training as part of their induction, but they would benefit from refresher training. One care staff member said that the lack of continuity of care could make it more difficult to spot potential signs of abuse. They said that where they built up relationships of trust with people, they would be able to pick up on different signs such as a change in mood and



## Is the service safe?

people may feel more confident disclosing issues to them. There was a whistleblowing policy in place to inform staff how to report concerns. One staff member told us they reported a concern about another member of staff and this was dealt with appropriately. One staff member was hesitant as to the terms of the whistleblowing policy and their duty to report any concerns.

### **We recommend that the service reviews training and competence assessments for staff around safeguarding and whistleblowing procedures.**

There were sufficient staff on shifts to meet people's needs. There were 102 care staff deployed to provide care to people in their homes. The registered manager had restructured the staff team to create five smaller geographical patches to assist with staff rostering in response to concerns about missed and late care calls. The provider had allocated designated care co-ordinators and field supervisors to each patch and had staff available to cover care calls at short notice.

Recruitment and staffing levels were reviewed regularly to ensure enough staff were deployed and recruited in each geographical area. The supervisors reviewed the care needs for people whenever their needs changed to determine the staffing levels needed and increased the number of staff accordingly. Where people needed two care workers this was provided. Travel time was taken into account when staff visits were scheduled. A member of staff told us, "I used to have to travel long distances for each call. This has now improved and I complete care calls in one area to reduce travel time." When care staff were late in reaching people's home due to unforeseeable circumstances such as heavy traffic, there was a computer system in place which flagged up late calls and there was a system in place to inform people promptly.

Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people who required personal care. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. Staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence.

Risk assessments were centred on the needs of the individual. They included clear control measures to reduce the risks to people and appropriate guidance for staff. For example, where people were supported with catheters, staff were clear about how to reduce the risk of cross infection. This included the need to use protective gloves, monitor for signs of skin damage and when changing the catheter to ensure that the old equipment did not come into contact with new replacement equipment. A risk assessment had been carried out for a person who needed support to get out of bed with a hoist. The need to use specific equipment to assist them to move around safely had been identified and recorded to reduce that risk. Staff used the equipment to keep the person safe.

Assessments of people's environment were carried out in their homes before the staff provided care. These included checking the access to properties, and identifying potential hazards such as those associated with fire risk, stairs and household appliances. People were referred to appropriate services when they wished to have a safe keeping system for their keys. All equipment that assisted people in their home was checked each time people's care was reviewed. This included checking that the equipment used for helping people move around was in good working order, serviced regularly and that the correct size of slings was used.

Accidents and incidents were recorded and monitored by the registered manager. When incidents occurred staff informed their supervisor. One incident where a person's key safe was not locked properly was addressed through discussions with the staff member. Practical support was given to ensure they understood how to lock it correctly in future. There had been no reoccurrence of this incident. If people had experienced a fall, their environment and the care they received were re-assessed to ensure hazards were identified and reduced. Staff said that they did not always get involved in reviews of incidents that might occur to ensure lessons were learned by all staff. The registered manager audited all accidents and incidents to check whether there were any common triggers that could be further avoided.



## Is the service safe?

There was an appropriate business contingency plan in place that addressed possible emergencies such as extreme weather and epidemics. The registered manager

had developed a priority list based on people's needs to respond to them in case of an emergency. This referred to people who needed the most urgent care and which people staff would attend to first.

# Is the service effective?

## Our findings

People's comments were varied about the competence of staff. People said staff had different levels of experience. Some people gave really positive feedback. One person said, "The care staff who visit me are angels. I am very pleased with the care" and "The care I received was fantastic. The person was well dressed, had good communication skills and had great knowledge." One relative had very positive feedback for the two care staff who supported their relative, comments read, 'We are very grateful to every one of our relative's regular carers, all of whom are wonderful. The level of care delivered is of a particularly high standard and quality. They understand our relative's needs completely. Mention should be made of their skill and diligence in the way they liaise closely with myself and other family members. Recently they assisted the District matron...they too remarked how impressed they had been.' This relative nominated two care staff for the 'Wow Awards'. Wow Awards is an independent awards and recognition programme that the provider had joined to reward and acknowledge high performing staff in the organisation.

Some people however were not satisfied with the competence of some staff. One person said, "Most of the carers are a good bunch. I have two very good carers but when they're off, sometimes the others don't seem very experienced. I find it tiring having to tell them what to do." Another person said, "I honestly have no idea how much they understand about my problems" and another person said, "One morning I was ill and didn't feel like getting up. The carer came and I said I didn't want any breakfast so they said OK and left. They didn't ask if I needed any help or if I needed them to call the doctor." A relative said, "I'm really not satisfied. It's very hard for my relative. Half of the staff don't know what they are doing."

Staff were not always knowledgeable about the specific needs of people they cared for. For example, some staff said that where they worked with people living with dementia, they struggled to know how to support them effectively. All staff received basic dementia training as part of their induction. Some staff members said that they had requested more dementia training. They told us that they had not received the additional training and did not have a date scheduled for this to take place. A member of staff told us, "I support people with dementia. I don't always know

how to manage their needs. It is hard to know how best to communicate with people when they have memory loss" and "Another area where I would like training is in end of life care. I have not had this training and I support people with these needs. People's care needs can be greater and they often need to take a lot more medication. It would be helpful to have training to know what to do for the best."

Staff received one to one supervision sessions to discuss their development needs with a supervisor. They said that supervision did not take place very regularly. Some staff said they had received spot checks and one staff member had not received any spot checks since October 2014 to check on their care practice. Two members of staff said they would benefit from more supervision. One staff member said, "I understand that the management team has had a lot to do and client needs are the priority. However this has meant that sometimes staff are pushed aside. I sometimes feel a bit forgotten." Staff said however that if they needed extra support they could ask for it as the co-ordinators were helpful. The registered manager said that audits had identified that supervision was not taking place as regularly as they would like. The provider's policy was for staff to have two face-to-face supervision sessions, and one spot check per quarter. The registered manager said they hoped to address this shortfall within three months.

The lack of specific training to support staff to meet some people's individual needs and the lack of regular staff supervision are examples of a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. As part of the induction new staff did shadow shifts with experienced staff and completed workbook learning sets. The provider was piloting the new 'Care Certificate' training. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. It was developed jointly by Skills for Health, Health Education England and Skills for Care. This training was due to start in September 2015 and would involve

## Is the service effective?

different training courses to include practice and DVD based training. One module to be piloted included providing staff with enhanced information on the needs of people living with dementia.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with staff. Most staff including supervisors had completed basic training in the principles of MCA 2005. One staff member we spoke with said they had completed an e-learning course, in addition to the basic MCA training included in their induction. Staff we spoke with did not have a good understanding of the key principles of the MCA 2005 and what processes to follow when people did not have the mental capacity required to make certain decisions. Staff said they would contact their supervisor if they had concerns about someone's ability to give consent. All staff we spoke with said they would welcome more training in this area. Staff told us they supported people living with dementia and they sometimes struggled to communicate with them and understand their decisions about their care. They said that when people could not verbally give their consent, they were not sure how to proceed in supporting people. Where people may not have capacity to make specific decisions, for example people living with dementia, mental capacity assessments had not been completed. The registered manager had not assessed people's mental capacity to make specific decision related to their care following guidelines set out in the MCA Code of Practice.

The lack of mental capacity assessments completed to demonstrate people had consented to their care is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff sought and obtained people's consent before they helped them. One staff member told us, "I always make sure I do things with people's consent. If people did not want to do something I would respect that. For example someone I support does not always want to eat at the time I visit. I always encourage them, but it is their decision to decline food. I would always report this to the office though and I always monitor to check they are eating enough." On-going refusals for support with care needs were monitored to identify whether further assessments of their needs and wishes were needed. One staff member said, "I

always give people options to do things for themselves. I support people with their consent." Staff checked with people whether they had changed their mind and respected their wishes.

When staff prepared meals for people, they referred to their care plans and were aware of people's preferences and likes and dislikes. People were involved in decisions about what to eat and drink and staff offered people different options. Staff checked the contents of a person's fridge and freezer during each call and offered different meal options for the day. One person needed encouragement to eat. Staff said they always gave the person different options to choose from. On one occasion the person said they had not had a banana for a while and would like a banana sandwich. The staff member purchased some bananas and ensured the person's request was met. Staff encouraged people to eat and monitored people for any changes in their health needs.

One person needed support with eating as they had been diagnosed with dysphagia, which meant they had swallowing difficulties. The person had been referred to a Speech and Language Therapist (SALT) to assess their needs. Staff followed SALT guidelines which were available in the person's care plan. Staff received training in how to safely meet the person's needs. They supported the person with a modified diet. They said, "We give them a thick pureed diet and have information on the correct food textures to give the person." Staff gave them vitamin supplements to maintain their health and wellbeing. Staff monitored and recorded people's food and drink intake and weight, where required. This had helped reduce the risk of infection and stabilised their health needs. Records were up-to-date and accurate to ensure people's health needs were consistently monitored.

Staff regularly monitored the health needs of people they supported. Some people were recovering from an illness or injury and received short term care and support, other people were receiving care at the end stages of their life. In one case a community nurse had provided written comments about how well a person was looking despite their end of life needs and health deterioration and were happy with the care the person was receiving. When people had a fall or were less independent with walking, they were referred to their G.P. who referred them to an occupational therapist to re-assess their needs for aids and equipment. When staff had concerns about people's health this was

## Is the service effective?

reported to the office, documented and acted upon.  
People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

# Is the service caring?

## Our findings

The majority of people were satisfied with the way staff supported them. People said, “Carers are polite and kind” and “They are all polite and respectful” and “There are two carers who I call my permanent carers who are lovely.” One person said, “The carers are lovely people” and “I can’t fault the staff. They are kindness itself. My carer is really good. Very willing. A few weeks ago, I forgot to cancel my visit because I had a hospital appointment and when I got back, they had got authority from the office to use the key to come into the house and they were really upset. They were on the phone to the office because they didn’t know where I was and they were worried that something had happened to me. I am more than happy with the service.” Another person commented, “Staff are so very caring, thoughtful and kind. They do their utmost to make sure I am comfortable and meet my needs.” One relative commented about two care staff, “They go the extra mile. They are always kind and compassionate.” One relative’s comments read, “It was nice to hear our relative chatting to staff and the banter going on while staff did their best to keep our relative comfortable. With their help we found it much easier to cope and our relative died at home as they wished.” Comments from someone’s review meeting records read, “I am very happy. The carers listen to me. They let me know what they are doing and always give me choices.” Staff said, “I love my job. I feel like I am going to look after lots of grandmas and grandpas each day. I give 100% to my clients.” We did find that some people felt staff did not always have time to talk to them but they did not feel this was the fault of the staff.

Information was provided to people about the services available, the cost and how to complain. A ‘welcome pack’ was given to people before care started. It included information about what to expect from the service and who to contact if they needed to call the office at any time. This held information about advocacy services and other support services people could access. An advocate can help people express their views when no one else is available to assist them. The provider employed a communications officer. They supported people to access information in ways that were helpful to them. For example information was provided to people in larger print if people had sight needs. Information could be given in different languages where people’s first language was not English. People could access portable hearing loops and people

could receive information in their preferred method to include texts and emails. People had a folder in their home which contained an updated care plan, daily notes, and medicines administration records.

Staff promoted people’s independence and encouraged them to do as much as possible for themselves where they were able to. For example one person with sight needs was supported with their meals. They made their own choices about what meals they would like. They had a modified kettle to enable them to appropriately measure hot drinks when pouring into cups. Staff ensured the kettle was filled and the person was then able to make their own hot drinks. When helping people with personal care, staff supported people into the shower and then would leave them to wash themselves independently and would be on hand to pass towels and supported people out of the shower. Support plans clearly recorded people’s individual strengths and levels of independence. Where people could complete activities of daily living this was clearly recorded in their support plans. For example one person was able to walk with a walking frame and staff encouraged them to do so. It was recorded in care plans where people could brush their own teeth, choose what clothes they wanted to wear, do their own shaving and eat independently. People were encouraged to do as much for themselves as they wished.

The care plans included people’s individual preferences, likes and dislikes. For example, when they preferred to go to bed, what they liked to eat, and particular routines to follow during personal care. One person living with dementia was not able to say what their wishes were. Relatives had been consulted to ensure care staff were able to meet their needs. For example they liked to wear a scarf and have their glasses matching their clothes. Staff supported them to ensure they met their personal grooming preferences. Staff regularly talked with them about their previous employment and family members to stimulate conversation and develop a relationship of trust. Staff said they comforted and reassured the person by acknowledging their emotional state, using distraction techniques and using simple sentences to help them understand what was being said. Explanations were provided by care staff to people appropriately. For example, when staff helped a person move from their armchair to their bed, they kept talking with the person and explained every step of their intervention beforehand. This

## Is the service caring?

caring approach ensured people were involved in planning their care and support and that explanations were provided. People's care plans reminded staff that the person's choices were important.

People were involved in their day to day care. Where possible people were asked to give their view about their care and support. They were asked who they wished to attend reviews about their care. People's relatives and advocates attended their care planning and review meetings. Staff completed daily records to document discussions they had with people and their wishes and preferences. Risk assessments were reviewed monthly to ensure they remained appropriate to people's needs and requirements.

People said that staff ensured their privacy and dignity was respected. Staff told us they treated people with dignity and respect. Staff had received training in respecting people's privacy, dignity and confidentiality. People's were assisted with their personal care needs in a way that respected their dignity. Staff said, "I ensure bathroom doors are shut when people are doing personal care tasks. I ensure curtains are shut to protect people's privacy" and "I give people choices and respect their wishes. I have been on training regarding people's diversity and cultural needs. One person requested to have male carers for cultural reasons and their need was met." Care plans were written by staff using respectful language and people's choices were emphasised.

# Is the service responsive?

## Our findings

People said the provider was not always responsive to their requests for continuity of care staff. Nine people said there were too many different care staff visiting them. One person said, “The biggest problem is getting so many different people and having to keep explaining where everything is.” People and relatives said it was important they had the same care staff as far as possible because people were not comfortable with change. One relative said, “They do keep sending a new person to X but we’ve asked them not to because X is confused and can be very agitated if they have to deal with any change.”

Staff said that continuity of care staff was an issue. They said that some people had lots of different care staff. They said that this situation had improved since the agency started last October, but that further improvements were needed. They said they knew the management team was working on this. They said lack of continuity of care staff did not benefit people and they could not always develop the relationships they wanted with people they supported. Sometimes staff were sent to support people where they did not have prior knowledge of their needs. Staff said in one case they had been asked to support someone with dementia and did not have any prior knowledge of their care plan needs. They said they reviewed the person’s care plan whilst attending the person’s care call. They were not provided with this information prior to the visit to better understand the care plan needs for the person. Staff said that when they visited people they had not met before, people often had to explain to them how they liked their support to be provided. An audit completed by the provider in August 2015 identified that 5.4 staff were allocated to each person who received a service in comparison to 10 staff members allocated to each person prior to this date. The provider collated data on staff continuity on a weekly basis, and data collated in August 2015 confirmed that staff continuity was improving. The registered manager acknowledged that further improvements were needed to ensure everyone had continuity of care staff. Whilst improvements had been made, further progress was required in this area. The registered manager had implemented an action plan to improve this.

Some people and relatives said that the management was not responsive when they had any concerns. Some people said the service was not always reliable and staff did not

always have time to respond to their emotional needs. A relative told us, “The company change the times of visits without letting me know and its really unsettling for my relative. They need a routine.” One person said, “Staff mostly let me know if they are going to be late, 90% of the time everything is fine but there are odd occasions when they let me down” and “Staff just get on with doing things and have no time to talk to X” and, “The staff are let down by their company. They do try to make time to have a chat with me but I know they are having to watch the time or they will be in trouble” and “I do feel sorry for the carers because it’s not their fault it’s the management. They send them too far as well. They don’t seem to understand how long it takes to get from one place to another and they don’t give them enough time. I’ve phoned through and left messages but they don’t ring me back. I think they’re afraid to talk to me.” The registered manager acknowledged that some people had voiced concerns about the service and that managers continued to work with those people and their families to address individual concerns when they were raised. They recognised that mistakes had been made initially and they had learned lessons from this. They had implemented an action plan to address the concerns people had raised. Significant improvements had been made, however further improvements were needed to meet people’s needs and preferences.

**We recommend that the service reviews and implements further measures to ensure that people are provided with continuity of care staff and where short notice staff are required, they are informed about people’s individual care needs and preferences.**

A supervisor carried out people’s needs and risk assessments before the care began. This included needs relevant to their mobility, health, communication, likes and dislikes and social activities. These assessments were developed into individualised care plans. People’s care needs were planned taking account of their preferences and what was important to them, such as the goals they wished to achieve. Care plans were developed with people’s involvement and included specific requests from people about how they wished to have their care provided.

One person had requested all male carers and this was responded to by the service. Another person requested support with a specific routine for their morning care. They wished to have a cup of tea in the morning in the front room and read their book and wanted all curtains open to



## Is the service responsive?

motivate them to get up for the day. These requests had been responded to and were respected in practice by staff. One person reported concerns about having too many different carers as this made them anxious. They also needed an additional night call to support them to take their medicines, which was responded to. The person's needs were reviewed and they set up a core group of care staff that the person was familiar and happy with. The person's comments from the review meeting read, "I am happy with my care. I am happy they can put in an extra call for night medication." A care plan had been updated when a person's mobility needs had increased. They needed assistance from two care staff. This was needed for a short period of time and the service responded to their change in needs. Daily reports were completed to review the person's progress. Another person's physical health needs had increased and they were referred to an occupational therapist for a stand aid to help them stand up and promote their independence with daily activities. Call times were also increased as the person took longer to carry out tasks due to their increased needs.

People's care needs were reviewed when sudden changes occurred in people's needs. For example, one person was in hospital and staff contacted the hospital and family to ensure the person had a timely review of their care needs before they left hospital. One person needed support to stabilise a health condition with constant monitoring of their medicines. Staff visited them three times a day and provided reports to the district nurse on any physical changes in their health, to support their on-going health needs. Another person had a fall and they were referred to a rehabilitation clinic. Staff supported them with their personal care and observed that they were regaining their independence with help and reassurance from care staff. Equipment had been fitted in their house to reduce the risk of future falls and give them confidence to carry out tasks independently. The person set themselves goals to achieve and staff encouraged them with small tasks to gradually develop their confidence with personal care. One person needed the support of a hoist to help them to transfer from

the bed and chair. They were very anxious when this equipment was used to help them. In response to this the service co-ordinated visits to ensure the person's family were there at the same time to reduce their anxiety.

The registered manager had a complaints policy and procedure in place. People were aware of the complaint procedures to follow. One person made a complaint about the lack of continuity of carers. The staff worked with the person to address their concern. The person selected preferred staff and agreed a core team of three care staff would be provided to improve their continuity of care. Recorded complaints had been addressed promptly and resolved satisfactorily. Complaints information was available in the 'welcome pack' given to people and their relatives when the service started.

People's views were sought and acted upon. People's feedback was collected ten days after the provision of care had begun and every six months when their care was reviewed. Staff changed aspects of the care service that may not be working for the client early on. People were also able to add comments about their care when they had a care review meeting. They attended review meeting with clients if they reported any concerns to them and sent feedback forms to them to obtain their view about the service they received. A supervisor said, "We want to work together with clients and their families to address any concerns."

Questionnaires were sent quarterly to people seeking their views on the service. The last satisfaction survey for people had been carried out in April 2015. Some people had made comments about staff travelling time and requested staff rotas. This had been noted and as a result, staff teams had been geographically restructured to reduce travel time for staff where possible and improve punctuality. People also received rotas in advance of care calls if they wished. People were provided with rotas according to their preferred method either they were posted or emailed. This meant that people's views and suggestions were considered and acted upon. The registered manager had taken feedback into account to improve the service.

# Is the service well-led?

## Our findings

Nine out of nineteen people and relatives said there were problems with the organisation and management of the service. One person told us, “There is only one word for it. It's chaotic. That's all I think about it.” A relative said “The problem is with the management. I feel sorry for the carers because half the time they don't know if they're coming or going” and “I am always telling the office about problems but they just don't listen and the same things happen over and over again.” Some people had a general view that some things were ‘teething problems’ when the service newly started, which they expected would be resolved as time went on. People perceived problems as the responsibility of management and not seen as any failing on the part of the staff. The main issue was the lack of consistency of care staff and people not having calls at their preferred times. Staff said, “When the agency first set up I was sent to lots of care calls all over the place. There was no continuity. The service is slowly getting there. I work in one local area now which is an improvement. Continuity of care staff for people has improved, but there is more to do. Some people still do not have continuity of care. I personally only now see new people when I cover staff who are absent from work.”

The registered manager acknowledged that not everyone consistently received continuity of care staff, but they were working with people to make improvements and in some cases positive changes had been made. The registered manager acknowledged that further progress was required in some cases. In some cases positive changes had been made. They were working with those people to meet their needs. They acknowledged that further progress was required in some cases. This issue was monitored closely and formed part of the agenda for team meetings and management meetings. Rostering development formed part of an on-going action plan. Improvements had been made, however further progress was needed in this area. A review of information from a recent quality monitoring review showed that the number of people assigned to a care staff member had reduced from ten people to less than six people. This showed that the service was working to improve the continuity of care staff working with people. The quality monitoring team at the local authority said,

“Family Mosaic work in partnership with the local authority and are transparent in their dealings with us. They are responsive to action plans and work hard to make improvements.”

There was an open and positive culture at the service between managers and senior supervisory staff. A senior staff member said, “There is an open culture here and we all have close working relationships. We have team meetings and management meetings to discuss operational matters. We have learned lessons from the past and are transparent in sharing information. We get updates on safeguarding investigations to support us to understand lessons learned. We have an open door policy for care staff to come and talk to us about any issues.” Members of staff were welcome to come into the office to speak with the management team at any time. Staff said “I can speak to management if I need to and the supervisors are always helpful. I think communication could be improved from management to staff. It would be helpful to know how the service is improving and what staffing levels look like in our patch. Management have had to make a lot of improvements quickly. They are not there yet but I have faith in the management. There are a lot of good managers here.”

Staff had access to the policies and procedures. All staff had been informed when updates had taken place. Staff told us that when they reported issues about people's care needs they were acted upon and that they thought the management team would be open to new ideas. However they said they had not been actively asked to contribute ideas as to how the service could continuously improve. Staff could not give examples of how they had been consulted by the provider in order to influence service improvements. Staff told us they had attended team meetings but these were infrequent. For example since the service has started in October last year, they had attended two team meetings. Staff said they could benefit from additional team meetings as they would welcome updates on how the company was performing. Staff said, “Two team meetings in one year is not often enough.” Staff said they got new information updates sent to them by emails and text messages on their mobile phones.

Audits were carried out to monitor the service quality and identify how the service could improve. These included quality audits of care records to ensure that all care plans and risk assessments were up to date and appropriately

## Is the service well-led?

completed. The registered manager told us that as a result, the templates for care plans and risk assessments had been revised to make care records easier for staff to understand and provided more personalised information about people's individual needs. Care records had been transferred onto the new templates when their needs were reviewed. People with the highest needs had been reviewed first to reduce risks to those people.

The registered manager had carried out improvements in the way the service was run. Learning from safeguarding investigations had led to a number of service improvements. The provider had invested in a computer system which monitored care calls on a real-time basis. This meant that if a staff member did not show up for a call this would flag up on the system and the person and staff member would be contacted. When this happened relief staff would be sent directly to provide their care call. The registered manager had set up a computerised priority system which identified people with priority needs. The registered manager had also put in place a 'missed call' protocol as a checklist of what to do in the event a call was missed. Quality assurance information showed that there had been no recent missed calls at the point of our inspection. Staff said, "I am not aware of any missed calls. This has improved a lot at the agency. Sometimes I am delayed because I cannot leave a client for a genuine reason. I would always ring the office to let them know."

Due to previously reported concerns about staff competence and conduct, unannounced spot checks had been introduced to monitor staff practice and record staff's timeliness and performance. When shortfalls were identified, action was taken. For example, when a spot check highlighted a member of staff was not wearing protective equipment, this had been followed up and the member of staff had received a further spot check. They told us they now were mindful to use protective equipment at all times. One staff member said they had been spot checked but they were not clear of the findings from this. They said they may get feedback about this later but it was not clear on the day. They said it would have been helpful to get feedback at the time to help them reflect on their

care practice. The registered manager audited spot checks to identify any need for additional staff training. This programme of spot checks was to be increased to drive care delivery improvements. All staff training was monitored to check staff attended scheduled training and refresher courses.

The registered manager spoke to us about her philosophy of care. She told us, "We want the business to grow but at a manageable rate to ensure staff are in sufficient quantity, trained appropriately and be absolutely sure we can meet people's needs; people come first". The registered manager and staff shared a clear set of values. Staff understood the need to promote people's preferences and ensure people remained as independent as possible. Staff described their philosophy of care as, "We can, we will, we do, we want quality of care and excellence" and "I want to give the best support to meet people's needs. I want to work with people to give them a better life. I like helping people" and "I enjoy making a difference in people's lives.". The provider's statement of purpose promoted that people had improved quality of life, should reach their potential and be protected from harm.

The registered manager said morale was variable amongst staff. The service was going through a period of change which had caused some instability amongst the staff team. They said staff were welcome to come to the office to discuss issues at any time as there was an open door policy in operation. Staff said they could contact their supervisors or the registered manager if they needed to discuss anything. Staff who were performing well were nominated for a 'Wow Award' either by a manager or colleague or by the person receiving support. 'Wow Awards' is an independent awards and recognition programme that the provider had joined to reward and acknowledge high performing staff in the organisation.

The registered manager understood their responsibilities and consistently notified the Care Quality Commission of significant events as per the legal requirements of the Health and Social Care Act 2008.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.</p> <p>(1) Care and treatment of service users must only be provided with the consent of the relevant person.</p> <p>(2) Paragraph (1) is subject to paragraphs (3) and (4).</p> <p>(3) If the service user is 16 or over and is unable to give consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act*</p> <p>(4) But if Part 4 or 4A of the 1983 Act** applies to a service user, the registered person must act in accordance with the provisions of that Act.</p> <p>(5) Nothing in this regulation affects the operation of section 5 of the 2005 Act*, as read with section 6 of the Act (acts in connection with care or treatment).</p> <p><b>* Mental Capacity Act 2005</b></p> <p><b>**Mental Health Act 1983</b></p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>1. Persons employed by the service provider in the provision of a regulated activity had not -</p> <p>A. received such appropriate support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform.</p>

Regulated activity	Regulation
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## Action we have told the provider to take

### Personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

1. Systems or processes were not consistently operated effectively to ensure compliance with the requirements in this Part.
2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

c. maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user to include records of medicines taken by the service user.