

Mosaic : Shaping Disability Services

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mosaic: Shaping Disability Services provides personal care and support for people in their own homes. At the time of our inspection 10 people were receiving personal care and support from the service.

Not everyone who use this type of service receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider did not always complete robust recruitment checks to ensure they employed people who were suitable to work with people who used services. They did not have robust systems in place to record incidents that occurred at the service.

The provider did not maintain records of their assessments of people's needs before the joined the service. People's records did not show the provider had considered the Mental Capacity Act as part of care planning.

The provider had not acted to address the issues identified at our previous inspection. The registered manager did not always demonstrate a good understanding of their regulatory responsibilities such as maintaining robust records of the care people received.

Records of people's risks assessment were not comprehensive. They did not always include information of known risks to people and guidance on how staff would minimise the occurrence of risks.

We made recommendations about risks assessments and end of life care planning.

People felt safe when they received care from staff. The service had protocols in place to protect people from the risk of contamination and infections.

Staff supported people to meet their nutritional needs and stay well. They supported people to access health care services.

Staff were kind and compassionate. They had developed positive relationships with people who used the service and treated them like they mattered. People were treated with great dignity and respect.

The support people received was tailored to their individual needs. Support was holistic and supported their general wellbeing.

The registered manager promoted an enabling culture which supported people to live a full life as possible and achieve their desired outcomes. Staff felt supported in their role.

The registered manager and staff team worked collaboratively with other professionals involved in people's care to ensure that any transitions were well managed, and the care people received was consistent.

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 service did not always support staff practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service promoted choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to become more independent where possible.

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 15 May 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Mosaic: Shaping Disability Services

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

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative of a person who used the service about their experience of the care provided. We spoke with the registered manager and the chief executive officer.

We reviewed a range of records. This included three people's care records and one person's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three care staff.

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 now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The registered manager had assessed risks associated with people's care. However, risks assessments were not comprehensive. They did not include all known risks associated with people's care, therefore did not state guidance staff may require to support people well.
- For example, one person was identified as being at risk of choking, their risks assessment did not include information to support staff identify signs of when they person may experience difficulty with swallowing.

We recommend the provider consider good practice guidance on developing and creating risk assessments and take action to update their practice accordingly.

Staffing and recruitment

- The provider did not have robust recruitment protocols. We found they did not fully complete recruitment checks to ensure they employed people who were suitable to work with people who used services. For example, one staff's records showed the provider did not receive the minimum number of references they requested, another showed the provider had not completed a relevant risk assessment.
- The service deployed sufficient numbers of staff required to meet people's needs. People told us staff numbers were according to their assessed needs.
- People were happy with staff timeliness. They told us staff usually arrived at their agreed times, and the service pre-informed them on occasions where staff were delayed.

Learning lessons when things go wrong

- The provider did not have robust systems in place to record incidents that occurred at the service. Where incidents had occurred. We did not see evidence of how they had put plans in place to reduce the risk to people or improve the service.

Using medicines safely

- People who required support to take their medicines were happy with the support they received from staff. They told us staff prompted and administered their medicines when required.
- Staff completed records to show support they delivered to people. Senior staff completed regular audits of people's medicines records.
- Records of medicines audits showed where issues were identified. However, it was not clear what action was taken to address them.

Preventing and controlling infection

- People were protected from the risk of infections. They told us staff wore protective equipment when they supported them with relevant tasks. This minimise the risk of cross contamination or an infection spreading.
- People told us care staff supported them to maintain the cleanliness of their own home where required.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when they received care and support from the service. This was because staff understood and met their needs.
- Staff knew how to identify and report any concerns they may have about people's welfare and wellbeing. They were confident to 'whistle blow' if they encountered any unsafe practices.

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 now deteriorated to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- At the time of our inspection, none of the people that used the service were deprived of their liberty.
- People's records did not show the provider had considered MCA as part of their care planning. Where decisions were made on behalf of people, records did not show who the decision maker's relationship to the person neither was there evidence to show that decisions made were in person's best interest. We found this had not impacted on the care and support people received.

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

- People's records did not show details of their assessment or how information from their assessment was used in care planning.
- People told us their needs were assessed before they used the service. They told us the care they received was as agreed at their assessment. A relative told us, "We were assessed. They [staff] told me what I need to know, they gave me guidelines. They told me where [details of referrals]."

Staff support: induction, training, skills and experience

- Staff training records showed some staff had several overdue training and refresher courses. The registered manager told us they were working on booking staff on required training.
- People were confident in the skills and experience of staff. They told us staff were skilled to meet their needs. One person said, "I feel they [staff] are well trained." Staff told us they found their training sufficient to fulfil the requirements of their role. A care staff told us, "Training is ok. If I am due, they send me on a

course."

- New members of staff had access to a corporate induction program. This supported them to understand the organisation and their role in the organisation.

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

- People who required support with preparing their meals received this support. They told us staff supported them according to their preferences and choice. They told us they were satisfied with their support. One person described the support they received as "second to none."

Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence the registered manager worked with other agencies to ensure the support people received was timely and consistent. We reviewed records of their collaboration with other professionals to ensure a person was safe from exploitation.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to manage their health conditions and stay well. They told us staff referred them to health services when required and supported them to attend health care appointments. One person told us, "They [staff] take me to doctors if needed." Another said, "They help with getting to the doctor."

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 now 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

- Staff were kind and compassionate. All the people we spoke with gave very positive feedback of their experience of staff caring attitudes. A relative said, "If this was a reference, you'll think they [staff] wrote it themselves, because that how good they are and how I feel." They went on to give us examples of staff kindness to them.
- The provider had policies and procedures in place which promoted non-discriminatory practices and ensured that people who are protected under the Equality Act received a good standard of care irrespective of their race, disability, religion etc.
- People were treated like they matter. They told us they had positive relationships with their care staff. They said staff took time to listen to, understand and support them. One person told us, "All the staff treat me as a person." A relative told us staff support had made a positive difference to their well-being. They said, "I feel a lot better in myself because of the support. I am really pleased."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff supported them to gain and maintain independent living skills. One person told us, "I am grateful for the way they [staff] help me live very independently."
- Staff treated people with dignity and respect and promoted their right to privacy. People told us staff respected their home and belongings when they visited them. One person told us, "My home is my own, they [staff] very much respect my home." A relative said, "They give plenty of dignity."

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

- People told us staff involved them in decisions about their care. They told us they were treated as partners of their care from their assessment to care planning.

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 now remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of our inspection, the provider did not support any person who required end of life care.
- The provider did not have a policy or systems in place to support people should they require care and support at the end of their life.

We recommend the provider consider good practice guidance on developing an end of life policy and training for staff.

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

- The support people received was tailored to their individual needs. People were offered choice and control on how their care was delivered.
- People spoke passionately about how staff ensured the support they provided was specific to their needs and preferences. One person told us, "The service is unique – it is very person-centred. I don't feel institutionalised." A relative described staff approach to meeting their loved one's needs as "Absolutely magic!"
- Staff knew each person well and supported them holistically. One person was supported with their emotional needs and we saw records which showed this supported them to have better outcomes.
- Staff completed daily records of the support people received. Records showed they supported people as agreed in their care plan.

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.

- Care records included the support people required for effective communication. This included guidance to support staff tailor information with regards to each person's needs. For example, one person's records showed staff were required to use visual prompts to aid understanding of tasks. This meant adjustments were made to make information accessible to people.

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

- People were supported to be part of the community they lived in. They told us staff supported them to engage in social activities of their choice. One person said, "They [staff] are really flexible." A relative told us

how staff support a person to engage in meaningful activities within their own home.

- People were supported to follow their interests. One person told us how staff supported them to be part of and support a local organisation which championed their interest.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or complaint. Most people told us they had not had cause to complain. However, they were confident the registered manager would resolve any issues raised satisfactorily.
- The provider had policies in place to support people and staff raise a complaint. This provided information on the support available should they make a complaint about the service.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had not taken action to address the issues identified at our previous inspection.
- At our previous inspection, we found the provider did not consistently carry out relevant checks to ensure records were accurate and monitor the quality of care provided. At this inspection, we found there had been no improvements made.
- The service had employed a new chief executive officer (CEO). The CEO shared the work they had done so far in identifying areas of the service that needed improvement. They shared the plans and strategies they had in place to make the required changes to the service. This included tools to help staff identify risks to people and early intervention to keep people safe.

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

- The registered manager did not always demonstrate a good understanding of their regulatory responsibilities such as maintaining robust records of the care people received. This included records of assessments, care plans and incidents. We saw evidence that this did not adversely impact the care people received, because people and staff gave us very positive feedback of care provided by the service.
- Staff felt supported by the registered manager to fulfil the responsibilities of their role. A care staff told us, "[Registered manager] is supportive, very respectful and appreciates the service we provide." Other staff gave similar positive feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were very positive about the leadership of the service.
- The registered manager promoted an enabling culture which supported people to live a full life as possible and achieve their desired outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People could give their feedback about their experience of the care they received. The service provided quarterly opportunities for people to provide feedback. We reviewed records of positive feedback provided by people and their relatives. We did not see evidence of how the service used people's feedback to further improve the service.

- Staff felt involved as partners in the service. They were confident to give feedback about the service to the managers. The CEO shared their plan's to further improve staff engagement in the organisation.

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 registered manager demonstrated a good understanding of the duty of candour. We saw evidence from records of their liaison with a relative and other professionals to share relevant information about incidents and safeguard a person who used the service.

Working in partnership with others

- The registered manager and staff team worked collaboratively with other professionals involved in people's care such as social workers and health professionals. This ensured that any transitions were well managed and the care people received was consistent.