

First Choice Care Limited

Mosaic House

Inspection report

18 St Andrews Avenue
Wembley
Middlesex
HA0 2QD

Tel: 02089045250

Date of inspection visit:
28 April 2017

Date of publication:
13 June 2017

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

Mosaic House is a care home situated in North Wembley which is registered to provide accommodation and personal care to five people who have mental health needs. At the time of our inspection the home had no vacancies.

At our last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People living at Mosaic House spoke positively about the management of the home and the support that they received from staff. They had been involved in planning their care and support and met regularly with their nominated keyworker to discuss their progress.

Staff members understood their roles and responsibilities in ensuring that people were safe. Risk assessments for people were personalised and included guidance about risk management. Staff members had received training to ensure that they were competent and knowledgeable in their roles. They had regular supervision sessions with a manager to discuss good practice and address any concerns they had and told us that they felt well supported by their manager.

The home was clean and tidy and regular health and safety monitoring and checks had taken place. However, we found that food items used by people during the day of our inspection had not been appropriately stored. The registered manager told us that they would ensure that people who lived at the home and their support staff were reminded about food safety as a matter of priority.

People's medicines were well managed and monitored. They were supported by staff to attend regular health appointments.

People living at the home were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The home was supporting people to develop the skills that they required to become more independent. This approach was confirmed by the people we spoke with and recorded in their care documents.

Staff at the home spoke positively about the people they supported. We observed that they treated them with dignity and respect.

People were supported to participate in a range of group and individualised activities of their choice by staff at the home. They told us about holidays that had taken place or were planned, and other activities such as attending a football match and support to find employment.

Care plans were up to date and regularly reviewed with people. People told us that they knew how to make a complaint if they were unhappy about any aspect of their care and support.

Regular meetings took place where people were supported to discuss their views about the home and request and plan activities and improvements. An annual survey of people's views had taken place and this showed that people had high levels of satisfaction with the support they received.

Systems were in place to ensure that the quality of the service provided at the home was monitored and reviewed. We saw that any actions arising from quality monitoring had been addressed.

Further information is contained within the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Mosaic House

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 28 April 2017 and was unannounced. The inspection team consisted of a single inspector.

We used a range of methods to help us to understand the experiences of people living at the home. We spoke with two people who used the service, two support workers and the registered manager. We observed interactions between staff and people who used the service. We looked at three care plans and associated care documentation including risk assessments and medicines administration records. We also reviewed three staff files, along with a range of other documents maintained by the home. These included policies and procedures, staffing records, training records, complaints records, accident and incident reports, staff rotas, menus, activity records and quality assurance documentation.

Before the inspection the provider had completed 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. We reviewed the information included in the PIR along with other information we held about the home.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "They are making sure that I am OK." Another person told us, "Staff have helped me to look after myself better."

The home was clean and tidy. The registered manager told us that staff members were responsible for ensuring that the home was cleaned and that there were no risks in relation to infection control. We saw that monthly health and safety inspections had taken place that included reviews of infection control and food safety.

The Food Standards Agency had rated the service as 4 (good) at an inspection in January 2015. During our inspection we looked at foods stored in the home's kitchen. We found that items stored in the fridge and freezer were correctly stored and within date. However, when we looked at the cupboards we found that a packet of cereal was open and remains of this was scattered across the cupboard base. We also found a partially used jar of sandwich spread where the label stated that the item should be refrigerated after opening. A second cupboard required cleaning. We spoke with the registered manager about this. They told us that people prepared and purchased some of their own meals as part of the process of working towards independence and that the spread and cereal were opened and used by people when they were preparing breakfast on the morning of our inspection. During our inspection we had observed people preparing meals for themselves and returning from the local shops with their own food. We also saw records that showed that food storage was checked on a weekly basis as part of the home's health and safety monitoring process. Although there was no immediate risk to people, the registered manager recognised that this presented a potential food safety risk. They told us that they would ensure that this was discussed with people as a matter of priority and that staff members would be asked to check that food was appropriately stored and cupboards cleaned on a daily basis.

The home had an up to date safeguarding policy and procedure and staff members that we spoke with demonstrated that they understood the principles of safeguarding of adults and their responsibilities in immediately reporting any concerns. We looked at the home's safeguarding records and saw that concerns had been appropriately recorded and reported. Records of meetings with people and staff members showed that safeguarding had been discussed on a regular basis.

The home looked after small amounts of monies for some people. We saw that records of these were in order and that robust monitoring procedures including daily checks took place. People were working towards managing their own monies independently. This was confirmed by the people we spoke with and was fully recorded in their care records.

Personalised risk assessments were in place for people. These included, for example, assessments in relation to medicines, finances, self-care, mental health and community participation. The risk assessments included management plans that provided clear guidance for staff on how to monitor and manage identified risk. Risk assessments had been updated to show that people were being supported to become more independent, and there was evidence that these were reviewed on a monthly basis.

Medicines at the home were stored, administered and recorded appropriately. Staff members had received training in safe administration of medicines. One person told us that they knew when they were due to receive medicines and had no concerns about this. Medicines were monitored and counted on a daily basis. People living at the home required regular blood tests in relation to the medicines that they were taking and we saw that records of these were maintained in their care files.

There were sufficient staff members on shift to ensure that people received the support that they required. During our inspection we saw that there was one staff member and a manager at the home and saw that they were able to respond promptly to meet people's need and requests. We asked about arrangements should additional support be required. We were told that, where people required assistance to go to appointments or activities additional staff members would be rostered to work. We saw for example, that three people were going to a football match on the day following our inspection, and the home's rota showed that an additional staff member had been rostered to support this activity.

We looked at three staff files. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. This demonstrated that the provider ensured that staff members were suitable for the roles that they were required to undertake.

Regular checks of health and safety at the home had taken place and actions in relation to these had been recorded and completed. Checks of, for example, gas and electrical safety and portable appliances were up to date. An emergency 'on call' service was in place. This was provided by the manager and deputy manager who alternated on call weeks between them, with the provider covering where required.

Is the service effective?

Our findings

People told us that the service was effective. One person said, "The staff are really helpful." Another said, "There is always someone when I need them."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

On this visit we found that the home was meeting the requirements of the MCA and DoLS. We saw that assessments of people's capacity to make decisions were contained within their care files and that these were updated on a regular basis. No one who lived at the home was subject to DoLS, and where restrictions were only in place, for example under a Home Office licence, these were clearly recorded. People had signed their care plans and risk assessments, and progress in relation to these was discussed with them at monthly key worker meetings.

The staff members that we spoke with felt that they received the support and information that they required to carry out their duties effectively. Training records were up to date and showed that core training had been provided along with training in mental health awareness and positive behaviour management. New staff members received training that met the requirements of the Care Certificate for workers in health and social care. We spoke with a staff member who had recently commenced working at the home. They told us that they had received an induction and felt well supported to undertake their role.

Staffing records for the service showed that staff had received regular supervision sessions with a manager. Team meetings took place on a monthly basis and the records showed that these were used to discuss practice issues as well as progress and concerns in relation to people who lived at the home.

People were provided with food that met their dietary requirements. During our inspection we heard a staff member discussing food choices for lunch with a person who then went on to prepare their own meal. There was a menu in place for communal meals that reflected people's food preferences discussed at monthly resident's meetings. Some people preferred to cook their own food and this was recorded in their care documents. The registered manager told us that this was encouraged and supported by staff as the home wished to ensure that people were able to prepare healthy meals for themselves as preparation for moving to supported living in the future. There was a weekly cooking group at the home and the records showed that people actively participated in this. One person told us, "I am learning to cook good food."

People's care records showed that relevant health and social care professionals were involved in their support. We saw records of regular hospital and GP attendance, and of recent reviews involving community mental health team professionals.

Is the service caring?

Our findings

People told us that the service was caring. One person said, "They are very supportive." Another person told us, "I like the staff. They help me a lot."

We observed that staff members communicated with people in a respectful and professional way and engaged in friendly discussions with them. People who wished to speak with the member of staff on shift were given time to discuss their needs and concerns. People came and went from the home to undertake personal activities and we saw that staff members took time to ask them about these.

The staff members that we spoke with talked positively about the people who used the service and indicated that they understood their needs. One said, "I feel that I am here to help people improve their lives in a positive way," and another told us about the importance of ensuring that the people whom they supported to, "become more confident and independent."

People's care plans contained information about their preferred social and cultural needs and important relationships, and the staff members that we spoke with were knowledgeable about these. Care records showed that people had been supported to maintain relationships with family members and friends, and to access the community independently.

People's privacy and dignity was respected. We saw for example, that medicines were delivered in privacy and that staff members knocked on people's doors and waited for a response before entering.

People living at the home were supported to be independent. We saw for example that care plans showed how people were being supported to work towards taking control of their monies and medicines. One person was being supported to apply for part time jobs in an area of personal interest. They told us that staff had been helpful with this, and that they were going to a job interview in the week following our inspection.

Information about advocacy services was maintained within the home. We asked about use of these. The registered manager told that no one at the home currently had an advocate, but they would be supported to access one should they so wish.

Is the service responsive?

Our findings

People told us that the service was responsive. One person said, "I can ask if I need help and they listen." Another person told us, "They are helping me to be more independent so I can move to my own flat in the future."

We looked at the care plans for three people. We saw that these contained person centred assessments that included information about people's expressed needs and interests, and how they wished to be supported. The assessments were linked to people's care plans. These contained detailed information about people's support needs, such as mental and physical health, behaviours, money management, self-care, nutrition and community based activities. They contained clear guidance for staff about how, why and when support should be provided. Information contained within the plans was specific to the person and we saw that, where a person's support needs had changed their plan had been immediately updated to reflect this. The people we spoke with told us that they had been involved in producing their care plans and knew what they contained.

People had identified 'key workers' who met with them on a monthly basis. The notes of these meetings showed that progress against outcomes identified in their care plans was discussed. Staff on shift recorded daily notes of care and support that included information about, for example, behaviours, activities, progress and concerns.

People participated in a range of individual activities outside the home. These included swimming, going to the gym, shopping and classes. Staff at the home also organised group activities based on preferences that were discussed at regular resident's meetings. These included meals out and visits to a local pub. One person we spoke with was looking forward to going to a football match at Fulham and said he hoped that he could go to more next season. People were supported to go on a holiday to Bournemouth, and that they wished to go to Blackpool during the summer. One person told us that they had enjoyed the holiday in Bournemouth and were looking forward to visiting Blackpool.

We saw records of monthly resident's meetings.. These had included discussions about holidays and other activities, food, medicines, staffing, health and safety and domestic tasks such as cleaning.

The people that we spoke with told us that they knew what to do if they needed to make a complaint. We looked at the home's complaints register. We saw that there had been no formal complaints raised during the past year.

The home was supporting people to become more independent with the intention of moving into supported living in the future. One person had moved into their own flat during the past year and we saw information that showed that the home had worked in partnership with a local authority and housing and support providers to ensure that there was an effective transition to their new living arrangements.

Is the service well-led?

Our findings

People spoke positively about the management of the home. One person said, "I like the manager. He's very good." Another person said of the manager, "He is helpful."

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff members that we spoke with were positive about the support and development that they received. One staff member told us that, "[the registered manager] is very good and supportive."

The registered manager was also responsible for the management of another nearby home run by the provider. They were supported by a deputy manager and the staffing rota showed that they undertook shift working at the home in addition to their management duties. During our inspection we saw that the registered manager communicated positively both with people who used the service and the members of staff who were on shift.

The home had a range of quality assurance processes. Regular audits of medicines, money handling and care documents had taken place. Health and safety and fire risk assessments had been carried out, and the registered manager had recently introduced a monthly compliance monitoring process. The records of these assessments and audits showed that actions had been put in place where required and that these had been completed in a timely manner.

The provider had undertaken a service user feedback survey during February 2017. We saw that high levels of satisfaction had been recorded. The responses to the survey had been summarised. Where people had made comments about how they thought their support could be improved actions had been taken or were in progress.

We reviewed the policies and procedures in place at the home. These were up to date and reflected good practice guidance.

The records that we viewed showed that the home liaised regularly with relevant professionals, including relevant mental health professionals, general practitioners and commissioning authorities.