

Multi-Care (Reading) Limited

Multi-Care (Reading) Limited - 375 Old Whitley Wood Lane

Inspection report

375 Old Whitley Wood Lane
Reading
Berkshire
RG2 8PY

Tel: 01189313939

Date of inspection visit:
17 November 2015

Date of publication:
22 December 2015

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

This inspection took place on 17 November 2015 and was unannounced. Multi-Care (Reading) Limited provides a service for up to four people with learning disabilities or autistic spectrum disorder. On the day of the inspection four people were living at the service.

At the time of the inspection there was a registered manager in post. 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 registered manager had not sent a notification to the Care Quality Commission (CQC) to inform them of a significant event in the service. This was completed and sent retrospectively to the CQC following the inspection.

People were safe. The service had systems in place to manage risks to both people and staff. Staff knew their responsibilities and how to respond to concerns about people's safety. They felt any concerns would be taken seriously by the registered manager and acted on. An effective recruitment procedure helped to ensure only suitable staff were employed to support people. There was a system to ensure people received their medicines safely and promptly.

Staff felt supported by the registered manager and provider. They received training and had the opportunity to express their views on the service. Staff understood their responsibilities in relation to gaining consent before providing support and care, therefore people's right to make decisions was protected. People were supported to stay healthy. Healthcare advice was sought appropriately and people had sufficient to eat and drink in order to maintain a balanced diet.

People were treated with kindness, dignity and respect. They were involved in planning and reviewing decisions about their care. The registered manager ensured that up to date information was communicated promptly to staff.

We found an open culture in the service and staff were comfortable to approach the registered manager for advice and guidance. Feedback had been sought from people and relatives on the service and used to make improvements.

The quality of the service was monitored by the registered manager and provider through auditing of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe. Staff understood their responsibilities and demonstrated a good knowledge of safeguarding procedures and reporting requirements.

The recruitment system was effective and helped to ensure staff were suitable to care for vulnerable people.

Risks were assessed and managed. People received their medicines safely and on time.

Is the service effective?

Good ●

The service was effective.

People's right to make decisions about their care was protected by staff who understood their responsibilities in relation to gaining consent.

Staff received effective support and relevant training to enable them to meet people's needs.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. People were encouraged and supported to maintain independence.

People's privacy and dignity was maintained and people were involved in their care. Staff knew people's individual needs and preferences well.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and they were supported in a personalised manner.
People and where appropriate their relatives were involved in planning and reviewing their care.

Information on how to make a complaint or raise a concern was available. Relatives told us they had not needed to complain.

Is the service well-led?

Good ●

The service was well-led.

A notification had not been sent to the Care Quality Commission to inform them of a significant event in the service. This was sent retrospectively following the inspection

We found an open culture in the service. Staff and relatives told us they found the registered manager and provider approachable.

The quality of the service was monitored. Staff had opportunities to say how the service could be improved and raise concerns if necessary.

Multi-Care (Reading) Limited - 375 Old Whitley Wood Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection was carried out by one inspector on 17 November 2015. The inspection was unannounced. This was a comprehensive inspection.

Before the inspection we contacted the local authority care commissioners to obtain feedback from them about the service. We checked notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

During the inspection we spoke with three members of staff, including the registered manager and two care workers. We also spoke with two people who use the service. Following the inspection we spoke with two relatives of people who use the service. We observed staff supporting people to prepare to take part in a community activity and completing daily living tasks such as meal and drink preparation.

We reviewed the care plans and associated records for four people. We examined a sample of other records relating to the management of the service including staff records, complaints file, surveys and various monitoring and audit tools. We looked at the recruitment records for three staff.

Is the service safe?

Our findings

People were safe. People's medicines were stored and administered safely. Staff had received training in the safe management of medicines. However one staff member's training had expired and a booked refresher session had been cancelled by the training provider. We raised this with the registered manager. A refresher was organised and following the inspection they sent us a certificate to confirm the staff member had updated their knowledge and skills. The registered manager told us they had checked the practical competency of staff in administering medicines. Staff confirmed the registered manager observed them when working with medicines, however, these checks had not been recorded.

The service had recently begun using a new pharmacy to supply the medicines for people. A new pharmacy prepared monitored dosage system (MDS) had been introduced and staff were knowledgeable with regard to the new system. They stated they considered it to be safer than the previous system and ordering medicines was now much simpler. Staff had guidance to follow for medicines which were given when necessary (PRN). No PRN medicines were given without two members of staff assessing the need for it and either agreeing or seeking further advice. Medicine administration records (MAR) were completed accurately and recorded all medicines administered to people including creams, lotions and drops. When asked about the support people received with medicines a relative told us, "They're (staff) very particular about that." They went on to describe how staff made sure their family member had all their medicines and the MAR with them when they visited their family home.

Recruitment practices helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. Employers were contacted to check on behaviour and past performance in previous employment. A full employment history was gained and any gaps in the employment history were satisfactorily explained and explored.

Some people who use the service were unable to tell us if they felt safe however, those who were able to speak with us said they felt safe, one said "yes, I'm safe." Relatives also told us they felt confident their family members were safe when using the service. They said staff would always contact them if something was wrong.

Individual risk assessments were carried out and reviewed regularly for each person. These risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. They were personalised and related to people's support plans to help ensure support was provided in a safe manner. For example, one person's records showed a specific risk related to travelling in the service's motor vehicle. The guidance for staff indicated how to manage and reduce the risks associated with the situations the person found difficult or distressing. This helped to ensure they continued to participate in activities of their choice.

Risk assessments had also been carried out relating to the service and the premises. These included those related to fire, health and safety and the use of the service's motor vehicle. Regular checks were conducted

to test the safety of such things as water temperature, gas appliances and electrical appliances. The fire detection system and the fire extinguishers had been tested in accordance with relevant guidance. Where appropriate, professional contractors had completed the testing.

Staff were knowledgeable about the signs that may indicate someone was being abused. Guidance was available for staff to refer to with regard to keeping people safe from abuse and they had received training in safeguarding vulnerable adults. Staff were able to describe the action they would take if they identified any safeguarding concerns. They told us they were confident action would be taken without delay if they raised any worries to the registered manager or provider. Staff knew which external organisations to contact if the registered manager or provider did not take action. They told us they would not hesitate to contact the local authority, Care Quality Commission or police if they felt it was necessary to protect someone. Staff were also familiar with the provider's whistleblowing policy.

People were encouraged to indicate any concerns regarding their safety. Staff spent time with people on a monthly basis discussing their care. During these meetings people were asked if they had any worries or concerns they wanted to discuss or raise. The registered manager and staff knew people well and told us they would recognise if a person was anxious or worried. They told us this was particularly important for those people who were unable to communicate verbally.

There were sufficient staff to keep people safe and meet their needs. Staffing levels were dependent upon the needs of individuals being supported. For example, some people were supported on a one to one basis for certain activities such as accessing the community. The duty rota showed minimum staffing levels of two care workers during the day and one at night had been maintained. In addition to these minimum levels the registered manager was on duty five days per week. Staff employed as bank (those who work on an ad hoc basis) were used to cover additional shifts where there was a requirement to increase staffing for specific activities or to cover staff holidays and sickness. The registered manager told us agency staff had not been used for over a year and this helped to maintain consistency of care for people using the service. There was a clear on-call system for staff to seek additional help and guidance when necessary. Staff were aware of who to contact. They explained how there is a hierarchical system so if they cannot contact the first person there is always someone else to call.

There was an incident and accident file, however no incidents or accidents had been recorded since the last inspection. The registered manager told us that when they occurred, incidents and accidents were analysed and discussed with the staff team. They said this helped to identify ways to reduce the risk of them happening again. For example, in the past they had been able to identify reasons for incidents of behaviours that cause distress for one person. This had led to changes in the way those incidents were managed and no incidents have occurred for a long period of time.

Is the service effective?

Our findings

People received effective care and support from staff who had received training and were supported by the registered manager and provider. Staff knew people well and understood their needs and preferences. They sought people's consent before they supported them and discussed choices in a way people could understand. For example, using objects of reference, pictures or gestures.

Staff received an induction when they began work at the service. This included time spent working alongside experienced members of staff to gain the knowledge needed to support people effectively. One staff member told us, "We don't let staff work alone with people until we are happy with their progress. It might be two weeks or it might be four weeks or longer, we have to be sure." All staff had undergone training in mandatory topics such as health and safety, infection control and safeguarding vulnerable people. They told us they felt they were provided with good training. Staff had been given opportunities to gain recognised qualifications in health and social care and most staff had one or more qualifications. Relatives told us they felt the staff were well trained. When asked one said, "I'd say so, they know how to deal with things very well." The registered manager confirmed that new staff would be undertaking the care certificate award as part of their induction and she was also encouraging established staff to undertake this award. One member of staff commented, "Adama (registered manager) encourages us all" and went on to say she had told them about the new care certificate and how it would be beneficial to them in the future."

Staff had regular, individual meetings with their line manager. These meetings were used to discuss their work, training needs and development opportunities. Other matters relating to the provision of care for people using the service were also discussed. Guidance was provided by the line manager in regard to work practices and staff had the opportunity to discuss any difficulties or concerns they had. Annual appraisals were carried out to review the previous year's performance and discuss the future development of staff and the service. Staff spoke positively about the support they received from the registered manager. They said there was always an open door to seek advice and guidance from both the registered manager and the provider.

Regular staff meetings were held. The minutes of staff meetings were recorded and showed discussions took place regarding individuals using the service, issues raised by staff members and general matters relating to the running of the service. Staff told us they felt listened to at the meetings and found them helpful.

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. Staff understood the need to assess people's capacity to make decisions and had received training in the MCA. Where best interests' decisions had been made, relevant professionals, people and or their representatives had met to make and record the decision.

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). The registered manager and staff had a good understanding of DoLS and knew the correct procedures to follow to ensure people's human and civil rights were protected. Applications for DoLS had been made to the local authority supervisory body but no authorisations were currently in place.

People had their healthcare needs met and saw appropriate healthcare professionals when necessary. People's individual health needs were detailed in their care files and they were supported to make and keep health appointments, as necessary. Records included details of professionals' visits and any advice or treatment prescribed for a person. Each person had a health action plan which advised people how to stay healthy. Each person had an individual hospital assessment which identified the support they would need if they were admitted to hospital. A relative complimented the service on the support their relative had received while in hospital, they said, "They were so good, they stayed every night to make sure everything was ok."

People's cultural, health or lifestyle preferences and requirements with regard to food were met. People were supported to make healthy food choices. For example, staff had worked hard with one person who had a specific medical condition and needed to monitor their diet. A relative also commented on how the staff had supported their family member to make healthier choices to help them lose some weight. People were involved in developing menus for main meals but made personal choices about other meals. There were always alternatives to the main meal available for people to choose from. People told us they liked the food and were involved in choosing and preparing meals. People ate when they wished to, for example, on the day of the inspection one person said they wished to eat later in the evening as they had had a large lunch. This choice was respected.

Is the service caring?

Our findings

People looked relaxed and calm throughout the day of the inspection. People chose to spend time either in their rooms or in the living and dining areas of the service. They moved about freely within the service and approached staff in a relaxed manner. People asked questions about what would be happening throughout the day and talked about activities they were either looking forward to or had taken part in. One person spoke about their family and visiting them. It was clear the staff supporting the person knew the family members well and were able to respond and contribute meaningfully to the conversation. There was a clear sense of excited anticipation while people were supported to get ready to go to an activity on the day of the inspection. People who were unable to talk with us smiled when asked about the trip indicating they too were looking forward to it.

People told us they were treated kindly by the staff. Throughout the inspection we observed positive interaction between people, the registered manager and the supporting staff. People were treated with respect and dignity and support was offered in a calm and patient manner. Relatives confirmed that privacy and dignity was respected, one said, "They (staff) encourage everyone to respect each other, I have heard them reminding people that bedrooms are private space and you can't just walk in."

Staff knew the people they supported well. Each person had an essential life style plan which gave details of their individual needs and personal preferences. Staff knew what people liked to do and the type of thing that may cause them to become anxious or distressed. They also knew how best to support people to be calm if they became upset. Staff were kept fully informed and up to date with any changes in people's support requirements. This was achieved through handover meetings and reading the daily diaries at the start of every shift. Staff commented that they were fully informed and felt having a small unit was beneficial in making sure information was shared.

Some people using the service had communication difficulties, however, staff ensured they were involved in making decisions about their care. Staff were able to give examples of how people communicated their needs and feelings. Information was presented to people in ways which gave them the best opportunity to understand it. These included pictures, photographs and objects of reference.

Each person had a member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals in order to get to know them well. Keyworkers met with people regularly to discuss their needs and personal goals.

People were supported to maintain their independence. Staff encouraged people to make choices and take part in everyday activities such as shopping and cooking. Individual support plans gave staff guidance on how to promote people's independence.

Staff recognised the importance of people's equality and diversity. People were supported to maintain and meet their cultural, religious and lifestyle choices. For example, people were supported to attend their place of worship, if they chose to go and staff told us menus were adjusted to meet religious and cultural needs

when necessary.

Is the service responsive?

Our findings

The service had written support plans which reflected how people wanted to receive their care and support. Staff offered people individualised care based on their preferences, needs and choices. People's support plans were tailored to meet their diverse needs. They described each person, their preferences, and how they wanted to be supported. Staff knew people and the individual support they required very well. Throughout the inspection staff responded promptly to people's needs.

People's support plans were reviewed annually or more frequently if anything changed in the support they required or wanted. Where people were unable to express their own views, family and professionals had been involved in helping to develop the support plans. People's support plans included their preferred daily routines, their likes and dislikes and information for staff called, things you need to know to support me. For example, one person's plan indicated they walked slowly and liked to hold someone's hand. It was clear from the support plans if a person could do things independently or if they required assistance.

Activities were available to people using the service and each person had an activity timetable. Staff told us this was an important part of people's lives and made sure they did not become socially isolated. People were supported to engage in activities outside the service to help ensure they were part of the community. We saw activities included bowling, trampolining and cinema visits. In addition, people attended the PHAB club (an organisation that promotes and encourages people of all abilities to come together on equal terms) where a varied range of activities was available. For example, arts and crafts, computer skills, cookery and the use of a sensory room. A relative said: "they have plenty of activities and [name] gets to choose what to do." People took part in routine activities in the service such as assisting with laundry and cooking. The registered manager told us some people chose to spend their free time watching favourite DVDs or listening music in their rooms. Others preferred to be with staff and would enjoy sitting chatting or simply being with them. One person told us they particularly liked to go shopping and they were supported regularly to do so.

People had the opportunity to express their opinions on matters important to them, such as activities, food menu or holidays at regular house meetings. As a result discussions had taken place to plan a holiday. A questionnaire to gather views on the service was sent to people, their relatives and professionals. We reviewed the responses received and found they were all positive. Comments which described the service included, "User friendly and homely" and "Always friendly." Relatives told us they were invited to give feedback about the service, one said they felt suggestions were listened to and the service was open to making changes to improve. They said that communication between the service and themselves was, "Very good." Another relative said they could, "Pop in at any time, it's just like home."

The provider had a complaints policy and a complaints log to record any complaints made. No complaints had been recorded in the log since the last inspection. People were provided with information about how to make a complaint in a way they could understand. For example, in pictures. Additionally time was spent each month talking to people about any worries or concerns they may have. Relatives told us they were aware of the complaints procedure and knew how to raise concerns if necessary but had not had the need to do so.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post as is required by law.

A notification had not been sent in to the CQC to inform us of a significant event in the service we should have been notified about. We raised this with the registered manager who sent us a retrospective notification immediately following the inspection.

People benefitted from living at a service that had an open and friendly culture. Staff told us they worked well together and the registered manager and provider worked with them as a team. One relative told us there was always a friendly and positive atmosphere when they visited and said the staff appeared to get on well together.

Staff spoke positively about the support they received from the registered manager and provider. They told us they found them to be, "approachable" and "open to suggestions". Staff informed us the registered manager and the provider were always available to talk to and provide advice when required. They told us, "This is a small service, we can all talk to each other to make it work."

Staff were able to tell us the values of the service and spoke with conviction about how the people who used the service were central to everything they did. One said, "We believe in respect and responsibility. We make sure all the service users are safe. This is their house and not ours and we must respect their property." Staff told us they were happy working at the service and felt they were listened to and taken seriously when they made suggestions.

People using the service approached the registered manager in a relaxed manner. They were responded to positively and shown respect. It was clear from her response to people that the registered manager knew people and their needs well. The registered manager had day to day involvement with people which helped her to be aware of people's changing needs. This also meant she could carry out informal checks and audits on the service. For example, staff told us the registered manager observed their skills in managing people's medicines and how they communicated with people.

Links to the community were maintained. People engaged in activities outside the service, they used local shops, colleges, sports centres, places of worship and cinemas. People told us they enjoyed going out in the service's vehicle into the community but could always choose to stay at home if they wished to.

The provider conducted a three monthly audit on the service. This identified issues which needed to be addressed. Where issues had been identified, the provider and registered manager worked together to find a solution and take action. For example, concerns were raised with regard to possibility of the garden presenting a hazard to people due to overgrowth. This had been addressed and the action taken noted. Relatives of people using the service said they found the service to be, "well managed" and told us, "I can't fault them, it's a really good unit and they are approachable."