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

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10 January 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was a comprehensive inspection which took place on 10 January 2018. It was unannounced.

Multi-Care (Reading) Limited - 375 Old Whitley Wood Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Multi-Care (Reading) Limited - 375 Old Whitley Wood Lane is registered to provide accommodation and care for up to four people living with a learning disability. At the time of the inspection four people resided at the service.

At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained Good.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of the inspection a registered manager was in post and assisted with the inspection.

People continued to receive safe care from the service. Risk assessments were completed and measures taken to reduce any identified risks without restricting people's freedom. There were sufficient staff to support people safely. Staff were trained to safeguard and protect people. They understood their responsibilities to report concerns and did so promptly when necessary. Medicines were managed safely and people received their medicines when they required them.

People continued to receive effective care from staff who were trained and had shown they had the necessary skills to fulfil their role. However, not all refresher training was completed within the current recommended timescales. We have made a recommendation that the provider refer to the current best practice guidance on ongoing training for social care staff. Opportunities to gain recognised qualifications were available to all staff. Those who did not already hold a qualification had begun working toward one. Staff were supported through one to one meetings, appraisals, staff meetings and regular communication with the registered manager. They were encouraged to seek advice, discuss and review their work in order to develop their skills and knowledge.

People were supported with nutrition and hydration and had sufficient to eat and drink to maintain their health and well-being. People benefitted from a service that supported them to stay healthy. Healthcare advice was sought and followed through appropriately. Regular reviews of people's health and wellbeing were undertaken. People 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.

People benefitted from a service and staff team who were caring. People were treated with kindness, dignity and respect. They and their relatives were involved in planning and reviewing decisions about their care. Staff were kept up to date with information related to the changing needs of people they supported. There were positive interactions between people and staff and we saw people were relaxed. People were helped to be as independent as possible and encouraged to maintain and develop skills.

People were supported by a staff team who knew them well. People's individual support plans were person-centred and contained detailed guidance for staff. They focused on and respected the diverse needs and preferences of each person. People and their relatives knew how to complain but had not needed to use the formal complaints procedure. They told us they felt were listened to if they ever raised an issue. People were supported to engage in meaningful activities of their choice. People received information in a way they could understand however, staff did not have a clear understanding of the Accessible Information Standard. We have made a recommendation that guidance and best practice about the Accessible Information Standard is sought.

The service continued to be well-led. There was an open, friendly and person centred atmosphere in the service. The registered manager showed effective leadership and staff spoke positively about team working. People using the service, their relatives and staff were provided with opportunities to make their views known and to have their ideas considered.

Further information is in 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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 10 January 2018. It was a comprehensive inspection and was unannounced.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and contacted five community professionals for feedback. We received feedback from two professionals.

We reviewed the 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 used this information to help us plan the inspection.

During the inspection we spoke with three people who use the service although they were not all able to provide detailed information. We spoke with the director and three members of staff including the registered manager, a senior support worker and a support worker. We looked at four people's care plans, monitoring records and medicine recording sheets. We reviewed two staff files. We also looked at records relating to the management of the service including, accident/incident records, audits, training records and a number of other documents relating to health and safety. For example, the fire risk assessment, fire safety checks and

maintenance certificates. We did not review recruitment records as there had been no recruitment since the previous inspection. Following the inspection we contacted the relatives of two people using the service.

Good

Is the service safe?

Our findings

People continued to receive safe care. Some people were able to tell us they felt safe living the service. Others indicated this in the way they appeared comfortable with the staff members supporting them. We observed that people approached staff confidently and were responded to positively. It was clear people enjoyed spending time with staff and felt relaxed in their company.

Risks to people's health and the care they received were identified and assessed. The risk management plans were incorporated into each individual person's care plan. They gave detailed information on how to support the person in a way that minimised the risks to them, but respected their freedom. Risks that had been identified included those related to, medicines, personal safety in the community, travelling in a vehicle and taking part in particular activities.

Staff were knowledgeable and confident in how to protect people from abuse. They told us they refreshed their training regularly and guidance was available to refer to. They were confident any concerns would be taken seriously and followed up promptly if necessary.

There were sufficient numbers of staff to provide safe care to people. Staffing levels were reviewed when and if there were changes to people's needs. A small, stable team of staff remained in post, they knew people and their needs well. The registered manager informed us there had not been any recruitment or changes to the staff team since the previous inspection.

People received their medicines when they needed them. Systems were in place to manage medicines safely and the registered manager checked all medicines and related records. There had been no medicines errors since the previous inspection. Staff received medicines training and told us their practice was observed regularly and discussed during one to one supervision meetings.

Accidents and incidents were recorded when they occurred. The registered manager told us these were infrequent because, "We know them so well, we know when things are not quite right." They explained how they were able to react quickly and take steps to avoid incidents in most cases. They told us this had come from learning about people and from past incidents. Staff confirmed this and said the team discussed things that happened at handovers and meetings "so we can all be aware and know what to do."

The provider ensured regular checks were undertaken to maintain the safety of the environment and any equipment used at the service. These included gas safety, electrical installations and equipment, legionella and fire safety. In addition, staff carried out routine checks on things such as water, fridge and freezer temperatures. Regular fire drills were carried out to help people and staff become familiar with procedures to follow in case of fire. Staff followed a cleaning schedule and used appropriate personal protective equipment to help protect people from the risks relating to cross infection.

Good

Is the service effective?

Our findings

People continued to receive effective care and support. Staff were trained and felt supported by the registered manager. We reviewed the training records and found training was up to date in accordance with the provider's training policy. However, we noted the timescale for refreshing some of this training was not in line with current recommended best practice. For example, medicines training was refreshed every three years whereas current guidance recommends an annual refresher.

We recommend that the provider refer to the current best practice guidance on ongoing training for social care staff.

Staff felt well supported. Individual meetings were held between staff and their line manager every two months. These meetings were used to discuss the work of staff members and gave them an opportunity to discuss their training and development needs or any concerns or issues they had. They said they found these sessions useful as they were also able to reflect on and discuss the care and support of people living in the service. However, staff told us they did not need to wait for a specific meeting to discuss issues. One said, "We can talk to [registered manager] at any time, the door is always open." Annual appraisals were conducted and provided further opportunity for reflection.

People's needs had been assessed and their individual preferences and routines were recorded including those related to culture and other protected characteristics. They were kept under review and changes made to care plans when necessary. It was evident staff knew people very well, they demonstrated an understanding of people's particular needs and preferences. For example, during a visit to a charity shop, staff supported one person to look for a DVD they knew would be of interest to them.

We observed and heard people being asked for their consent before staff supported them and when necessary explanations were provided to inform and reassure people. A staff member told us, "The more you inform [people] the more co-operation you have." They went on to explain how giving explanations in a way people could understand and respond to was essential to providing effective support to people.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training in the MCA and DoLS. They were able to tell us how the principles of the act applied to their work. All four people living at the service had a DoLS authorisation in place and the registered manager monitored and tracked when

they required a review. Two people had conditions attached to their DoLS authorisations. For one person a condition had not been met. We discussed this with the registered manager who advised us an appointment to see the GP with the person for review of medicines had been arranged to fulfil the condition. Following the inspection they confirmed the person had attended the GP appointment and a referral to another health professional had been made.

During the inspection the staff communicated and shared information to help ensure effective care was provided. Daily records noted people's mood, what activities they had taken part in, and their well-being in addition to their dietary intake. Handover meetings took place at the beginning of every shift and staff spoke about them as being, "Important."

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Menus were not planned formally but people discussed and selected what to have for the main meal each morning. For breakfast and lunch they made individual selections. For example, on the day of the inspection they called into a local shop when out for a walk and each selected something for lunch such as sandwiches or a Cornish pasty. People enjoyed this experience and spoke excitedly about eating what they had bought on the way back to the service. People's weight was monitored and when necessary concerns were referred for specialist advice.

People were supported with their healthcare needs. Staff contacted health and social care professionals for advice and support when this was necessary. For example, on the day of the inspection one person was supported to attend a hospital appointment. The registered manager told us staff accompanied people to appointments and if a person was admitted to hospital they would remain with them to ensure continuity of care.

The design of the premises remained suitable for the needs of the people using the service and contributed to making it a homely environment.

Good

Is the service caring?

Our findings

People continued to benefit from a service that was caring. On the day of the inspection the people using the service were relaxed and spent time taking part in their chosen activities supported by the care staff. People were comfortable with the staff and interactions were positive throughout the inspection visit. We saw people smiled and responded without hesitation when staff approached them. Relatives reported staff were caring and kind toward people, one said, "It's a home from home, they [staff] have time for everyone" and "[Name] loves them [staff]. I know because [name] likes to go back and calls Multi-Care home."

During the inspection we saw staff sitting and spending time with people, they did not rush or ignore them but took time to listen and give people time to respond. We observed numerous examples of people being offered choices during the inspection and noted people's decisions were respected. For example, in the afternoon one person wanted to spend time in their room and chose to eat their meal later than others.

People were involved in planning and making decisions about their care. Regular meetings between people and their keyworker provided opportunities for them to express their wishes individually. Relatives were encouraged to remain part of their family member's life. They told us they were always welcome to visit and made to feel at home. Where people did not have contact with relatives, advocates helped them make important decisions when necessary. The registered manager and staff made a point of speaking with relatives regularly to update them with information. One relative told us this made them feel at ease and said, "I can ring them anytime, they always say that, but I don't need to because I know they will keep me informed."

People benefitted from being cared for by a small stable staff team who knew them well. Staff demonstrated their knowledge of people in the way they interacted with them and responded to their individual needs. For example, one person could become anxious or distressed at times. In order to help prevent this, staff avoided the triggers which may cause it. They told us it had taken time to understand these triggers but this approach had had a positive impact on the person's life. This was further evidenced by a health professional who told us a change in this person's behaviour meant they were better able to manager a health condition. Staff encouraged people to maintain and develop independent living skills. We saw people were involved in routine homemaking activities such as cooking and laundry as much as they were able.

People's diverse physical, emotional and spiritual needs were met. Support plans recorded information relating to people's protected characteristics and the support required in respect of them. For example, people's religious beliefs and how they chose to practice them. We noted one person was supported to attend church on a regular basis and observe the diet associated with their beliefs. Others were helped to continue with cultural beliefs and customs and people's lifestyle choices were respected.

Staff ensured people's privacy and dignity was respected. They described how they closed doors when assisting people with personal care and encouraged people to respect others living at the service. Relatives confirmed their family members were treated with respect and one said, "Definitely they respect [name]." Staff had a good understanding of maintaining confidentiality and records were stored securely.

Good

Is the service responsive?

Our findings

People continued to receive a responsive service. Support plans were person centred and individualised to each person and recorded their personal preferences in regard to all aspects of their lives. This included the support they required related to disabilities, culture, communication and spirituality. People had an annual review which they attended along with their representatives such as family members and health and social care professionals. Support plans were kept under review and updated when changes occurred.

People had the opportunity to be involved in a range of activities. Activities included cooking, games, arts and crafts and music sessions. They had the opportunity to attend a day centre one or two days a week where they met other people and took part in a variety of organised activities. Activities were tailored to the individual whenever possible and staff took care to find appropriate opportunities for people. For example, one person had a particular interest in music and attended a regular disco which they told us they thoroughly enjoyed. People were supported to use local community facilities and during the inspection we accompanied people on an outing. They visited a charity shop where they knew the shop keeper and were warmly welcomed to browse and select purchases if they wished. People were encouraged to engage in some physical activities such as walking. This encouraged links with the local neighbourhood and also had health benefits.

We looked at whether the service ensured people had access to information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person had a communication passport which detailed how they communicated and how best to support them to understand information. A variety of methods were used to aid communication including pictures, signs and objects of reference as well as speech. However, there was no formal policy in place and staff were not fully aware of the Accessible Information Standard and its requirements.

We recommend that the provider review current guidance and best practice about the Accessible Information Standard.

The service had a complaints procedure. We noted no complaints had been received since the previous inspection. Staff encouraged people to raise any concerns either during their key worker meetings or in the residents' meetings. Relatives said if they had any concerns or complaints, they felt they could discuss these with staff and the registered manager. They said any concerns were responded to promptly. A relative told us: "If I had any concerns I would definitely say something and let them know about it."

Good

Is the service well-led?

Our findings

The service continued to be well-led. The service is required to have a registered manager. There was a registered manager in post at the service and they assisted us with the inspection. The registered manager was aware of their responsibility to provide information about significant events in the service to the Care Quality Commission and had done so when necessary.

There was a pleasant environment at the service and staff described the culture as positive. They spoke about upholding the values of the service such as respecting and empowering people's diverse, individual needs relating to lifestyle choices. We saw people and staff had built good relationships with each other and observed interactions that were friendly and supportive. As a team, staff were all committed to supporting people to live the lives they wanted. They commented, "We are here to help them [people using the service], it's their home we try to make it special for them", "It is always what they want, we are guests here, we respect that." Staff confirmed the registered manager worked alongside them and led by example.

The registered manager spent time within the service working as part of the support team. This meant they were aware of the day to day issues and able to make regular observations of staff working. They told us this enabled them to monitor the attitude of staff and their approach to people. Staff worked well together as a team, one told us, "We work well together, we're a small team so it's important we have a good relationship." A relative also commented on how the staff work well as a team and said, "It's a brilliant service and they all work well together." The registered manager met regularly with staff both informally and formally. There were handovers between shifts so information about people could be shared, and consistency in their support maintained.

People were respected and involved in the running of the service, their views and those of relatives were sought and used to improve and provide the service people wanted. For example, people had discussed having a holiday during a residents' meeting. As a result, a holiday had been organised and people told us how they had enjoyed it and were looking forward to another. As well as regular meetings and informal conversations quality assurance surveys were undertaken periodically. Results from the most recent survey in June 2017 showed positive responses, indicating people and relatives were happy with the service. A system of audits enabled the provider and registered manager to have a clear picture of the service at all times and to take action if any issues arose. Additionally, the provider conducted a quarterly audit on the service. Where issues were identified or ideas put forward the provider and registered manager worked together to take action to develop and improve the service. For example, we saw plans to replace furniture and reorganise the office had been discussed.

Relatives of people using the service said they found the service to be, "Well managed" and told us, "I can't fault them." They spoke of the registered manager and staff team being approachable and willing to listen. Staff commented on being able to seek advice and support whenever they needed it and told us, "The door is always open and there is always someone at the end of the phone." The service worked in partnership with different professionals and agencies to ensure people were well cared for. One professional commented on how by working together as a team they had helped improve the health of one person using

the service.