

The Myriad Centre Limited

The Myriad Centre

Inspection report

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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

The Myriad Centre is registered to provide personal care for people who live in their homes. At the time of our inspection five people were receiving personal care.

The inspection took place on 17 November 2016 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure they would be in.

A registered manager was not in post at the time of our inspection. 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 was run. The provider was taking reasonable steps to address this, and had recently appointed a new manager. The new manager confirmed they would be applying to become the registered manager for the service.

People were supported by staff who understood their individual risks and who knew what actions to take if they had any concerns for people's safety. Staff gave us examples of how people's safety had been promoted through work with organisations with responsibility for helping to keep people safe. Risks to people's well-being and health were assessed and people were supported to receive the care they needed. Where people needed assistance to take their medicines this was given by staff who knew how to do this safely.

Staff had the knowledge and skills they needed to care for people and were encouraged to obtain further training to meet people's needs. Staff understood how to promote people's rights and encouraged people to have enough to eat and drink to remain well. People were supported by staff who worked with external health professionals, so people would receive the support they needed to remain well.

People had built caring relationships with staff who knew people well, and understood what was important to people. People were treated with dignity and respect and staff helped to promote people's independence by supporting people to make their own day to day choices.

People and their relatives were encouraged to decide how they would like their care to be planned and given. Care plans and risk assessments were adapted as people's needs changed. No complaints about the care provided to people had been received by the provider. Systems for managing complaints were in place, so any lessons would be learnt.

People's relatives and staff told us the culture of service was open and they were encouraged to provide their views on the quality of the service and to make suggestions for improving people's care further. The Board of Trustees, provider and senior staff checked the quality of the care people received. Changes had been introduced to develop people's care further, and action plans were used to drive through improvements to the service. Staff understood how the senior team and manager expected people's care to

be given, so people would receive the care they needed in the ways they preferred.

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 were supported by staff that understood their individual risks and took action to promote people's safety. There was enough staff to care for people. Where people required support to take routine and emergency medication this was provided by staff with the skills to do this safely.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the skills and knowledge to care for them. Staff worked in ways which promoted people's rights. People were supported to have enough to eat and drink so they would remain well. People benefited from receiving care from staff who worked with their health professionals so they would enjoy the best health outcomes possible.

Is the service caring?

Good ●

The service was caring.

People had built caring relationships with the staff who knew them well. Staff took action to support people so opportunities for people to make their own day to day decisions about their care were maximised. People were supported in ways which promoted their dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People's preferences, risks and needs were taken into account when their care was planned. Where people's needs changed staff adapted the care they provided so people continued to receive the support they needed. No complaints had been made about the care people received. Systems were in place so any complaints received would be responded to and any lessons learnt.

Is the service well-led?

Good 

The service was well-led.

People's relatives were positive about the care their family members received. Staff were supported to understand how they were expected to care for people. There were checks on the quality of care provided and plans were in place to develop the service further.

The Myriad Centre

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.

This inspection took place on 17 November 2016 and was announced. The provider was given 48 hours' notice because the location provides homecare services and we needed to be sure someone would be in. One inspector carried out this inspection.

We also reviewed the information we held about the service. The former registered manager and provider had not needed to send any notifications to us in the previous twelve months. A notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

People who used the service were not able to talk to us directly so we also spoke with three relatives by telephone. During the inspection we spoke with the provider, the manager, a senior staff member and three care staff.

We looked at two records about people's care and medicines, four staff recruitment files, staff training records and minutes of board of trustee's meetings. We also looked at the checks the former registered manager and made to satisfy themselves the service was meeting people's needs. These included questionnaires about the quality of the service completed by people's relatives and staff. We also looked at newsletters and action plans which had been developed to drive improvements in the service.

Is the service safe?

Our findings

All the relatives we spoke with told us they were confident their family member's safety needs were met by staff. One relative we spoke with explained how staff supported their family member to be as independent as possible while taking their safety needs into account. The relative explained how staff supported their family member to be involved in preparing their own food whilst promoting their safety. Another relative explained how effective staff were at encouraging their family member to use the equipment they needed when they moved around their home, so the risks of them falling were reduced.

Staff we spoke with knew what signs may indicate a person was at risk of abuse and knew what actions to take to keep people as safe as possible. One staff member told us, "You might see changes in people's behaviours, they may become withdrawn." All the staff we spoke with understood what actions to take if they had any concerns for people's safety or well-being. Staff explained they were able to obtain guidance from senior staff at any time if they had any concerns for people's well-being or safety. Every staff member we spoke with was confident action would be taken by senior staff so plans would be put in place to keep people as safe as possible, if this was required.

Relatives we spoke with said staff understood their family member's safety needs well and supported people in ways which helped them to stay safe. One relative told us, "They [staff] are very conscious of [person's name] risk assessments and safety." The relative explained how staff promoted their family member's safety by using the equipment required to help them to stay safe. Another relative explained how well staff supported their family member so they did not become anxious when there were changes in their daily routines.

We found staff had a good understanding of risks to people's safety. One staff member explained how they cared for a person in ways which helped them to remain safe when in contact with other people. The staff member explained how ways of promoting the person's safety had been agreed with senior staff and representatives from other organisations with responsibility for helping to keep people safe. The staff member told us what actions they took and said, "The steps to follow are all in [person's name] plan." We saw records which showed the senior staff had developed plans so the person's safety needs would be met. Another staff member told us how they supported one person to reduce their anxiety. The staff member said, "You need to make [person's name] safe, get them to a place they recognise as a safe place."

One staff member explained how they reduced risks to people's safety when they travelled, and another staff member explained the actions they took so people's clinical needs would be addressed. By doing this, the person was able to continue to enjoy the best health possible. Another staff member explained how they communicated information on people's changing safety needs with senior staff and the rest of the staff team, so people would continue to receive the care they needed as their needs changed. We saw people's risk assessments and care plans provided staff with clear guidance on the best way to support people to stay as safe as possible. We also saw plans for keeping people safe were informed by relative's knowledge of their family member's safety needs and updated as staff responded to people's individual changing needs.

The provider had checked with the Disclosure and Barring Service, (DBS), before staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the provider had obtained references for staff, so they were assured new staff were suitable to work with people receiving care.

People's relatives told us there were enough staff available to meet their family member's care and safety needs. One relative told us, "Two staff are needed to help to get [person's name] up. We always get two staff." Another relative said they had asked for additional staff support when their household needs had temporarily changed. The relative said their request had been responded to, so their family member continued to receive the care they needed. Staff we spoke with told us there was enough staff to provide care to people. One staff member explained how staff who knew people's safety needs well would provide support to people when their regular carers had planned leave. Another staff member said, "We do extra hours if needed so it helps the clients. There's no pressure to do this, and more staff are being recruited."

One relative we spoke with told us they usually supported their family member to have the medicines they needed. The relative said staff did administer medicines in emergency situations or when they were out in the community supporting their family member to do fun and interesting things. The relative told us, "I don't have any concerns, the next staff always check to see what [person's name] has had." Another relative we spoke with highlighted how well staff worked with other organisations, so staff could be sure their family member's medicines were given safely. The relative said, "This gives me peace of mind." One staff member we spoke with explained how a number of agencies supported the person to have their medicines. The staff member said, "We now record the medication in a different way, and it is working well, and helps to reduce the risk of errors."

Staff told us they were not allowed to give people their medicines until they had been trained and their competency had been checked. One staff member explained how they cared for people who were not able to directly ask for pain relief. The staff member told us about the individual signs which told them one person they supported may require pain relief. Another staff member told us about the different ways people liked to take their medicines. A further staff member explained the actions they took so people's medicines were securely stored.

We saw where people may require medicines to help them to recover quickly if they became ill staff were given clear information on the best way to give these to people. The provider and senior staff told us they planned to further develop the checks they undertook on people's medicines records, so they could be assured people were receiving their medicines in ways which promoted their safety.

Is the service effective?

Our findings

All the relatives we spoke with told us staff had the knowledge and skills needed to care for their family members. One relative said, "They (staff) have had the training they need, and have learnt to read [person's name]." Another relative told us about the actions taken when a new staff member joined their relative's care team. The relative said, "They did not let [Staff member's name] start working with [person's name] until they had been through their training process. This is very important in terms of continuity and makes it so much easier for [person's name]." A further relative told us, "They [staff] do everything well. They are good."

Staff told us they had regular access to training. One staff member explained how their training plan had been adjusted as they took on new roles, so they would know the best way to care for people. The same staff member said, "I have enough training and feel I would get support if I asked for more." The staff member told us, "The training has made me more confident and [person's name] picks up on that and is more relaxed with me." Another staff member said, "Before I started directly working with people on my own I had to complete training, and then do shadow shifts, so I could find out the right way to help people." A further staff member explained they had undertaken training with a health professional so they would develop the skills needed to support one person with their specific health needs. A senior staff member explained how staff knowledge was developed and said, "Staff have to have the right skills." We saw the range of training staff had undertaken reflected the needs of people using the service, so people would receive the support they needed from staff with the knowledge to care for them.

Staff said they felt supported by senior staff and were able to obtain advice from the provider. Staff gave us examples of when they had done this, such as during their one-to-one meetings with their managers, through staff meetings and by telephone contact. By doing this staff could be sure people were receiving the care they needed.

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

We saw the provider had made sure staff had access to training to help them understand the requirements of MCA. Relatives said staff checked their family members agreed to receive care. One relative highlighted staff understood some days their family member preferred not to receive some elements of their care. The relative told us staff respected their family member's wishes and said, "They [staff] go with [person's name] decision, and they are sympathetic." Another relative told us how staff had supported them when a series of decisions had to be made in their family member's best interest, in conjunction with health professionals.

Staff gave us examples of the actions they took so people had the best opportunity to make their own

decisions. One staff member explained how they supported a person through the use of pictures and by observing their gestures, so they could be sure the person was making their own choices. Another staff member explained how specific decisions were sometimes taken in consultation with people's families and external health and social care professionals. We saw where specific decisions had been made these had been reflected in people's care records.

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. Applications to deprive someone of their liberty must be made to the Court of Protection. At the time of the inspection, the provider had not needed to make any applications to the Court of Protection. Staff we spoke with understood the role of the Court of Protection and how this would potentially affect the way they cared for people. Staff knew what actions would need to be taken so people's rights would be respected.

One relative told us staff supported their family member to have enough to eat and drink when they spent time away from their home doing things they enjoyed doing. Another relative explained how staff supported their family member help to prepare some of their own food. The relative said, "There's a constant flow of information about what [person's name] has had to eat and drink, and staff always offer alternatives, if [person's name] wants them." Staff we spoke with knew what action to take to support individual people to eat a balanced diet, based on their preferences. One staff member explained how they supported a person to have their food prepared in ways which reduced their risks of choking.

We saw people's care plans provided staff with information on people's food preferences, and gave guidelines to follow so people would be supported to have enough to eat and drink in ways which promoted their safety.

People's relatives gave us examples of the care staff provided so their family members were able to enjoy the best health outcomes possible. One relative said staff knew their family member's health needs well, and said, "They (staff) are really on the ball with this, and managing bouts of tiredness. Staff have been excellent dealing with [person's name] health." Another relative told us how well staff had worked with health professionals, so their family member's health needs would be met. The relative said, "There have been a lot of multi-disciplinary meetings [meetings held jointly with other health and social care professionals] since [person's names] care package started. They [staff] have been to all the meetings, and worked through the physio and been part of the decision making process. I could not have done it without them."

Staff we spoke with understood people's health needs, histories and planned health care. One staff member gave us an example of the actions they had taken to support a person when they were unwell. The staff member explained they had arranged the care the person required from the emergency services, so they would recover as quickly as possible.

Is the service caring?

Our findings

Relatives told us their family members enjoyed caring and warm relationships with the staff that supported them. One relative told us, "Staff definitely check [person's name] is happy and use a comforting tone when they talk to them. [Person's name] has a wicked sense of humour, and they [staff] enter into the spirit of it. There is a lot of laughter." Another relative said, "Staff are kind and considerate, and I know [person's name] is happy. [Person's name] has worked out the shift pattern, and always looks forward to seeing staff when they come on shift." A further relative told us, "Staff are very caring, never short tempered or grumpy."

Relatives told us their family members were cared for by regular staff who took time to celebrate things which were important to their family members, such as their birthdays and Christmas. One relative told us staff had known their family member for a number of years. The relative explained staff who were new to caring for their family member chatted to them about their family member's history and preferences.

One staff member we spoke with told us they had the chance to find out about one of the people they were to care for before they started to support them in their homes. The staff member said this happened during the time people spent at their day services. The staff member told us this helped them to find out what was important to the person and to build trust with them. The staff member said as a result of this the person was more relaxed when they first began to care for them in their own home. Another staff member we spoke with told us they found out about people's changing preferences through discussion with their family members. Another staff member explained how their personality and interests had been matched to the person they cared for. The staff member said senior staff had considered the person's needs and preferences. The staff member told us, "They [senior staff] assessed me to see if we were a match. I have a soft tone and [person's name] care plan shows we have a lot in common."

Two other staff told us they found out about the things which were important to the people they supported by checking their assessments and care plans and by chatting to people's relatives and staff who knew them well. One staff member said as a result of this, "It's easy going for people, and becomes like a family." The provider told us their aim was to, "Carry the kindness [from people's day services] into their homes."

Relatives told us staff encouraged their family members to make decisions about their day to day care, such as what time they wanted to get up, what they wanted to eat and how they wanted to spend their time. One relative highlighted how staff took their knowledge of their family member's communication needs and preferences into account when supporting them to make choices. Staff we spoke with explained how they used different ways to communicate with people so they would have the best opportunity to make their own day to day decisions about their care. One staff member said, "You make sure people have time to decide, you show them the options and give them time."

Relatives said staff took into account their family members need for privacy and dignity in the way they care for them. One relative told us staff recognised the areas where their family member was independent, and sought ways to promote their independence further. Another relative highlighted how staff promoted their family member's dignity in the way they supported them during personal care. The relative said, "They

respect [person's name] home, too, and always put things away after them." Staff gave us examples of the ways they supported people so their dignity and privacy was maintained. These included ensuring people were treated in dignified ways during personal care, and by making sure they had the items and equipment needed to support people in the community.

Is the service responsive?

Our findings

Relatives told us their views on the best way to support their family members were taken into account in the ways their family member's care was planned. One relative told us their family member's care was planned and organised around their needs and said, "[Person's name] needs were assessed before staff started to support them, and I'm involved in decisions about risk assessments and care plans. It works for [person's name]." Another relative said, "Communication is very open, so [person's name] gets the care they need." A further relative told us, "We talk things through before any of [person's name] care plans are changed. They do what [person's name] and I ask."

Relatives said their knowledge of their family members preferences had been taken into account in the way their family member's care had been planned. One relative told us they had been consulted about their family member's preferred daily routines and how they liked to move around their home. The relative explained how well their family member's mobility had improved with support from staff. The relative said, "They [staff] have the knack to encourage [person's name] to use their frame, and [person's name] mobility is greatly improved." Another relative told us, "They know [person's name] well, and this is the key, as they can and do address their needs."

Staff we spoke with told us they checked to see what people's likes and dislikes were and talked with family members so people's care could be tailored to meet their needs. Two staff members told us how much one person enjoyed sensory experiences and told us this was built into their planned care. One staff member explained how they used books and signing to communicate with a person, so they would be able to find out what they liked. Another staff member told us they had got to know a person they cared for very well. The staff member said, "I can give input to decisions, and know the best way to care for [person's name]. [Person's name] mum has seen the difference in them."

We saw people's care plans gave staff clear guidance on the most effective way to communicate with people. People's care plans also provided staff with information on the way people liked to be reassured if they were anxious and let staff know about their preferences, health and well-being needs.

Relatives told us staff adapted how their family member's care was provided when this was required. One relative highlighted how staff would vary the support their family member was given if their needs temporarily changed. For example, if their family member was ill. The relative told us by staff responding in this way their family member was relaxed around staff, and received their care in the best way for them. The relative told us, "Staff understood [person's name] wanted a pyjama day, and to stay indoors." Another relative explained how staff varied the times they provided care to suite their family member's needs. The relative said this gave their family member more opportunities to do things which were important to them. A further relative we spoke with said, "[Person's name] needs will change soon, and I am confident they [staff] will react and take this on board. Staff work individually, but also as a team so [person's name] needs are met."

Staff explained changes in people's needs were communicated between staff though the completion of

daily logs. One staff member told us these were also used to record how people had felt about the support provided. The staff member explained this information was taken into account when people's care plans were reviewed. By doing this, staff were able to adjust the support they provided so it continued to meet people's needs. Staff told us they had opportunities to reflect on the needs of the people they supported during staff meetings. One staff member gave us an example of changes which had been introduced to one person's care, so they would be supported to enjoy more opportunities to cook and further develop their independence. Another staff member told us the way people's care was planned and adjusted meant, "It's person centred. Everyone acts in clients' best interest so they get the best out of life."

Relatives told us their family members were supported to do fun and interesting things. A relative we spoke with told us they had let staff know how much their family member enjoyed bus trips. The relative said staff had taken this into account when their family member's care was planned. As a result, staff had arranged for the person to have regular opportunities to do this.

One staff member explained about the choices a person they supported was encouraged to make. The staff member told us how they had supported the person to meet new people. The staff member said, "The circle of people [person's name] knows has expanded, and [person's name] is more comfortable with people." Another staff member gave us examples of interesting things they supported people to do. These included meeting up with friends and going to the cinema, going walking, shopping, and for meals out. The staff member said, "We always get a big smile when [person's name] sees their friends and it's great you can talk to them about things which interest them, such as the football scores."

None of the relatives we spoke with had needed to make any complaints about the care their family members received. One relative we spoke with told us this was because staff listened and took action when they made suggestions for their family member's care. Another relative told us, "I have no need to make any complaints and there's been nothing to raise concerns about." The staff we spoke with knew what action to take to support people and their family if they needed to make a complaint about the service. The provider told us there were systems in place so the new manager and Board of Trustees could monitor any complaints or concerns raised. We saw these systems were in place, so any lessons would be learnt from complaints made. We also saw no complaints had been made about the quality of care people received in the time the service had been provided.

Is the service well-led?

Our findings

There was not a registered manager in post at the time of our inspection. The provider had taken reasonable steps to address this and a new manager and deputy had recently been appointed. The new manager confirmed they would make an application to the Care Quality Commission to become the registered manager for the service without delay.

All the relatives we spoke with were positive about the way the service was managed and told us communication with the senior team and provider was good. One relative said although there had been some changes in the staff appointed to manage the services these had not affected the care provided to their family member. The same relative said this was because of the actions taken by the provider and senior staff, who provided continuity during the changes. Another relative we spoke with said they saw senior staff regularly and told us, "[Senior staff member's name] has been brilliant." We were told the way the service was managed resulted in their family member receiving the care they needed. The same relative said, "They [staff] are so good at their jobs and have a passion to provide the service that [person's name] needs." The relative highlighted how effectively senior staff had worked with professionals from other organisations so their family member would receive the care they needed. A further relative told us because of the way the service was managed, "They are the best company we have had."

Staff acknowledged there had been changes in the senior staff supporting them but said the open communication with senior staff had helped to minimise the impact of this. One staff member said, "The changes are for the good of the clients, and it's coming together, but I have absolute support and there a consistent message from [senior staff members and provider names]. It's well organised."

All the staff we spoke with said they were able to obtain support and advice promptly when they needed this. Staff gave us examples of when they had been supported both professionally and personally, so they were empowered to provide the care people needed. One staff member told us how they had been supported to provide good care to a person who had been anxious. The staff member highlighted how approachable senior staff had been and said the advice they had received resulted in the person quickly becoming less anxious. Another staff member told us, "I get really good support here and it's a nice company to work for, as it feel you are part of a family." A further staff member said, "I'm comfortable to discuss things with [senior staff member's name] and they always take action to help. If you need to text them they always come back to you."

Relatives told us the culture in the service was open. One relative said, "I can pick the 'phone up to [senior staff member's name] at any time. They also do some hands on care and know [person's name] well." The relative told us as a result of the culture in the service they felt comfortable to ask for additional help for their family member from the senior staff when this was needed. The relative said, "This gives us a safety net." Another relative told us, "I make daily suggestions about [person's name] care, across the board. This flows both ways, my ideas and knowledge, their ideas and knowledge. It means we try new ways of working to support [person's name]. Staff definitely listen to my suggestions." One staff member said, "There's an open culture and you are told the truth." Another staff member told us, "You have open and honest relationships

with clients' primary carers, [relatives] and this helps to make sure people get the care they need."

Staff told us they were encouraged to make suggestions about how people's care was developed and their views were listened to. One staff member said, "You're listened to and managers value what staff say." Another staff member gave us an example of suggestions they had made for a person to have fun and interesting things to do. The staff member said their suggestions had been listened to and action taken so the person would have additional opportunities to do things they enjoyed.

Staff told us the provider and senior team set clear expectations about the standards of care they were to provide through one to one discussions with their managers and regular staff meetings. One senior staff member explained they checked people were receiving the care they needed through unannounced checks. By doing this senior staff were assured people were receiving the care they needed in the way they preferred. One staff member said, "[Senior staff member's name] is very good at giving feedback, and saying thank you, and you always feel appreciated by [relative's and people's names], too." The provider gave us examples of the way they obtained information on best practice from other organisations, so people's experience of receiving the service would be further enhanced.

There were checks made by senior staff, the provider and Board of Trustees on the quality of care people received. These included checks to make sure staff had the skills they needed to provide people with their care in the ways they preferred, and so any emerging trends could be identified with regard to people's safety. The provider told us about the quality assurance systems and actions plans which were used to drive improvement in the services people received. We saw where opportunities to develop the service further had been identified action plans were put in place to address these.

Two relatives told us they were invited to complete questionnaires so senior staff and the provider could be assured people were receiving a good service. We saw questionnaires had been completed by people's relatives and by staff, and that their feedback had been positive. The provider gave us an example of how they had adjusted the way they supported one person and a staff member who cared for them. By doing this, the way staff communicated with the person's relative had been further improved and the person continued to enjoy support from the same staff member.