

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Reach Supported Living Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Reach Supported Living limited
Overview of the service	Reach Supported Living provides care and support for people with special needs living in their own homes.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 August 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

We reviewed a contract monitoring report from the local authority.

What people told us and what we found

Care and support was being provided to 35 people in nine locations at the time of our inspection. Some people lived in houses on their own, and some people lived with others in supported living houses. A total of 30 members of staff were employed.

There was no registered manager currently shown on our records. They had recently left the service. A new manager was in place, and was in the process of submitting an application to become the registered manager, to the Care Quality Commission. Senior members of staff, known as team managers were responsible for the day to day management of a number of locations, and reported directly to the new manager.

We visited the registered office, one house that provided support for three people and one house that provided support for seven people. We met with the new manager, two team managers, five care support workers and six people who used the service. We reviewed four care plans, four staff files and other relevant records. We reviewed contract monitoring visit reports from the county council.

A single inspector carried out the inspection. The focus of the inspection was to answer five questions: Is the service safe, effective, caring, responsive and well-led?

Is the service safe?

Staff told us they had received training about safeguarding vulnerable people. They were able to describe different types of abuse, and how they would recognise if a person was being abused. They told us they would report concerns to senior staff or they may also report directly to the local authority if needed. Contact telephone numbers were available and accessible to staff.

We spoke with people who used the service. They told us they felt safe. They appeared comfortable in their homes, and told us the name of the team manager they would speak

with if they had any concerns.

Is the service effective?

We spoke with staff who told us they had completed an induction programme. They told us that this included training that was mandatory, such as fire safety, introduction to the policies and procedures, health and safety and medication management. We saw from the training records that on-going training was provided for staff.

We found that one to one meetings were inconsistently completed in one location.

We spoke with staff who all told us they felt well supported in that they could pick up the phone at any time and speak to their line manager for advice and guidance or to report an issue if needed.

We saw involvement from other health professionals. We saw the local authority had completed a review in May 2014. We saw involvement from the Community Learning Disability Team (CLDT), and this was recorded in the care records.

Is the service caring?

We spoke with staff who told us how important they believed it was to show respect for people they were supporting. They gave us examples of how they did demonstrated respect. We saw they had good interactions with the people they were supporting.

We saw an entry in three care records that did not demonstrate people's equality, diversity and human rights were respected. The new manager told us they would take action to address this issue.

Is the service responsive?

People had their needs assessed on a regular basis. There were systems in place to monitor the service on a daily, weekly, monthly and annual basis. We saw that some of these checks were still to be implemented in a timely manner.

We saw there was a detailed complaints policy in place. We were told, although there had been no complaints in recent months, that people were supported to provide feedback about their concerns. Most of the people we spoke with were able to express their views. They gave us positive feedback about the quality of the service they received.

Is the service well-led?

There were systems in place to monitor the quality of the service. We found that some, but not all of these systems were being used. In one location, aspects of the service were monitored informally. Staff told us they were supported, but there was a lack of written evidence to confirm that monitoring had taken place in accordance with the requirements of the providers' policies and procedures.

We saw that accidents, incidents and complaints were monitored. A safeguarding file was maintained, and was up to date.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We met with people who used the service in two of the shared living houses. People explained what they had been doing, or planned to do on the day. We were told by one person that they were, "Going out to the cinema later". Another person told us, "I was asked, but I don't want to speak with you". Three people decided that they wanted to meet with us together, and so we had a group discussion with them. They talked about their individual daily activities, jobs and routines. They told us they decided and agreed what they wanted to do each day. One person told us, "I'm retired so I don't do any work now, but I like to go out for walks". This meant that people could be confident they would be involved in making decisions about their care and treatment.

We were told by one person they [the seven people who used the service] were all looking forward to a move to another house. They said they hoped this would happen soon. The landlord had serviced eviction notices, and they were waiting for a moving date to be confirmed. Other people we spoke with told us they were looking forward to the move. The only concern expressed by the people we spoke with was how they would safely transfer their cats, and how the cats would adapt to the move.

We saw that people had varying communication skills. Most people were able to communicate verbally, and understood and responded to verbal communication. We were told by staff they supported one person to communicate by the use of sign language and objects of reference.

We saw that initial needs assessments were completed for people who were new to the service. There were health action plans, support plans, risk assessments and risk management plans in place. These had been signed by the person who used the service. This meant that people who used the service were given appropriate information and support regarding their care or treatment.

We spoke with staff who told us how they showed respect for the people they supported.

One member of staff told us, "We ask people what they like to be called". Another member of staff told us, "Privacy and respect is really important. We make sure they [people who used the service] can't be seen by others when we are providing personal care. We also make sure people are given their medicines in private, as some people have difficulty taking them".

A team manager told us they had introduced several changes since they had taken over the supported living service in one house where seven people lived. They told us they encouraged people who lived in the house to answer the telephone and open the door. They told us about the range of activities and employment opportunities available for people. We saw that planned individual programmes and activities were recorded. We saw that there was detail about how people accessed the community and public transport, and how they were supported where needed to access local clubs or events. This meant that people could be confident they would be supported in promoting their independence and community involvement.

We read an entry in the care records of one person that stated, "I [name of person who used the service] understand and accept that terms of endearment such as 'honey' or 'sweetie' are not meant in any way to be derogatory. They are just a speech pattern that some people use". The person who used the service had signed this entry. It was not dated or signed by the senior member of staff who told us they had entered this statement into the care records of the three people who lived in the house. The provider may wish to note that this did not demonstrate that people's diversity, values and human rights were being respected. The manager told us they would make sure this documentation was removed and agreed that such statements were not acceptable. We later spoke with two people, and they told us what they preferred to be called. Their expressed preferences did not include the terms of endearment as noted above. We also spoke with two members of staff who told us they did not use such terms of endearment.

We read the most recent contract monitoring report from the local authority. This was completed in May 2014. A visit was made to one of the other shared living houses, where three people lived. The monitoring officer recorded that, "Staff communicated with the tenants in a respectful and appropriate manner that maintained their dignity and supported them to put forward their views".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We saw that people were supported to choose, purchase and cook their meals, if they were able, and with support and guidance from members of staff. When we visited one house we were offered, and had a drink made for us by a person who used the service. In another house we visited, we saw one person assisting with the preparation of the evening meal. This person told us what time they wanted us to leave the dining room, so they could have their meal with other people who used the service.

We looked at the support plans for four people. We found they included a range of risk assessments and risk management plans, support plans, financial plans, health action plans, statement of participation and a one page profile. We saw that people had signed to confirm their involvement and agreement. We saw that other health professionals were involved. For example, we saw involvement from the Community Learning Disability Team (CLDT) and from the behaviour specialist employed by the provider.

We were told by senior staff they were introducing the documentation as described above, into a house in which seven people were being supported. The provider had taken over the management of the service in February 2014. The senior staff told us they had made progress, and were working to ensure that members of staff understood what was required of them. One member of staff told us, "We are now involved in writing the care [support] plans, and this is quite new to us". This meant that people could be confident that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw that members of staff completed daily entries into the diaries. These entries provided details of how each person had spent their day. Handover logs were completed by members of staff between shifts. Information was recorded on the handover, such as medication and financial checks. Annual care reviews were undertaken. We saw that these had been completed. Care records were kept at the individual locations where the services were being provided. The provider may find it useful to note that copies kept in the registered office were not always updated to confirm that the annual reviews had been completed.

We saw there were plans to deal with foreseeable emergencies and that people had their personal fire evacuation plans in place. We saw that for one location that was visited by the local authority in May 2014, there was an evacuation plan in place for the house, but not for the three people who used the service. It had been agreed this would be completed by September 2014.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

We looked at the medication records in one of the houses we visited. Risk assessments had been completed and there was documented detail about how each person was able and supported to take their medicines.

Medicines were obtained, mostly in 'blister packs' from the pharmacist who delivered directly to the house. Members of staff checked and signed in the amount of medicines received onto the Medication Administration Record (MAR) sheets. Staff also stock checked and recorded amounts of medicines that were not stored in blister packs at each shift handover.

We saw that medicines were stored in locked cupboards which were kept in the bedroom of each person. People were supported to take their medicines in the privacy of their bedrooms. Once they had been taken, staff signed to confirm this on the MAR sheet.

We spoke with staff who told us they had received theoretical medication training, followed by practical supervision sessions before they were allowed to administer medicines to people. We asked staff what they would do if a person declined to take their medicine. We were told by one member of staff, "It is their choice. We would not try to make anyone take medicine if they didn't want to". We were told by staff they would report to their manager, and they would record the reason on the MAR sheet.

Medicines that were no longer required were returned to the pharmacist. The amount returned was documented.

The provider may wish to note that we saw the MAR sheet for one person was inaccurate. The prescription for this person stated that the medicine should be given twice a day. It should also have stated 'when required' as it was a medicine to treat hay fever. Staff had administered the medicine correctly, but should have brought the incorrect directions on the prescription to the attention of the prescriber.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with staff who told us they had completed an induction programme. They told us that this included training which was mandatory, such as fire safety, introduction to the policies and procedures, health and safety and medication management. We were told by senior members of staff that new staff were expected to meet with their line manager for a one to one meeting on a monthly basis during their six month probationary period. We read the, 'One to One & Coaching Policy' that also confirmed these meetings should take place. All of the staff we spoke with had been in post for over six months. One member of staff, out of the seven we spoke with said they had not had monthly one to one meetings during their first six months in post.

On completion of the six month probationary period, one to one meetings were scheduled to take place every six weeks. We found there was some inconsistency between the different locations in the monitoring, support and supervision of staff. In one location we visited, we spoke with a member of staff who told us, "I have been here for almost a year, and my employment hasn't been confirmed as permanent. I haven't received regular one to one meetings that have been recorded, maybe two so far. I can talk with the manager [senior staff] at any time if I have a problem, and I do speak with them at least weekly". At another location all of the staff we spoke with told us they had received regular supervision and one to one meetings. They told us they found these very useful, and they felt supported and valued. We saw that records of the meetings were completed.

We spoke with staff who all told us they felt well supported in that they could pick up the phone at any time and speak to their line manager for advice and guidance or to report an issue if needed.

We spoke with staff who told us they had completed a Personal Development Plan (PDP) each year. This was a plan of what they needed to achieve, and their development needs. The progress with the PDP was reviewed at one to one meetings. We saw records that confirmed these had taken place. We did not have access to the one to one meeting and PDP records for all of the staff or to supporting evidence to confirm that these were in place. Some records were kept at the location where the members of staff worked, and copies were not kept at the registered office. The manager, who was new to the service,

told us of their plans to develop the effectiveness of record keeping within the organisation.

We spoke with staff in one location who said they had received more support and training in recent months. They told us they valued being able to meet with the managers and have discussions and support meetings. They told us the change had taken place when the current provider had taken over the provision of the service earlier in the year.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found there were systems in place to monitor the quality of the service. Daily and weekly checks were in place and these included checking of medicines, finances and health and safety checks. Senior staff were expected to complete monthly checks which included monitoring of accidents, incidents, complaints, care records and staff management. We saw evidence that these were completed in some, but not all locations. Where these were completed, we saw that action plans were in place to ensure that required actions were taken.

We saw that peoples' care records were reviewed annually unless there were changes that meant earlier reviews were needed.

An annual 'registered manager audit' was completed. We saw the last annual audit had been completed in April 2013, and the new manager told us the audit for 2014 was due to take place. We saw the action plans agreed following the 2013 audit. We were told by the new manager that, due to management changes, there was inconsistent follow up in each location to confirm the actions taken to date.

People were supported to make complaints. We saw that each person had a copy of the complaints policy in their care records. We saw that this was easy to read, with pictures, to support people to understand the contents.

Annual surveys for people who used the service and for staff were planned. The last annual surveys had been completed in 2012. We were told by senior staff they ensured people had the opportunity to feed back their views. They met on a regular basis with staff and people who used the service, often, they told us, on an informal basis. One person told us they would, "Go to the office or talk with [team manager]".

We saw there were minutes from the most recent staff meeting for one location. This had taken place in August 2014. For another location we saw the agenda for a staff meeting that had taken place in July 2014. The provider may find it useful to note that there were no minutes available from this meeting. This meant that views about the service may not

always be acted on.

We spoke with seven members of staff and with six people who used the service in two different locations. They all told us they had the opportunity to meet with senior staff. Most of the staff also told us they would be confident to contact the new manager directly if needed.

A range of policies and procedures were in place and we saw that review dates were planned and had taken place.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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