

Rehabilitation Education And Community Homes Limited

Reach

Inspection report

1 Yew Tree Road
Slough
Berkshire
SL1 2AA

Tel: 01753524621
Website: www.reach-disabilitycare.co.uk

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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

Reach is a 'care home'. It is a detached property, providing accommodation over two floors and has a secure rear garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide accommodation and support to eight people with a learning disability or autistic spectrum disorder. At the time of our visit, there were seven people using the service.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was last inspected in October 2015. At that inspection, we rated the service as good overall. Some concerns had been highlighted to us prior to this inspection, however, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were protected from the risk of abuse by staff who had the knowledge and skills to identify safeguarding concerns and act on them. Risk to people's health and well-being had been assessed and plans were in place to minimise the identified risks. Regular checks were made regarding the safety of the premises and action had been taken to introduce measures to increase the security and safety of people using the service. The provider had plans in place to manage foreseeable emergencies. Medicines were managed and administered safely.

People benefitted from receiving support from a staff team who were trained in the skills necessary to fulfil their role. Staff were supported in their role and told us they could seek advice whenever necessary. Staff monitored people's physical and emotional wellbeing and ensured support was in place to meet their individual needs. When necessary, staff contacted health and social care professionals for guidance and support. 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 support this practice. People's nutrition and hydration were monitored and staff supported them to have a varied diet.

Staff interacted positively with people in a kind and caring manner. People were provided with choices around their daily living and their independence was promoted. They were encouraged to be involved in the service. People were relaxed and comfortable in the company of staff who responded to them promptly. People were respected and their privacy and dignity were maintained. People were supported to maintain relationships with family, friends and relatives.

People's support plans were person centred and contained detailed information specific to each individual, including people's likes, dislikes, cultural and spiritual preferences. People had opportunities to take part in activities of their choice. The provider made people and their relatives aware of how a complaint may be raised.

The registered manager and provider had systems in place to monitor the quality of the service provided. People, their relatives and staff had opportunities to feedback their views on the quality of the service.

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 ●

Reach

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 was a comprehensive inspection which took place on 3 July 2018. The inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We also looked at previous inspection reports. We looked at the Provider Information Return (PIR) sent to us prior to the inspection. The PIR 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.

Some of the people who live at Reach were unable to speak with us and express their views. However, some were able to give an indication of how they felt about living at the service and nodded and smiled when asked questions. We spoke with four members of staff including the registered manager, the operations manager and a two support workers.

We observed care and support being provided in the communal areas of the service, we saw people preparing for and having lunch and attended a staff handover meeting between shifts. We watched the administration of medicines at lunch time.

We looked at records relating to the management of the service including three people's support plans and associated records. We reviewed four staff files including recruitment records and checked a selection of policies, complaints records, the safeguarding log, and accident/incident records. We looked at handover and communication documentation, minutes of meetings, service audits and health and safety records.

Following the inspection visit we spoke with two relatives and contacted another to gain feedback. We also

contacted health and social care professionals and the local safeguarding team to request feedback but did not receive replies.

Is the service safe?

Our findings

Prior to the inspection we had received some concerns relating to the safety of the service. During the inspection we found the service provided safe care and had taken action to address and monitor the issues that had been highlighted to us. People indicated they felt safe living at Reach by smiling or nodding. People were comfortable with the staff and approached them without hesitation, this demonstrated they had trust in the staff supporting them.

Relatives we spoke with confirmed they felt their family members were safe at the service and made comments such as, "Definitely safe there and seems so settled for the first time anywhere," "Yes definitely safe, all concerns are dealt with quickly" and "Yes, I know he's happy because he's so jovial." Staff knew people well and described how they could tell if people were anxious or unsafe. For example they told us about various behaviours and mannerisms which may indicate a person was unwell, distressed or frightened. During the inspection we observed staff showing awareness of behaviour that could escalate and cause harm to people themselves or others. We noted they followed the support guidance to avoid harm to anyone.

Risks relating to the service and to people's health and well-being were assessed. These included risks associated with protecting people's medicines, nutrition, behaviour, health conditions, fire safety and undertaking daily living skills. Risk management plans formed part of the support plan for each person and provided detailed guidance for staff. The support people required to keep them safe was offered in the least restrictive way possible. Regular checks were made to reduce risks related to the building such as portable appliance testing, gas safety and fire safety. Equipment was tested and maintained in line with current legislation.

People were protected from risk of abuse by staff who had received training in safeguarding. They were able to tell us what may indicate a person had been abused and were familiar with the behaviours of individuals which may suggest they were unhappy or frightened. They told us they would report this immediately and were confident the registered manager would take appropriate action. Safeguarding notifications to the Local Authority and Care Quality Commission had been made in accordance with current legislation. Staff were familiar with the provider's whistleblowing policy and said they would report any instances of poor practice. One said, "I wouldn't ignore anything, I speak up, never let anything pass."

Recruitment procedures were robust and helped to ensure staff of suitable character were employed to support people. Staffing levels were determined according to the needs and requirements of the people living at the service. The registered manager told us there were currently two vacancies for support staff which were being covered by agency staff. Regular staff were requested from the agency which helped to provide consistency in supporting people living at Reach. Staff were familiar with the on-call system in place to support them out of hours.

Medicines were managed safely. Staff received training and their skills were checked regularly. Audits were carried out monthly and any discrepancies were noted and dealt with immediately. When people had been

prescribed medicines to be taken 'when necessary', guidelines and protocols had been prepared for each medicine to direct staff in making sure they were given appropriately.

Accidents and incidents were recorded and investigated. They were discussed at team meetings so learning could be taken from them to reduce recurrence. Staff used personal protective equipment such as gloves and aprons appropriately. The service was clean and followed a colour coded system for cleaning equipment and materials. The provider had a contingency plan which provided guidance in dealing with emergency situations such as fire, staff shortage or loss of utilities. Staff were familiar with emergency procedures and had regular fire drills.

Is the service effective?

Our findings

The service provided effective care and support to people. Staff were trained in the skills required by their job role. New staff were inducted and then required to complete the care certificate. The care certificate is a set of standards adhered to by health and social care workers in their daily work. The provider had other training they considered necessary for all staff. This included first aid, food safety, infection control, safeguarding and nationally recognised training in managing behaviours which may cause distress. Refresher training was provided on a regular basis and staff confirmed the provider was strict on keeping training up to date. The provider encouraged staff take nationally recognised qualifications in health and social care suitable to their job role.

Staff were supported through regular one to one supervisory meetings with their line manager. These meetings provided opportunities to discuss their work. Issues or concerns were addressed and future training was planned. Staff received an appraisal of their work annually. They told us they felt they received good support and could go to any of the management team if they needed to for advice.

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 the service was working within the principles of the MCA. Staff had received training and they were able to tell us how they applied the MCA to their everyday work. The registered manager had submitted applications to a 'supervisory body' for authority to deprive people of their liberty when this was necessary. The registered manager monitored the authorisations and adhered to any conditions applied. Authorisations were kept under review and re-applied for as necessary.

Staff promoted people's rights to make decisions for themselves. We observed staff asked people before any support was provided. We saw people being encouraged to make choices for themselves such as deciding what activities they wanted to take part in and what they wanted to eat. We saw people's choice was respected. When more complex decisions were required such as those related to healthcare interventions, best interest meetings had been held involving family and health and social care professionals to assist the person to make a decision.

People were supported to have sufficient nutrition and hydration. Menus were planned to incorporate people's choice and encourage healthier food options. People were encouraged to take part in preparing meals if they wished to. People chose where and when they wished to eat and we noted during the inspection staff encouraged and reminded people to drink explaining the weather was very hot.

People were supported to maintain their health and had access to a variety of relevant professionals. Staff provided support to assist people to attend appointments and sought advice promptly when they had concerns about a person's health. Each person had a health action plan and a hospital passport which contained relevant details for professionals should the person require admission to hospital. One relative praised staff for supporting their family member during a hospital stay. People were encouraged to attend regular check-ups with other professionals such as dentists and opticians.

Is the service caring?

Our findings

The service continued to be caring. We observed staff supported people in a kind and understanding manner. Relatives told us staff knew their family members well and supported them in a caring manner. One said, "They are amazing, they know just how to settle [name]." Not everyone living at Reach was able to tell us their experiences of living there. However, one person said they liked the staff and they were "nice". Others were smiling and calm as they went about their daily activities indicating they were relaxed. During the inspection we saw there were spontaneous interactions between people and staff. When people approached staff they were responded to and engaged with. Staff gave people time to respond at their own pace, not hurrying them. We saw they were able to interpret non-verbal communication to understand people's needs.

People were encouraged to respect the privacy and dignity of themselves and others. We noted staff knocked on people's bedroom doors and bathrooms before entering. People were encouraged to have personal belongings in their rooms which reflected their interests and tastes. We saw each room reflected individual personalities. Staff respected people's wish to spend time alone in their room but made regular checks to ensure people were safe.

People's wishes and choices were respected by staff who empowered them to take control of their daily lives, make decisions and maintain their independence as much as they were able to. One relative commented on the support provided for their family member and said, "For the first time I know [name] is in the right place." They described how staff used humour and their knowledge of the person's needs to provide support in a caring way.

Staff spoke about people in a respectful manner during the handover meeting. They demonstrated a good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. They worked and planned together to ensure people's needs and routines were met.

Relatives told us they visited regularly and were made welcome. One said, "Yes, I go at any time and I am always welcome, they all seem very kind." Another said, "Staff are extremely kind, they look after me too. It's like a big happy family." Staff supported people to maintain relationships with friends and family who were important to them.

Staff understood their responsibilities for maintaining confidentiality, records were stored securely either in lockable filing cabinets or on a computer protected by password.

Is the service responsive?

Our findings

People continued to receive responsive care. They received support that was personal and individualised to their preferences, needs and cultural identities. For example, the service met the cultural needs of one person by employing or using agency staff who could speak their mother tongue. People's needs were assessed and kept under review in order to develop and update support plans. Support plans were extremely detailed, providing staff with information to help them to respond to each person in order to gain a positive outcome. Changes in people, their needs or preferences were recorded and communicated to staff. Staff told us they were kept up to date with information via handover meetings, the service diary or the communication book. In addition, they were required to sign to indicate they had familiarised themselves with important information and updates.

Relatives told us they were invited to reviews twice a year and kept up to date with how their family member was. They told us they felt they were fully involved and appreciated being able to contribute to the review meetings.

People had an individual activity timetable and were encouraged to take part in activities they enjoyed. Some people attended college and staff carefully planned events so they could be enjoyed as fully as possible. During the inspection people went out into the local community to the shops and other activities. The registered manager acknowledged people were sometimes reluctant to join in activities however, we saw staff offering a variety of things to do and encouraging people to join in daily living tasks around the home. People's timetables also provided for time for relax.

We spent time observing care and support in the shared areas of the service. We saw staff were able to anticipate people's needs and responded to them promptly. They understood people's preferred routines and were careful to follow them. They told us this maintained stability and reduced behaviours which may cause anxiety or distress. Relatives told us they felt their family members received care that was reflective of their individual needs. One relative said, "They know [name] so well. They know all the little signs and manage to settle him. It's such a relief."

There was a complaints policy to inform people and their relatives or representatives of how to complain if necessary. This was also available to people in a format which made it easier for them to understand. We reviewed the provider's complaints log and saw complaints had been investigated and responded to in line with the policy.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information in a way they can understand. A variety of communication methods were used including photographs, pictures and objects of reference.

Is the service well-led?

Our findings

The service continued to be well-led. At the time of our inspection there was a registered manager in post.

The relatives we spoke with and staff told us they felt the service was well-led. Staff said the registered manager and the senior management team were "very supportive". One staff member commented, "You can call them anytime, they will always help. Even if [name of registered manager] is not available you can speak to [names of senior managers]." Staff said the registered manager was visible in the service and worked with the staff team in order to achieve positive outcomes for people.

Staff felt there was good team working. They spoke about being open and honest with each other and learning from sharing information. They felt they worked hard to do the best they can and one said, " We work hard and do our utmost best. I would do anything for the people here." They added, "We support each other as a staff team."

The Registered Manager led the staff team in working to achieving the values and vision set down by the provider. This included putting people at the centre of the service and helping them achieve their potential. The registered manager confirmed they received support in managing the service from the operations manager and provider. They said they could seek advice whenever they needed to and we saw regular audits were carried out to monitor the service was meeting the desired outcomes for people in a safe and caring manner.

Team meetings were held regularly and staff told us they had opportunities in the meetings to discuss ideas and review incidents in order to improve and develop practice. Staff were allocated roles and responsibilities in the service. For example, each person had a key worker and an associate key worker who spent time with their key person. They took responsibility for such things as assisting their key person to shop for anything they required and plan things such as holidays. Some staff had taken on a role of 'champion' in areas such as infection control, dignity and oral hygiene. They completed checks on these areas and kept other staff informed of good practice.

There was a system in place to monitor the quality and safety of the service. A series of checks and audits were completed to identify issues and any shortcomings. We noted action had been taken appropriately to rectify issues. For example, a medicines audit had shown opening dates had not been entered on all medicines. This had been addressed and medicines were all appropriately marked when checked. In addition, night audits and quality assurance visits were conducted. Again, we found where any deficiencies were identified action had been taken. The provider valued the input and views of people who use the service, their relatives and staff. An annual survey was completed to gather their feedback and an action plan prepared to improve the service.