

Rehability UK Community Ltd

Rehability Uk Dorset

Inspection report

Unit 42
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Rehability UK Dorset is a supported living service providing personal care to two people at the time of the inspection. The service can support up to six people.

People's experience of using this service and what we found

We have made recommendations about recruitment and quality assurance processes within the service.

Right Support:

Staff communicated with people in ways that met their needs. Staff supported people to have maximum possible choice, control and independence and be independent and they had control over their own lives. People lived in an environment that met their sensory and physical needs. Staff supported people to access healthcare when needed.

Right Care:

Staff understood how to recognise poor care and abuse. Staff worked with people in identifying risks they lived with and deciding actions to reduce the risk of harm whilst respecting peoples' rights and freedoms. Support plans reflected person-centred care that respected people's care needs and lifestyle choices.

Right Culture:

Staff knew people well and were responsive to people's support needs, choices and life goals. Staff respected people's rights to privacy, dignity and independence. The culture was open, transparent and inclusive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating

This service was registered with us on 17 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made recommendations about recruitment and quality assurance processes within the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rehability Uk Dorset

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A manager was in post and had begun their registered manager application with CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 23 August 2022 and ended on 16 September 2022. We visited the location's office on 23 August 2022 and the service on 2 September 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with one person living in the home and spoke with two relatives. We spoke with the regional manager, regional support officer, manager and two support workers. We also received written feedback from two support workers. We observed interactions between people and the staff team. We reviewed a range of records, this included two people's care and support records and medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to protect people from the risk of abuse were not operating effectively as safeguarding concerns had not always been shared with the Care Quality Commission. This meant people may be at risk of harm as external oversight of safe care at the service was compromised.
- We found a reportable safeguarding incident that had been reported to the local authority but had not been reported to the Care Quality Commission which is a legal regulatory requirement.
- People told us they felt safe. One person said, "I feel safe, the staff are nice."
- Safeguarding information had been shared with people in an easy read format and was also displayed on noticeboards.

Staffing and recruitment

- Recruitment processes were not always followed to ensure the safe employment of staff. We found gaps in employment history had not always been explored and recorded. The regional operations manager told us they would ensure staff files were audited and any gaps explored with staff.

We recommend the service strengthen their recruitment process to ensure they are operating safely.

- Recruitment checks included obtaining and verifying references and a disclosure and barring service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- When agency staff had been employed profiles were in place that provided details that recruitment checks had taken place and the person had the necessary training to carry out the role.
- Staffing levels met the needs of people including enjoying activities in the community and providing emotional support when needed. A support worker shared with us, "When a (person) has been emotionally upset I take time to sit with (them) and have a chat. So, they can have the opportunity to discuss any problems or issues they may have."

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and regularly reviewed. This included risks associated with scalding, accessing the kitchen and activities in the community.
- People were involved in decisions about how risks they lived with were managed and the actions needed to mitigate avoidable harm. One example was a person who used a thermometer to check their bath water

temperature and had staff check it was safe before getting into the water.

- People had personal emergency evacuation plans in place that provided key information needed to support the emergency services should they need to be evacuated from their home.
- Health and safety checks were carried out by staff including a weekly smoke alarm check.

Using medicines safely

- People had their medicines stored and administered safely.
- Medicines were administered by trained staff who had their competencies checked annually.
- When medicines had been prescribed for as and when required a protocol was in place that provided details that ensured they were administered appropriately.
- Medicine information was produced in easy read format which meant people could be involved in decisions about their medicines. A support worker told us, (Name) can pop pills (out of packet), but we're the safety net."

Preventing and controlling infection

- Staff had completed infection, prevention and control training and understood the importance of protecting people from avoidable infections.
- People had COVID-19 person-centred risk assessments in place that included people's ability to understand the risk, precautions that needed to be taken and actions needed if a person was symptomatic.
- Staff had access to appropriate personal protective equipment, access to lateral flow tests and were kept up to date with best practice guidance through regular team meetings.

Learning lessons when things go wrong

- Accidents and incidents were used as an opportunity to review practice and learn lessons. This had included changes to risk assessments and support plans, staff training and support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in assessments of their needs and lifestyle choices. Information gathered formed the basis of person-centred care and support plans that focused on enabling independence and achieving goals.
- Specialist health professionals had been involved in assessments and planning of care when needed. This had included speech and language therapists and psychologists.

Staff support: induction, training, skills and experience

- Staff completed an induction and had on-going training and support that enabled them to carry out their roles effectively. Induction included initially being supernumerary, a support worker explained, "Shadowing really helped with people's routines; getting to know them. I feel the induction enabled me to do my job."
- Staff told us they felt supported and records showed us they had regular supervision which provided an opportunity to discuss their role, service development, training and professional progression.
- Staff had annual appraisals and opportunities for professional development. This included diplomas in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing their weeks menu, shopping and preparing food.
- Staff shared information about healthy eating and a balanced diet, promoted choice and enabled independence.
- To maximise people's ability to be involved in decisions about eating and drinking pictures of different foods were used and displayed on a menu planner for each day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health action plans that provided oversight of health issues and emergency contact details.
- When people accessed health care they had hospital passports which provided key information about how they liked to be supported, likes and dislikes and how their communication skills. Information was in both written and easy read format.
- People had access to community health services such as GP's and dentists.
- Staff worked with other health professionals to ensure people had specialist input into their care when needed. An example included, involving a psychologist in creating a positive behaviour plan for a person.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Where people had been assessed as not having the ability for certain decisions a best interest decision was in place and included input from families and health or social care professionals who knew the person. Examples included personal care, access to healthcare and consent to information sharing.
- Records contained details of any legal authorisations that were in place.
- We observed staff seeking consent before providing support. A support worker told us, "(Name) can say yes or no to consent. They can't read or write but can understand simple questions."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt cared for and supported. One person told us, "I like everything here." A relative told us, "Staff relations with (name) very good."
- People had staff supporting them that had shared interests. One person told us, "I like (staff name) because he supports (sports team)." The manager explained, "(Name) walks fast and looks for staff who can keep up; slower staff frustrate (them)."
- We observed a relaxed atmosphere with good humoured banter and fun between staff and people.
- Staff knew people well, their life history, interests and hobbies and were focused on people's individuality and skills. A support worker told us, "Supported living model is more focused on independence, discussions, planning, showing. Listening is important. You need to understand (people)."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. Staff understood people's communication skills and supported some decision making with pictures and social stories. One person had taken photographs of their favourite places to visit and used these to plan their day.
- A weekly house meeting took place where people could talk about what was important to them and information was shared. The manager told us, "(Name) tends to struggle with sitting but comes into the garden and then has a one to one about the same topics."

Respecting and promoting people's privacy, dignity and independence

- People had their privacy, dignity and independence respected by the staff team. Each person had their own room where they could spend time alone. Staff understood the importance of confidentiality and not sharing information about people with others living in the house.
- Staff had completed equality and diversity training and understood their role in enabling people to enjoy a lifestyle of their choice.
- The office noticeboard had a dignity board which included information for staff on 'Standards of Dignity and Respect'.
- People were supported by staff to work towards greater levels of independence. Examples included, setting goals around kitchen skills and road safety.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had person centred support plans that reflected their support needs and lifestyle choices.
- People were involved in reviewing their care plans and setting goals. Examples included, increasing confidence in domestic tasks and voluntary work.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly assessed and detailed in their care plans and hospital passports.
- Communication methods included information in picture format and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain links with family and friends. This ranged from chats on the phone, helping choose gifts for birthdays and sharing time away from their home.
- Links with outside interests were maintained. This included playing sports, pub visits and local walks. One person told us, "It's nice living here; I get to do activities like going out." They then listed trips to crazy golf, a local fast food restaurant, games of pool and bowling.
- Staff were knowledgeable about people's hobbies and interests such as a favourite football team or TV programme. One person told us, "I get on with people who live here. I have my TV and a play station to play games."

Improving care quality in response to complaints or concerns

- A complaints process was in place and had been shared with people and their families. One person told us, "I would tell staff if I had a problem because they listen."
- The complaints process included details of how to appeal a decision. This did not include contact details for the local health and social care ombudsman. We discussed this with the regional operations manager who told us this would ensure this was amended.
- Records showed us that complaints were investigated, and actions monitored and regularly reviewed and shared with the staff team.

End of life care and support

- People were not receiving end of life care at the time of our inspection.
- People, and their families, had, at a time they felt appropriate, an opportunity to develop care and support plans detailing end of life wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes and auditing at locality and provider level did not always operate effectively. Systems in place had not identified the shortfalls found during the inspection in relation to notifications and recruitment.

We recommend that the service strengthen their governance systems to ensure they operate effectively.

- There was not a registered manager in post at the time of inspection. The registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was in post and in the process of submitting a registered manager application to CQC. The manager was undertaking a management induction.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, families and the staff team described the service as friendly and felt able to talk with management. A staff member told us, "Everybody is friendly, feel really comfortable. Any concerns or doubts I always feel free to ask management or staff."
- The focus of the service was person-centred. A staff member told us, "The ethos is for the clients to live as independent as they individually can. Small changes in the right direction for them. The immediate managers are supportive of the clients and the staff."
- Staff worked as a team to achieve good outcomes for people. A staff member told us, "We have regular team meetings. They help staff to learn and improve on situations within the home. We all work as a team to achieve the best outcome for those we support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with people and families.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A service user guide had been produced detailing people's rights and responsibilities. This was accessible

to people as had also been produced in picture format.

- People, their families and staff had opportunities to be engaged with service development through regular meetings. Some people needed a less formal opportunity to be involved in decisions and staff found they were more engaged when included in a social activity like walking. An example was people being involved in a decision about change of use for a room in the house.

Working in partnership with others

- National and local organisations had been accessed to keep up to date with changes to practise including Partners in Care and a local registered managers network.