

Reach Care Services Limited

Reach Home Care - Arden House

Inspection report

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Date of inspection visit:
14 March 2019

Date of publication:
02 May 2019

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

About the service: Reach Home Care - Arden House is a residential care home that provides personal care to 13 older people, some of whom are living with dementia.

People's experience of using this service:

- People showed they were happy living at Reach Home Care – Arden House. One person said, "I've only got nice things to say about this place. It's perfect, absolutely nothing wrong with it at all."
- Staff were very kind, caring and compassionate and knew each person well. They enjoyed working at the home and praised the registered manager for her kindness and support. One member of staff said, "At the end of the day we're here for the residents. As long as they're happy."
- The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely.
- There were enough staff on duty to meet people's physical care needs and to spend time with people, chatting and making sure they were comfortable.
- Staff received training, supervision, guidance and support so that they could do their job well. They worked well as a team.
- People made decisions in all aspects of their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were involved in deciding on the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.
- Reach Home Care – Arden House was people's home and staff did everything they could to make people's lives as comfortable and fulfilling as possible.
- The home was very well managed by a registered manager who was passionate about giving people a high-quality, personalised service.

Rating at last inspection: At the last inspection we rated this service Good (report published on 28 September 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we might inspect sooner.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Reach Home Care - Arden House

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Reach Home Care – Arden House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We carried out the inspection visit, unannounced, on 14 March 2019.

What we did:

- Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about. In April 2018 the provider had sent us a completed provider information return (PIR). 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.
- During our inspection we saw how the staff interacted with people who lived at Reach Home Care – Arden House. We spoke with five people who lived there. We spoke with seven members of staff: four care assistants (including two senior care assistants); the cook; the deputy manager and the registered manager.
- We looked at two people's care records as well as other records relating to the management of the home, such as medicine administration records and internal audits
- After the visit to the home, we contacted two people's relatives, and several external professionals who met people regularly. One professional responded. We have included some of their comments in the report.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People showed they felt safe at Reach Home Care – Arden House and they were comfortable with the staff. One person said, "I feel absolutely safe. The managers set the standard and train the staff in their way [to keep people safe]."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns. A 'safeguarding champion', appointed from within the staff team, ensured all staff were kept up to date and supported them to maintain a safe environment.

Assessing risk, safety monitoring and management

- In the PIR the provider told us that the assessment of potential risks, for all areas of the home as well as for each person living there, meant that staff could manage and reduce the risks to people.
- Staff undertook regular checks of all systems and equipment in the home to make sure Reach Home Care – Arden House was a safe place to live in, work in and visit.

Staffing and recruitment

- No-one had any concerns about the number of staff on duty. On the day we visited staff had lots of time to not only meet physical care needs but to spend time with each person making sure their day was going well.
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the home.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended. A healthcare professional said, "[Staff] always go the extra mile in chasing emergency antibiotics or medicines' changes."
- The registered manager had developed an additional document for staff to record when they gave medicines whose dosage could change frequently (such as warfarin). This was to provide added assurance to make sure that people received the current dose.
- Medicine storage was secure and at the correct temperature and staff audited medicines weekly. The registered manager regularly checked staff's competence to give medicines correctly.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

Learning lessons when things go wrong

- Staff knew they had to record all accidents and incidents. The registered manager told us there had been none. However, she was clear that if there were she would review staff's practice with them, including discussing with the team what actions could be taken to prevent any future occurrences.

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

People's outcomes were consistently good, and feedback confirmed this.

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

- The management team carried out comprehensive needs assessment before they admitted anyone to the home. They considered the dynamics of the group of people already living in the home and the level of their needs. This provided assurance that staff would be able to meet the new person's needs.
- The registered manager ensured that staff delivered up to date care in line with good practice and that the home had equipment available that would enhance people's care and promote independence. She told us she used a recommended tool to re-assess each person, which picked up "the smallest changes".

Staff skills, knowledge and experience

- Staff said they had received enough training so that they could do their job properly and support people effectively. Training came in a number of ways including face to face training with both external and in-house trainers and e-learning via computer.
- New staff received a thorough induction. A member of staff said, "New staff do their induction – they shadow and have a mentor. They're never left on their own."
- Staff felt very well supported by the registered manager, deputy manager, the provider and by each other. One member of staff said, "I feel very supported. All the team, they're all great and we all muck in."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to eat and drink enough to keep them as healthy as possible. A member of staff told us, "People are very, very lucky here. The food is brilliant. The cook will go out of their way to cook anything they want. Two choices every day for lunch and for tea they have what they like."
- Staff knew each person's dietary needs as well as their likes and dislikes. They monitored people's weight and, if there were issues, what people ate and drank.
- In the PIR the provider told us that the home had recently been involved in the Drink Well Hydration Project. This project was organised locally to raise awareness of the need for frail and older people to keep well hydrated. Staff had learnt from this project and taken on board ideas to make sure people were supported to be well-hydrated.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other services such as the hospital so that people's needs continued to be met if they needed hospital treatment.

Supporting people to live healthier lives, access healthcare services and support

- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, community nursing team, dietitian, chiropodist, dentist and optician as well as specialists relevant to the person's condition, such as the diabetes and tissue viability nurses.

Adapting service, design, decoration to meet people's needs

- Each person had their own bedroom with an en-suite toilet and wash-basin. People chose what they wanted in their rooms and how they wanted their room decorated and furnished.
- People were also involved in deciding how the shared areas of the home were decorated and furnished.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff knew how the MCA and DoLS applied to their work. One staff member told us, "People are capable [of making decisions] unless they've been assessed otherwise. But then they've still got rights and we offer choices." They talked to people all the time and asked their consent before they carried out any tasks.
- The registered manager had submitted appropriate applications to the supervisory body for DoLS authorisations. Staff knew which individuals had a DoLS authorisation in place and why.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy living at Reach Home Care – Arden House and staff were very kind, caring and compassionate. One person said, "The caring is superb. Staff are always very, very helpful." Another person told us, "I'm absolutely delighted with the care here."
- Staff and people living at the home had excellent, friendly, respectful relationships. There was a lot of chatter and laughter throughout the day with staff still maintaining professional boundaries. One member of staff said, "We all have a similar sense of humour – we can have a good laugh with [people]."
- Staff spent a lot of time making sure people were comfortable, happy and doing whatever they wanted to do. A member of staff said, "It's lovely here. The staff are so happy and the residents are lovely. The [registered] manager is fantastic – she's very caring. The residents come first, always."
- Staff communicated with each person in a way that that person understood best and treated people equally and without discrimination. Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

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

- People were fully involved in making decisions about their care and support. They met with their keyworker regularly to discuss their care and to talk about what they wanted to do. A member of staff told us, "As keyworker, I make sure [people] have everything they need. [People] talk to me if they're worried."
- Staff knew each person very well and made each person feel they mattered. They knew people's likes, dislikes and as much of their history as they had been able to find out. One person said, "They know me well – faults and all."
- The registered manager made information about advocacy services available in case anyone wanted an independent person to help them express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly and made sure that people's dignity was preserved, for example when staff were using the hoist.
- Staff encouraged people to do as much as they could for themselves. One member of staff said, "We promote independence - give people some control."
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the home and friends and relatives were invited to special events.

- Staff maintained people's confidentiality and stored any information about people securely.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person who lived at Reach Home Care – Arden House had a fully person-centred care plan, which detailed their preferences about the way they wanted staff to give them care and support. The registered manager described it as a "rolling" care plan as information was added as staff got to know each person and as their needs changed. The person and their keyworker reviewed their care plan at least monthly.
- Staff had worked with people and their families to try and find out as much about the person as they could. This included the person's likes, dislikes and how they wanted to spend their days. A member of staff said, "I never need worry [about not knowing something]: allergies, likes, dislikes - it's all in the care plans."
- Staff encouraged people to be as active as possible. They organised a range of activities, outings and entertainment for groups of people and for individuals, based on what people wanted to do.
- The provider had introduced some technology to enhance people's care. For example, pressure mats were available to alert staff if people might need support during the night. Staff used a hand-held computer to monitor blood sugar levels for people who had diabetes. The tablet alerted staff if readings were too high or too low and advised them what they should do.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, which was prominently displayed in the home. People were encouraged to talk about anything that concerned them. One person said, "I'd complain to [registered manager] and I know she'd listen to me."
- Relatives were also encouraged to raise any issues, which they could do face-to-face, by phone or by email.
- The registered manager had a complaints log. The only complaint since we last inspected the home was about parking. The registered manager had responded appropriately, including finding a solution.

End of life care and support

- The registered manager and staff had given people opportunities to discuss their end-of-life wishes and they had recorded these in people's care plans. The Alzheimer's Society had trained six members of staff to do advanced care planning with people. Staff knew how and when to access support from external professionals if needed.
- The registered manager explained that staff felt privileged to be able to care for people at the end of their life, and to support their families. She told us, "We take people to funerals if they want to go. We have wakes here and we cater because all the relatives know everyone."

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were happy with the service that the staff team provided at Reach Home Care – Arden House. One person told us "[Registered manager] manages this place brilliantly. She's lovely.... She's gold-dust, she really is."
- A healthcare professional said many very nice things about the home, including, "This is one of the best-run homes that I have visited. The ambience is so lovely that I would have no hesitation in recommending anyone moving there."
- Many of the staff had worked at the home for some time. They enjoyed working there and praised their team-work and the registered manager. One member of staff said, "I have no worries working here. I can chat to the [registered] manager at any time. She finds the time to care [for the staff as well as the residents]. You couldn't get anyone better." Another told us, "It's lovely, friendly, like your own family. Everyone gets on with each other. Even on their break, staff sit with the residents."
- The provider was fully involved with the home and staff appreciated the support they got from them. One member of staff stated, "The owner (provider) comes in every day. He's pleasant and very involved. We can ring him if there are any issues."
- The registered manager was passionate about providing people with a high-quality, personalised service that was under-pinned by the provider's values. She said, "This is a brilliant staff team who really care for the residents. We try and give people everything they want. People should feel spoilt and feel special."
- The registered manager promoted transparency and honesty. She had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider made policies and procedures available to staff, which guided them on their roles and what the provider expected of them.
- The registered manager was a strong leader and managed the home well. She was fully aware of her legal responsibilities, including appropriately notifying CQC of any important events.
- The provider had a robust quality assurance system in place to ensure that staff continued to give high-quality care. Systems in the home were monitored and checks carried out to make sure that any shortfalls were identified and improved.

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

- The registered manager encouraged everyone involved with the home to express their views on a day to day basis about the running of the home. One member of staff told us, "We have residents' meetings and encourage people to talk to us. It's like a great big family - they all get involved."
- Staff had introduced Arden House Taste Testers. These sessions had given people the opportunity to decide which snacks and drinks should be purchased as well as having fun. So far people had tested chocolate, soft drinks and crisps. Everyone was given the chance to comment and to score each item.
- The registered manager was working to increase the home's involvement in the community. For example, one person chose to go to church and a church service was held once a month in the home. Another person was quite independent and went to local shops and the pub.

Continuous learning and improving care

- The registered manager and staff told us they were always trying to make things even better for people. One member of staff said, "You can always improve."

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.