

Rehabilitation Education And Community Homes Limited

Reach

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Reach provides accommodation and support for up to eight adults with learning disabilities within the Slough area. At the time of our inspection, eight people were living at the home.

Reach did have a registered manager in place; however we were advised they had recently left the service. 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. At the time of our inspection, a new manager was in post and was being supported to submit an application to the commission.

We found people living at the service appeared to be happy, settled and well supported. Staff demonstrated caring practices and treated people with compassion and kindness. We regularly saw staff and people laughing and joking throughout our inspection.

Summary of findings

People were supported by staff who knew their needs well. Staff promoted people's independence and respected their privacy and dignity. People were supported to access healthcare services and activities both within and outside the service.

The service had a relaxed and open atmosphere. People were able to freely move around the house as they wished and had constant access to the garden. We saw people were involved in the running of the service including undertaking practical tasks and in the form of regular meetings and reviews.

People were safe living at Reach. This was because they were supported by staff who knew their needs and knew how to respond to allegations of abuse. People received their medicines safely by staff who were trained to administer them.

Staff were supported with effective inductions, supervision and training. We saw many staff had been working at the service for a long time. They told us they enjoyed their jobs and the people they worked with.

People told us they were happy living at Reach and told us what the service did to make them happy. We found the service to be clean, light and maintained well.

Summary of findings

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 safe.

People received their medicines in a safe way and by staff who were trained to administer them.

Where people's needs potentially placed them at risk, risk assessments and procedures were in place to reduce the potential risk.

Staff were able to explain how they protected people against potential abuse.

Good



Is the service effective?

The service was effective.

Staff received effective training, supervisions and induction.

People were supported with their nutritional needs to ensure they remained healthy.

The service worked in line with the Mental Capacity Act (2005) to ensure people's rights were upheld.

Good



Is the service caring?

The service was caring.

Staff were supported by people who knew their needs well.

People told us staff were caring and treated them with dignity and respect.

We found staff were kind, attentive and compassionate.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to moving into the service.

Clear guidance and care plans were in place on how people wished to be supported.

Complaints were managed within the service.

Good



Is the service well-led?

The service was well-led.

The registered manager had recently left the service and a new manager was in place.

Regular audits and checks were undertaken to ensure the quality of the service provision.

Staff told us they felt supported by the management team.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 6 October 2015 and was unannounced. We checked to see what notifications had been received from the provider since their last inspection in August 2013. Providers are required to inform the CQC of important events which happen within the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We checked to see if we had received a PIR form from the provider. A PIR had been submitted but we were unable to access this on our system. We were provided with a copy of the PIR at the inspection and evidence that it had been submitted in a timely manner.

The inspection was carried out by an inspector. On the days of our inspection, Reach was providing support to eight people.

We spoke with the manager; team leader, operations manager, two staff and three people who used the service. We reviewed three care plans, medicine records and staff documentation including supervision and training records and copies of quality assurance documentation.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Reach. One person told us “I would speak to X [team leader] if I didn’t feel safe.” Other people we spoke with who were able to express yes and no answers told us they felt safe.

Staff were able to explain and demonstrate their roles and responsibilities on the importance of keeping people safe. Staff were able to explain what constituted abuse, and what steps they would take if they suspected abuse had occurred. Staff were aware of how to contact the local authority safeguarding team, and visible posters were available on how to raise concerns to the correct people. Staff received safeguarding training which included refresher training. Since the service’s last inspection, there had been no notifiable safeguarding incidents.

People’s needs were taken into consideration to ensure they were safe. For example, where people had limited mobility or a sight disability, rooms were provided on the ground floor and bedrooms were clear and uncluttered to ensure people were not at risk of falling.

Staffing levels were appropriate to number of people who used the service. At present, agency staff were being used to cover some shifts, however the manager ensured the same agency staff attended where required to ensure consistency. We saw agency staff were provided with an induction into the service before working with people. Staff were constantly visible and we saw a good number of staff ratios to the amount of people living at the service. We were provided with four weeks rotas and saw minimum staffing numbers were met.

Medicines were managed safely within the service. Medicines were stored and recorded appropriately to

ensure people were not placed at risk. Guidance was in place for each person around how their medicine were managed including the use of ‘as required’ (PRN) medicines. We checked medicines stock and the recording and management of ‘controlled’ medicines. Medicines were safely locked away and changes to people’s medicines were recorded and amended appropriately.

Clear risk assessments were in place for people where potential risks had been identified. General risk assessments were in place in relation to environmental hazards, but also need specific risks, for example, the management of seizures. Risks were also assessed around potential harmful behaviours and guidance was in place for staff on how to alleviate and reduce potential risks where possible. Risk assessments were regularly reviewed when change occurred.

We looked at three recruitment records for staff members. The provider ensured staff had completed satisfactory disclosure and barring checks (DBS) to ensure their suitability to work with adults. References, employment histories and medical histories were also provided to ensure staff suitability and protect people who use the service.

People were protected against risks associated with the premises. This included evacuation plans for people in the event of a fire. Six monthly fire drills were undertaken and any outstanding actions or potential risks were recorded and actioned as necessary. We found the home was maintained to a safe standard including health and safety checks. The environment was also maintained and appropriate measures were in place to ensure it was safe as the service was located on a busy road, for example fencing, a secure garden and large gates.

Is the service effective?

Our findings

The provider was changing the way they undertook their inductions to ensure staff were inducted alongside the new 'care certificate' which outlines set standards which new staff were required to meet and to be signed off as competent. At the time of our inspection, the provider was having problems with the system and we were unable to confirm a new staff member's progress in regards to completing their care certificate. We spoke with the new staff member who was able to explain what their induction consisted of. They told us felt their induction was effective and had prepared them to work with people living at Reach.

Staff were supported in their roles through effective supervision and appraisals. Supervisions were required to be undertaken monthly however; some had not been undertaken during the last month as the registered manager had left. We found supervisions were very detailed and demonstrated a two way conversation. We found the level of documentation around supervisions to be very high. This included appraisals. This demonstrated staff were supported through effective supervisions and appraisals in which they were involved in. Staff told us they felt supported in their roles.

Staff received appropriate training to undertake their roles. Training included subjects such as safeguarding of vulnerable adults, infection control, medication, food hygiene and moving and handling. Training consisted of a mixture of classroom training and online e-learning training. Most staff had received up to date training in line with the provider's policy with some training outstanding. Staff told us they felt the training they received was good and helped to support them to undertake their roles; however some staff felt there was a focus on e-learning rather than practical training.

We looked at how the service promoted people's rights under the Mental Capacity Act 2005 (MCA). Staff were able to demonstrate how, when and why a mental capacity assessment may need to be undertaken and how they did this in line with the Act. We found copies of mental capacity assessments and meetings had been undertaken where required and involved relevant people and professionals to ensure any decisions were made in people's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications had been made to the local authority for all people who used the service. We saw where people's DoLS had or were due to expire; these were resubmitted to the local authority for approval. Evidence of best interest meetings in relation to any DoLS applications were recorded. The manager kept a spreadsheet to ensure they knew how long people's DoLS were in place and when they were due to expire. This meant management had oversight of applications and authorisations to ensure people were not unlawfully deprived of their liberty.

People were supported with their hydration and nutritional needs. Risk assessments were in place where required, For example, where people were at risk of choking or at risk of weight loss. We saw appropriate procedures were in place to support people with their weight, for example, supporting people to lose weight, and supporting people to gain weight. We saw staff had worked well to ensure one person had gained weight. Staff had recognised that due to the person's disability, sitting at the dining table with other people became stressful which prevented them from eating. We saw appropriate measures were put in place to ensure the person could eat their meal in a familiar and quiet environment which had resulted in the person gaining weight over the last few months.

People were supported with meal preparation and choosing menus. Healthy options were provided to people, and people were able to access the kitchen to obtain snacks and drinks as they wished.

People were supported to access local healthcare services such as doctors, dentists and hospital appointments where required. We saw all people living at the service were being supported to gain their annual flu jabs. Details of appointments were recorded appropriately including any outcomes and the requirement for further visits were necessary.

The service was presented well and had large open spaces. People's rooms were well maintained and clean. The service had a large garden to the side which was constantly accessible to people who used the service. People had locks on their bedroom doors if they wished to have privacy. Communal areas were spacious and kept clean.

Is the service caring?

Our findings

People we spoke with told us they felt staff were kind and caring. People told us who was their favourite staff members and what they liked about living at Reach. One person told us “I like baking. There is always something to do. I like my room and I like the staff. They are friendly and talk to me a lot. They laugh with me too. It’s nice here. I am happy.” We asked other people if they liked the staff. They told us “Yes.”

People appeared settled, comfortable and happy living at Reach. Most people living at the service had lived at the service for long periods of time. We saw one person had moved into the service two months ago. We saw they had settled well into the service and staff were knowledgeable of their needs and likes.

Staff were kind and attentive to people who used the service. We saw staff and people regularly laughing and joking. Staff appeared to know people’s needs well and people appeared comfortable and happy around staff. Staff worked well at involving people in their care and the running of the service. We saw staff had worked well with people to promote their independence and life skills.

Staff protected people’s dignity and privacy. One person told us “They help me get ready in the morning and give me privacy.” Where people required support with personal care, this was done in a discreet and dignified manner, for

example, when people required assistance with toileting. Before entering people’s rooms, staff knocked and waited for permission before entering. Staff told us “This is their home and we are here to support them.”

We observed staff interactions throughout the day and found staff treated people with dignity and compassion. Before undertaking tasks, staff explained why and what they were doing and gained people’s consent before doing so. People were free to do as they wished within the service, for example, getting up and going to bed when they wished, and freely able to access all areas of the service including the garden.

We observed lunch time and found it to be a quiet, relaxed atmosphere. People were able to eat at their own pace and were provided with equipment such as plate guards and aprons to protect their dignity. Staff sat with people and engaged them in conversation. People were offered choices of drinks and staff frequently checked if people were happy and enjoying their meals. One person did not want to sit and eat their lunch as they wanted to stand next to the inspector. One staff member rushed over to their seat and pretended to eat their lunch. The person immediately ran over and sat at the table and laughed hysterically at the staff member. Everyone else around the table laughed and found the situation funny. We found staffs attitude towards people was that of caring, light hearted and compassionate.

Where appropriate, people’s end of life wishes were discussed and recorded. This ensured people would receive appropriate care and support as they wished.

Is the service responsive?

Our findings

Prior to people moving in to the service, a pre assessment was undertaken to ensure the service was able to meet the needs of the person. We saw one person's care plan was being developed as they had recently moved into the service. Care plans contained details of how people wished to be supported. Each person had their own support plan, health action plan, finance folder and daily note books. Guidelines were in place on how people wished to be supported. Guidelines were also in place in regards to specific needs, for example eating and drinking or management of seizures. Health action plans were in place which outlined essential information for health professionals in the event of an admission to hospital.

Every six months, a comprehensive review was undertaken involving the person, any healthcare professionals who were involved in the person's placement and staff at the home. These reviews gave a clear overview of what had happened in the person's life over the previous six months including any changes to health needs and/or wellbeing. Reviews also recorded what activities people wished to undertake within the next six months. Reviews gave a clear oversight of what had happened within the person's life during the last six months including social aspects, medical and health aspects and care aspects.

People were supported to regularly access the local community. The service was located very close to Sloughs town centre and was easily accessible for people. Activities

were displayed on a board in the kitchen for people and consisted of regular days out, cinema, holidays and shopping. One person told us they attended a gardening course at college which they loved. On the day of our inspection, people were attending the cinema and playing in the garden on a trampoline. We saw regular activities were important to people and attention was paid to promoting people's social needs and skills.

We looked at how complaints were managed within the service. Since the last inspection in August 2013, one complaint had been received which we saw had been resolved satisfactorily.

Where complaints were made, these were appropriately recorded including any action taken to resolve the complaint. Complaints were also available in a format appropriate to people who used the service. People told us who they would speak to if they were not happy. We also saw compliments were recorded and passed onto staff.

Regular resident meetings were undertaken within the service. These were undertaken monthly and involved residents in discussing aspects of the service including food, activities and anything they wished to discuss. We saw outcomes from resident meetings were recorded and actioned were appropriate. Regular staff meetings were also held to ensure changes to people's needs were communicated. Before each shift begun, a handover was given and a communication book was used to exchange messages between staff.

Is the service well-led?

Our findings

A senior management team was in post at Reach. This included the manager and a team leader. The registered manager had recently left the service and a new manager was in post. Staff we spoke with were positive about the previous management, and the new manager. We found the team leader to be knowledgeable on their role and supportive of the team.

Bi-monthly checks were undertaken in the service by the provider's care services manager. This involved undertaking checks within the service around areas such as staffing, care plans, premises, medication and any accident or incidents which had occurred in the home. Each Bi-monthly check followed up any outstanding actions from the month before, and highlighted any further actions required following the check. This was then typed and provided to the registered manager to allow them to follow up on any outstanding requirements.

We saw fire audits and health and safety audits where completed regularly including health and safety checks. A

business continuity plan was in place for the service. This meant the provider actively ensured issues were addressed to ensure the quality of the service. The new manager was in the process of starting to make changes and improvements to the service once they had settled into their role.

We found management was knowledgeable on meeting the required regulations and were able to demonstrate how they answered the five key questions: Is the service safe? Effective? Caring? Responsive? And well led. We found the service to have a stable team who were supported by management to undertake their roles effectively. Staff we spoke with told us "It's a good team" and "We all work well together." Staff were able to demonstrate how they promoted the providers values within their work.

The commission had received appropriate notifications since Reach last inspection in August 2013. The registered manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted.