

Rehabilitation Education And Community Homes Limited

Reach Bierton Road

Inspection report

22 Bierton Road
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12 September 2017

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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

This inspection took place on 11 and 12 September 2017. It was an unannounced visit to the service.

We previously inspected the service on 17 and 19 August 2015. The service was meeting the requirements of the regulations at that time and was rated as good. This inspection was a comprehensive inspection to review the rating.

22 Bierton Road is a care home which provides accommodation and personal care for up to eight people with a learning disability. At the time of our inspection there were seven people living in the home.

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 home had a manager in post who was in the process of applying to the Commission to be registered.

People and their relatives were happy with the care provided. They felt people got safe care.

Systems were in place to safeguard people. However accident and incident reports were not reviewed. This meant incidents were not investigated, risks not managed and appropriate referrals were not made to promote people's safety. In addition notifications relating to those incidences were not made to the Commission either.

Improvements were required to medicine management. Risks to people were identified but not all risks were managed in line with the guidance in people's care plans. People's records were not up to date, suitably maintained and kept secure.

The provider had systems in place to audit the service. These audits were not effective in identifying the issues we found.

People had care plans in place. They were organised and provided guidance on how people were to be supported. People's health and nutritional needs were met. They had access to regular reviews of their care with professionals. Professionals were positive about the relationships they had with the home.

People had access to activities and were provided with the information and support to make a complaint.

Systems were in place to ensure staff were suitably recruited. Sufficient staff were provided. The home had an established staff team. They were inducted, trained, supported and supervised. They were clear about their roles and responsibilities and felt suitably skilled to do their job.

Staff had a good knowledge of the people they supported. They were kind, caring and supportive. They promoted people's privacy and encouraged them to make day to day decisions and choices about their care.

Appropriate Deprivation Of Liberty Safeguards (DoLS) applications were made to the local supervisory body for people who had restrictions imposed on them.

Systems were in place to get feedback on the service provided. People had access to monthly resident meetings and families were invited to give feedback as part of annual reviews and surveys.

Staff, relatives and professionals were happy with the way the home was run and managed. Management were accessible and receptive to feedback. They were proactive in addressing issues to improve the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were not safeguarded and risks were not appropriately managed as accident and incident reports were not reviewed.

People's medicines were not safely managed.

People were supported by sufficient staff to meet their needs.

Is the service effective?

Good ●

The service was effective

People were supported by staff who were suitably inducted, trained and supported in their roles.

People's health and nutritional needs were met and monitored.

People were consulted with on their care.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which provided guidance for staff on how they liked to be supported.

People had access to person centred activities.

People were provided with the information and support they

needed to enable them to raise concerns about their care.

Is the service well-led?

The service was not always well led.

The service had a manager. However, the manager was not registered with the Commission.

The provider monitored the service to ensure people received the required care. Some aspects of auditing needed to improve to further improve the service.

People's records were not up to date, suitably maintained and secure.

Requires Improvement 

Reach Bierton Road

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 inspection took place on 11 and 12 September 2017. This was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

At our previous inspection on the 17 and 19 August 2015 the service was meeting the regulations and was rated as good. This inspection was a comprehensive inspection to review the rating.

A Provider Information Record (PIR) was requested prior to this inspection. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the PIR and other information we held about the home. After the inspection we contacted health care professionals involved with the service to obtain their views about the care provided.

The manager was on leave therefore the inspection was facilitated by the operations manager and the team leader. We spoke with four staff and a visiting professional during the inspection. We spoke with three people who used the service during the inspection. We spoke with three relatives by telephone after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included four care plans, medicine records for seven people, four staff recruitment files, seven staff supervision files, accident/incident reports and audits. We observed staff practices and walked around the home to review the environment people lived in.

We asked the provider to send further documents after the inspection. The provider sent us documents which we used as additional evidence.

Is the service safe?

Our findings

People told us they felt safe living at the home. Relatives told us they felt reassured their family members were safe. This was because the service had a stable staff team who knew their family members well.

Systems were in place to record accident and incidents. Guidance was provided which indicated all accident and incidents were to be recorded. Completed accident and incident reports were to be reviewed by the manager. We found incidents reports were filed in people's daily files. However they were not reviewed by a manager. Therefore incidents such as unexplained bruising, an incident between two people and an allegation of a staff member shouting at people were not investigated and/or referred on to the Local Authority, other professionals or the Commission where required.

Information on safeguarding was displayed on notice boards and accessible to people. Staff were trained and aware of their responsibilities to report poor practice. However the lack of reporting of the above incidents to the local authority safeguarding team indicated they did not fully understand what was required of them

A person's daily records made reference to a choking incident and the person was taken to hospital to be reviewed. There was no incident report completed and no record was maintained of the outcome of the visit to hospital or subsequent follow up such as referral on to the speech and language therapist. The incident was not recorded on the handover records for that day and no reference was made to it in the communication book either. This meant staff were not alerted to the risks and the person's risk assessment was not updated to reflect a potential increase in the risk of that person choking. There had been no further incidents of choking since that date. On discussion with staff there was mixed feedback as to whether the hospital had confirmed it was a choking incident or not. The operations manager agreed to make a referral to the Speech and Language therapist to have the person reviewed to assess if the person's needs had changed.

Staff were trained and assessed prior to administering medicines. Systems were in place to record medicines received into the home and disposed of. Stock checks were carried out for medicines that were not in blister packs. Medicines were kept at the correct temperature. Systems were in place to keep medicines secure. However throughout the inspection we observed the key to the medicine cabinet was kept in an unlocked cupboard and therefore medicines were not secure. This was pointed out to staff on day one of the inspection and was immediately addressed. However on day two of the inspection we saw staff continued with previous practice of keeping the key to the medicine cabinet in an unlocked cupboard.

We looked at people's medicine administration records. Topical medicines were not signed for. We were told these creams and lotions had been discontinued but the medicine administration records did not reflect this. We saw interim prescriptions such as antibiotics were handwritten by staff. Some lacked the detail such as dose or time and they were not routinely signed by the staff member signing it in. This practice was not in line with the provider's medicine policy which indicated interim handwritten prescriptions were to be signed in and checked by two staff.

A person's daily record was ticked to indicate challenging behaviours had been displayed but no detail was provided to outline the incident and situation. The person was prescribed "As required" medicines to support them to manage behaviours that challenged. There was no protocol in place to indicate when the "As required" medicines were to be administered. The "As required" medicine was given on three occasions in July 2017 and on one occasion in August 2017. Staff had a telephone discussion with the prescribing consultant on the 1st September 2017. As a result of that discussion a decision was made to prescribe the "As required" medicine as a regular medicine to calm the challenging behaviours despite no records maintained to support that there was an increase in behaviours that challenged. No detailed records were maintained after the person had commenced the medicine either to establish if the medicine was effective in reducing the person's agitation and subsequent behaviours which would make a review of the effectiveness of that medicine difficult. By the end of day two of the inspection the operations manager had put a challenging behaviour monitoring chart in place and explained to staff what was required of them. After the inspection we asked the operations manager to discuss our findings with the prescribing consultant for them to consider as part of the review of that person.

People were supported to take risks. Care plans outlined risks to individuals such as risks associated with epilepsy, personal care, behaviours, eating and drinking, dementia, mobility and going out. Management plans were in place to manage the risks to safeguard people. Staff were aware of the risks people presented with however they failed to follow guidance in relation to thickeners in fluids which had the potential to put that person at risk. We observed staff put heaped spoonful's of the thickener in the cup and had not considered how much fluid was in the cup to ensure they got the right consistency to prevent choking. The operations manager immediately addressed this with staff.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were kept safe from the risk of emergencies in the home. Environmental risk assessments were in place. These were up to date and reviewed. They outlined risks to people, staff and visitors such as risks associated with driving the company vehicle, medicine administration, cooking and cleaning. A fire risk assessment was in place and people's files included a Personal Emergency Evacuation Plan (PEEP) which provided guidance on how individuals were to be evacuated in the event of a fire. A recent audit had picked up that the fire risk assessment should be completed by someone trained in the role. This was being addressed.

Health and safety checks took place which promoted a safe environment for people. Food, fridges and water temperature checks took place and records were maintained. Staff carried out regular checks to ensure the fire equipment was in good working order. Fire drills took place. The fire equipment, gas safety, electrical appliances and fixed lighting were regularly serviced. A contingency plan was in place. This provided guidance for staff on what to do in the event of an emergency at the home.

Staff were responsible for the cleaning of the home. Cleaning schedules were in place for day and night staff which outlined tasks to be done. Staff were responsible for assisting people with cleaning their bedrooms. These tasks were signed off when completed. A record was maintained to confirm maintenance issues were reported and acted on. The provider leased the property and was responsible for the upkeep of it. The home was generally clean and homely but looked tired and in need of updating. The kitchen consisted of two different types of cupboards and some drawer fronts were damaged. The shower screen was rusty and the carpets in some areas were frayed. The flooring at the back entrance to the home was worn and we were told was due to be replaced. A refurbishment plan was in place which showed planned improvements which included replacing the flooring at the back entrance.

People told us staff were available to support them. Staff felt the staffing levels were sufficient. Three staff were provided on each day time shift. A waking night and sleep in staff member was provided at night. Staff were responsible for the cooking and cleaning and felt they had the time to do those tasks. The manager and team leader had designated administration time each week. On call support was provided in the evening and at weekends.

Systems were in place to ensure safe recruitment practices were followed. Staff files contained a photo, an application form, medical questionnaire and evidence of an interview and written assessment. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) and appropriate references were obtained. This was to make sure staff were suitable to work with the people they supported. In one file viewed the staff member did not have a Disclosure and Barring Service check carried out by the organisation. The one on file was less than three months old at the time of recruitment. The provider agreed to complete a new Disclosure and Barring check on the staff member in line with their procedures. .

Is the service effective?

Our findings

People told us they felt involved in their care. We observed staff involved people and explained their care to them. Relatives felt staff had the skills to provide effective care.

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 were supported to make decisions on their day to day care. Some people took up routine health screening checks and this was recorded. For other people it was not established whether they were offered routine health screening or not. The operations manager agreed to address this. One person required thickener to be added to their medicines to enable them to swallow it more easily and safely. The person did not have capacity to make that decision. A record was not maintained on the person's file to indicate that a best interest meeting had taken place to support those decisions. This was followed up and completed after the inspection.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. A register was maintained of DoLS applications that had been made, approved and when they expired.

Staff had been trained in MCA and DoLS. Some staff had a good understanding of the MCA 2005 and DoLS and how they related to the people they supported. Other staff were less knowledgeable despite being trained. They recognised this and were looking at ways to improve their knowledge.

Staff told us they felt suitably inducted into the home and their role. New staff completed the Care Certificate induction training. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. Progress with this was discussed at their one to one supervision meetings. Records were in place to show new staff were inducted into the home. New staff told us they worked alongside other experienced staff in getting to know people and their needs.

Staff told us they felt suitably trained to do their job and had access to on-going training to develop their skills. Staff were trained in areas the provider considered mandatory such as fire safety, food hygiene, first aid, health and safety, safeguarding of vulnerable adults, moving and handling and infection control. Alongside this staff had specialist training in epilepsy, managing behaviours that challenged, autism, learning disabilities and dementia.

A visiting professional told us they had no concerns with the skills of the staff team. They told us they had

facilitated an informal discussion around a change in a person's needs. They commented "Staff are proactive to suggestions for improvement".

Staff told us they felt supported and received regular one to one supervision with the manager or team leader. Staff had recorded supervision sessions on file. We saw issues brought up around staff practice was not routinely recorded as being addressed and acted on. This was fed back to the operations manager to follow up on. New staff completed probationary reviews and existing staff had annual appraisals and review of their performance.

People told us staff took them for health appointments. Relatives felt people had access to relevant health professionals and were informed if their family member was unwell or was involved in an accident. Care plans outlined the support people needed with their health needs and a health action plan was in place. People attended annual health checks and review of their medicines. Records were maintained of appointments with health professionals and the outcome. People had access to health professionals such as a GP, dentists, opticians and other professionals such as a speech and language therapist, Community learning disability nurse and a consultant. Each person had a hospital passport in place. These included key information on people in the event of them requiring admission to hospital.

A health professional told us "I found all of the staff very professional and their communication with me was good. Care staff were proactive in linking [Person's name] up with the local specialist health services they needed and kept me informed of this progress."

Another health professional commented "When staff have had any worries about health they have been prompt in contacting either the GP or myself".

People told us they were happy with the meals provided. Relatives felt people were provided with nutritious home cooked meals. People's care plans outlined the support they required with their meals and risks for individuals around meals and nutrition. Menus were planned around people's choices and likes. A pictorial menu was in place and accessible to people. Records were maintained of the meals eaten. People's weight was monitored and recorded to enable changes to be addressed.

We observed lunch being served. Staff took responsibility for cooking and serving the meals. Drinks were offered and people were provided with support where required.

Is the service caring?

Our findings

People told us staff were nice. A person commented "I feel well looked after". Relatives were happy with the care provided. They described staff as kind, caring, friendly and welcoming. One relative commented "{Person's name} is looked after so well, I cant praise the staff enough".

We observed positive interactions during the inspections. Staff were kind, engaging, encouraging and gentle in their approach. They used good eye contact, appropriate touch and intervention to support people. Staff had a good knowledge of individuals, their likes, dislikes and support required. They recognised when a person was becoming distressed and used diversion techniques to try and distract them.

We heard a staff member refer to people as "Good girl" and "Darling". They told us individuals liked to be referred to in this way. There was no evidence this had been established or agreed. The operations manager was made aware of it to address with staff.

People told us staff knocked on their bedrooms doors prior to going in. They felt their privacy was respected. During the inspection we observed staff routinely did this. We viewed a sample of bedrooms. They were personalised and decorated to people's tastes and interests. People who required it were provided with protective clothing during their meals and these were removed when the meal was finished.

People's care plans outlined their communication needs. Staff had a good understanding of peoples communication needs and understood when they were happy or distressed. Staff sought people's permission around day to day tasks and interventions. People were offered choices in relation to day to day care such as activities, meals and drinks. Pictorial menus were used to promote people's involvement in making meal choices and pictorial activity programmes were visual and displayed on a communal notice board to remind people what activities were available to them and planned for the day.

People's care plans included an end of life care plan where this had been discussed and agreed. Some people had funeral plans in place.

Is the service responsive?

Our findings

The home had no recent new admissions. However systems were in place to ensure new people coming to live at the home were assessed to see if they were suitable and compatible with the other people living there.

During the inspection staff were responsive to people, their moods and behaviours. They provided people with assistance in a timely manner.

A health professional told us staff were efficient in making changes following their recommendations. They commented "Staff were enthusiastic and motivated to make changes to increase the person's safety in the home. They made a real effort to inform the person of the changes and explain the reasons why".

Another health professional told us staff did a good job of integrating a person back into the community. They commented "A good team of staff who provide a good service. They are always respectful to fellow professionals and residents alike".

A relative told us the home had responded so well to changes in their family member. They said "Staff were proactive in asking for help to enable {person's name} to continue to live there".

People had care plans in place. However they were not able to confirm to us they had been involved in their development. There was an agreement with the person at the front of the care plan to say who could access their file.

Care plans contained a photo, key personal information about the person and their daily routines from getting up to going to bed. Care plans outlined the support required in areas such as personal care, meals, mobility, communication, behaviours that challenged and community access. Care plans were organised, detailed and informative. People had reviews with professionals involved in their care and family members. Records were maintained of the meetings and actions agreed. Relatives confirmed their family member had regular reviews and they felt able to contribute to them.

People had a keyworker. A keyworker was a named staff member who worked closely with the person and liaised with their relatives. People knew who their keyworker was. Relatives were aware who their family member's keyworker was. They were happy with the relationship they had with the keyworker and felt informed and involved in their family members care.

People had an individual programme of activities in place. They had access to day centres and college and were involved in arts and crafts and cookery sessions there. Some people went swimming and to exercise classes. Other people choose not to engage in planned activities. On day one of the inspection people not at the day centres or college went out for a coffee. Staff told us people had access to regular social activities such as cinema and meals out. This was recorded in individual's daily records. People told us they were happy with the activities provided. Relatives felt the activities provided were sufficient and suitable for

people's needs.

People told us they would talk to staff if they had any concerns or worries. People were given the opportunity to raise worries or concerns at the resident meetings. Their responses were recorded. Relatives felt able to raise concerns and issues with staff and the manager. They felt confident any issues raised would be addressed and responded to.

The home had a complaints procedure in place. This was in a pictorial format and accessible to people. Systems were in place to log complaints and show evidence of them being investigated and responded to. The home had no complaints logged in the previous twelve months. They had four compliments on file for 2017.

Is the service well-led?

Our findings

The organisation is required to notify CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. We saw incidences which could potentially be considered safeguarding, such as unexplained bruising and an incident between two people were not perceived as safeguarding. Therefore they were not reported to us.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

Records required for regulation were not suitably maintained, secure and fit for purpose. We saw there were gaps in the recording of when people had their personal care needs met. People's care plans outlined the medicines prescribed and the support they required to take their medicines. However two of the four files viewed were not updated to reflect recent changes in their medicines.

The cupboard containing daily records was not secure and it had no facility for locking it and making it secure. Also the facility which contained archived records was regularly left unlocked and open. This had the potential to breach people's confidentiality. The operations manager addressed this with staff during the inspection but staff continued to revert to the practice of leaving it insecure.

Some quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The operations manager carried out monthly monitoring visits. Health and safety, infection control, medicines, food and hygiene and individual care plan file audits took place. Action plans were in place to address findings of audits. However the medicine audits failed to identify the issues we found with medicines. The care plan audits were all carried out in March 2017 and were not effective in responding to issues with care plans in a timely manner. Accident and incident reporting was not being managed in line with the organisations procedure. Therefore trends and analysis of accident/incident reporting was not taking place to prevent reoccurrence.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People and relatives were asked for feedback on the home and individuals care. Monthly resident meetings took place. Records were available to confirm this. The meeting minutes were provided in a user friendly way and showed people's involvement in them. Relatives were invited to their family member's reviews and were asked at reviews for feedback on their family members care. A record was maintained of their responses and their view of the care provided which was positive. The organisation carried out an annual survey. This was scheduled to take place in October 2017.

The home is required to have a registered manager. The previous registered manager was deregistered by the Commission in July 2017. The deputy manager had been promoted to manager and was in the process of applying to the Commission to be the registered manager.

People, relatives and staff were happy with the way the home was managed. They described the manager

and team leader as supportive, approachable, accessible and friendly. The manager was familiar with the home and people's needs. They had identified within the provider information record areas for improvement and development.

A visiting professional told us they had built positive relationships with staff at the home. They commented "Staff are always welcoming, happy to talk to me and take on board my feedback. They alert me to problems and I would be happy to recommend or refer here".

Another health professional commented "The manager seems to have the right attitude in respecting the needs of people with learning disabilities and their carers. Since they have had a new manager I have noticed positive improvement in how they manage quality and governance".

The home had a mix of experienced and new staff. Staff felt they worked well together as a team. Systems were in place to promote communication within the team. A communication and handover record was in place and staff had monthly team meetings. Staff had signed to say they had read and understood people's care and support needs, risk assessments, policies, procedures and relevant guidance to support them in their roles. However important information relating to people was not always recorded, handed over or discussed in team meetings to ensure appropriate action was taken. This was fed back to the operations manager to address.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Incidents were not perceived as safeguarding and therefore not reported to the Commission.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe care and treatment was not always provided
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not suitably maintained, up to date and secure. Audits were not always effective and trends analysis of accident and incidents were not being carried out.