

Rehability UK Community Ltd

Rehability UK Surrey

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 ●

Summary of findings

Overall summary

About the service

Rehability UK Surrey is a supported living service providing personal care to adults with mental health needs, people with a learning disability and/or autism. People live in a house shared with up to 12 people, each with their own rooms. There were six people living there at the time of the inspection, one of whom was receiving a regulated service. There is a staff team based in the house which provides 24 hour support to people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe. There were safeguarding adults' procedures in place to guide staff. The registered manager and staff had a clear understanding of these procedures. There were appropriate recruitment checks before staff started work and there were enough staff available to meet people's care needs. Where required people received safe support from staff to take their medicines.

The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID-19 and the use of personal protective equipment (PPE). The service had business continuity and COVID-19 contingency plans in place that made provisions for safe care in the event of an emergency, or an outbreak of COVID-19.

The provider carried out an assessment of people's care needs before they started using the service to ensure staff could support them safely. Staff had received training relevant to people's needs. 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's views were continually sought, and they were encouraged to be as independent as possible and to be involved in decisions about their care.

People told us they were treated in a caring and respectful manner and they had been consulted about their care and support needs. They knew how to make a complaint if they were unhappy with the service.

There were effective systems in place to regularly assess and monitor the quality of the service people received. Care staff told us they received good support from the registered manager. The registered manager took people's views into account through regular meetings. The registered manager and care staff worked with health care professionals to plan and deliver an effective service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support:

- People were supported to live within a setting that met their individual needs. Staff encouraged people to make day to day choices, including around food, activities and community access. The provider engaged with local healthcare and commissioning partnerships in order to provide the best care possible.

Right care:

- Care was provided in a person-centred way which promoted people's dignity and rights. Staff understood people's specific care needs and preferences and supported them in according to those wishes. People told us they felt respected and any personal care required was done so discretely and the person's dignity was not compromised. Staff enabled people to make choices about how they wished to be supported in their day to day living.

Right culture:

- There was a positive culture where the leadership team and staff showed commitment to those whom they supported. They spoke with passion and knowledge about their role, central to which was to empower people to live the best life possible in the least restrictive way. Staff told us their vision was to support people to lead as fulfilled a life as possible and to become a valued part of whatever community they move on to.

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

Why we inspected

We undertook an inspection to review the key questions of safe, effective, caring, responsive and well-led. This was because the location had not been inspected since it was first registered with CQC on 24 October 2019.

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.

Rehability UK Surrey

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rehability UK Surrey 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.

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 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 registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We visited the office location and met with the registered manager. We reviewed a range of records relating to the management of the service, including policies and procedures, health and safety arrangements, medicine management and infection control procedures. We looked at one person's care records and medicines records, as well as three staff files in relation to recruitment and supervision. We visited the supported living setting and spoke with one person who lived there, two staff who supported them, the regional manager and a visiting healthcare professional.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for this newly registered service. This key question has been rated good.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from abuse. One person told us, "I've lived here long enough now to know that staff know how to keep me safe."
- The registered manager told us, "It is important that people know that I am available, and they can raise any concerns they may have with me. I believe they know that I will take all their concerns seriously."
- Staff had received safeguarding adults from abuse training and knew how to recognise and report suspected abuse. A member of staff told us, "If I notice something out of character, I would explore that with the person. It could be they are just having an off day, but at the same time, it could be a particular situation that is making them feel unsafe. Another said, "I am confident I would get a quick answer from seniors if I was unsure about what to do."

Assessing risk, safety monitoring and management

- The provider assessed risks to people and put measures in place to manage those risks. Assessments completed included the risk from COVID-19 to people, community access, risk of financial abuse, personal care and nutrition and other healthcare needs.
- One person told us, "Staff know all about my needs. If I had an incident, I know they would know exactly what to do."
- A member of staff told us, "There are lots of risk assessments in place. I like to re-read them just in case I have overlooked something and to make sure nothing has changed."
- People had a personal emergency evacuation plan in place in the event of a fire. One evacuation plan identified that the person walked very slowly. Guidance for staff was to inform the firefighters of this as well as to walk alongside this person, offering them advice and encouragement.

Staffing and recruitment

- There were enough staff available to meet people's care and support needs. A person using the service told us, "Even though I know they [staff] are a bit stretched at the moment, they always have time to spend with me. There are always two on duty." We confirmed from staff rotas that there were sufficient staff deployed to safely meet people's care needs in accordance with the provider's dependency assessment of those needs.
- The registered manager told us recruitment of new care staff had been a challenge during COVID-19. Following a recent recruitment drive, four new staff were expected to start in the weeks following this inspection and were already completing their mandatory training. A care worker told us, "We do need more staff, but this is recognised by management and I understand that there will be new starters soon. In the meantime, I honestly believe current staffing levels are safe."
- Robust recruitment procedures were in place. Staff recruitment records included completed application

forms, the applicant's full employment history, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

Using medicines safely

- Where required, people received support from staff to take their medicines safely. One person told us, "Staff make sure I take my medicines on time; they have to wake me up sometimes and then wait until I take it."
- Medicines were stored safely in a locked cabinet. There was a locked fridge for those creams and medicines required to be stored at the correct temperature
- People's care plan clearly documented the support they required with medicines. Staff also completed medicines administration records (MAR) to confirm people received support as required. Those records were correct and fully completed.
- Staff had received training in safe administration of medicines and had the necessary skills to safely administer medicines. The registered manager recently completed three observations of each staff member to assess their competency and records confirmed all staff received their training.

Preventing and controlling infection

- The registered manager took appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date, and we confirmed staff had ongoing access to personal protective equipment (PPE). The provider was also accessing regular COVID-19 testing for staff.
- People who used the service told us that staff wore their PPE effectively and safely and they were abiding by social distancing rules. One person told us, "Staff wear masks all the time when they help me, they don't mind that I cannot wear one but tell me not to worry about that."
- Staff had received training on infection prevention and control, as well as enhanced training related to COVID-19. A staff member said, "COVID was managed well. The registered manager was very quick to handle matters. They set up testing; sorted PPE; kept us informed about policies."

Learning lessons when things go wrong

- The provider had a system in place for recording accidents and incidents (events). Events were electronically recorded. They were reviewed by the registered manager who identified relevant actions. The regional operations manager signed the event off as completed once they were satisfied with identified learning for staff. We saw that any outstanding actions had a timeframe within which they should be completed
- For example, learning was identified in relation to one person's personal care regime. The person told us, "Staff are doing things differently for me now, it seems to be doing the trick."
- Following an analysis of a cause of one medicine error, the registered manager changed the way in which staff dispensed this medicine. All staff received additional online medicines training and their competencies were reassessed. Staff told us they felt more confident and the registered manager told us the number of medicine errors had significantly reduced.

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's needs and choices were assessed upon referral to determine whether the service was able to effectively deliver care and support in line with current standards and best practice. This was done in consultation with the person and health and social care professionals involved in their care.
- One person told us, "I met my housemates on Zoom before I moved in and staff 'walked' me around the house on the screen," and "There were lots of meetings and questions before I got the go-ahead to come here."
- The service admitted one person during the COVID-19 pandemic. There were revised processes in place to accommodate the additional risks this presented, including testing for COVID-19 and supporting the person to isolate in their room on admission, in accordance with the government guidelines.
- Staff gathered information on people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act. For example, people were asked about their sexuality, religious or cultural needs so that this could be considered as part of the care planning process.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. A person using the service told us, "They seem to know how to do things, so they must have all their training."
- The service delivered a wide range of mandatory courses which included safeguarding, learning disability, diabetes, epilepsy, person centred care and nutrition and hydration. Staff also completed other specialist training in recognition of the complex needs of those whom they supported.
- Care staff confirmed they had received an induction followed by regular training and refresher courses. They also stated they were appropriately supported in their role through regular supervisions and annual appraisals.

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

- People were supported to plan, shop for and prepare their own meals. The registered manager told us, "Where possible, we use every opportunity try to educate people about what a good diet is and how it affects most parts of their health."
- One person told us, "Staff come shopping with me. They are very patient going around the supermarket with me explaining what is good for me and what is not so good, although I really like that sort of food too."

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

- People received support to maintain good health. The registered manager and staff worked closely with

health professionals for the benefit of people in the service. One person told us, "I feel well at the moment, this boils down to the help I am getting from staff."

- Staff knew people's health needs well and supported them to access healthcare when needed. A health professional confirmed this, "Subject to consent, a member of staff will sit in on every appointment and takes notes. They use this to help the person understand what has been discussed and what the plans are."
- Staff recognised the importance and benefits of multidisciplinary working. A member of staff told us, "I see working in a multi-disciplinary way as crucial to helping people to be as well as they can be. We all learn from each other."

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 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.

- People consented to their care and treatment in line with the law and guidance. We saw they signed their care plans and review meetings as read and understood. One person told us, "[Staff] seem to be asking my permission for everything."
- People supported by Reability UK Surrey were not deprived of their liberty. They were not restricted and were encouraged and supported to access the community as and when they wished.
- The registered manager and support staff demonstrated a good understanding of the MCA. One member of staff said, "Everyone has the right to make their own choices," and "A person's right to choose comes into everything I do when I support them." Staff received training and information to help them understand how people were to be supported in line with the key principles of the Act.

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 were treated well, respected and supported according to their needs and wishes. We observed staff interactions with people during our visit and their manner was respectful and friendly. One person told us, "Staff would always look out for me if I had a problem, they are never unkind, if they were, I would stand my ground."
- A healthcare professional told us, "The staff attitude and ethos towards people who use this service is amazing and very caring. It is always one of tremendous support and care and all about the person. It is this approach that has helped people to settle in very quickly."
- People's care records included sections that referred to their cultural and religious backgrounds, as well as their sexual preferences. Training records confirmed that all staff had received training on equality and diversity.

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

- Support plans documented people's needs, preferences, likes and dislikes and how they wished to be supported. One person told us, "I can express my views about things; if I have a view about somebody who lives here or about a member of staff, I go to deputy who helps me sort it out."
- People were encouraged to attend a monthly house meeting. A person told us, "I like these [meetings]. Now we are allowed to go out together (post COVID-19 lockdown) I am going to suggest places I'd like to go to – drive to seaside; go to the pub and cinema."

Respecting and promoting people's privacy, dignity and independence

- The provider and staff supported people's privacy and dignity and promoted independence. One person told us they were encouraged to do as much as possible for themselves. "It will help me to move out into my own flat someday."
- Staff supported people to use the community safely, learning travel and road safety skills, as well as using shops and being aware of strangers. A member of staff told us, "Adapting to people wishes is a key part of caring."

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; 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 told us that they were involved in planning the care and support they received. One person told us, "I am always involved in those [care planning] meetings and I have a copy in my bedroom" and "I do not want men to do my personal care and so that never happens, there is always a woman on the rota to do this."
- Support plans were person centred and comprehensive providing information and guidance about people, their health and care needs, their choices and how they wished to be supported. One person's care record evidenced that the environment was adapted to their specific mobility needs, in consultation with an occupational therapist.
- Support plans documented people's life history, important relationships, their goals and activities they enjoyed. One person told us how the pandemic had restricted their outdoor activities and said, "I have not been able to go out and about as much as I like to so staff have been helping me to make my room nice – they laminated pictures of squirrels and cats that I liked."
- Staff told us they adapted to the restrictions of lockdown by asking people what home based activities they wanted to do. This included a 'knit and natter' group which one person told us, "I go for the natter more than the knit."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered at the initial assessment stage before they started to use the service. Support plans, complaints and compliments policies were available in 'easy read' format. Staff told us they supported people to understand complex information around benefits and medical appointments and said, "I make sure I have [person's] attention so I sit down with them and have a confidential conversation and explain the consequences of certain actions."
- People's care plans detailed how they communicated and understood information. Policies and procedures were available in easy read format and large print.

Improving care quality in response to complaints or concerns

- People knew how to complain and were confident the registered manager would act on their complaints.

One person told us, "I was given a copy of the complaints procedure when I moved in. I have nothing to complain about. I did speak to the manager about something once and I got an apology."

- The provider had clear complaints policy and procedure in place which promoted openness, transparency, learning and improvements. The registered manager investigated and responded to complaints.
- The service had received one complaint since becoming registered. This was from a member of the public and the provider took timely action in accordance with their complaints policy to address the concerns raised.

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 good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider encouraged a person-centred culture. People using the service told us they felt happy and safe. One person told us, "Everything is just how I like it, so I am happy."
- Staff were positive about how the service was run and about the support they received from the registered manager. Staff told us they felt valued as team members. One member of staff told us, "I feel thoroughly supported as I know I can call the manager and the regional manager at any time." Another said, "The management team are all lovely people, so easy to relate to and they are genuinely interested in us all, staff and the residents."
- The registered manager was knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team. Where appropriate, the registered manager completed regulatory notifications to CQC so that oversight could be provided on any issues such as significant events that may occur.
- The provider had a robust quality assurance processes in place that ensured continued oversight of people's care and the service. The registered manager had an internal auditing process place which identified actions. These were included in a service improvement plan (SIP) and reviewed each month. We saw that deadline dates were set for the completion of actions. This included a recommendation that staff medicines competencies should be reassessed and had been completed within the set time.

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 registered manager demonstrated they understood their legal responsibility to be open and honest if something went wrong. They described how they would investigate and share their findings with the relevant people and bodies. They would make changes to procedures and systems to ensure there would be no reoccurrence. There were no incidents where the duty of candour was applied.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The registered manager regularly engaged people who used the service. One person told us, "I see the manager at least once a week, they are a lovely person."
- Staff told us that they were encouraged to engage and be involved in the management of the service. This

was facilitated through supervisions, annual appraisals and staff meetings.

- The provider had recently sent out a survey to those who used the service in order to gauge their satisfaction with the service. A staff survey was also sent out seeking their level of satisfaction with their employment. The results of the surveys were expected to be published in June 2021.
- The service worked in partnership with external agencies such as GP's, psychiatrists, and mental health professionals to maintain the health and wellbeing of people. A healthcare professional told us, "This is a service that is very keen to get everything right; any alterations I make to medicines, they ask that I put this in writing to them."
- The registered manager told us they were always considering ways to improve the service and regularly asked for people's views. For example, a person said they would like to have a named worker for support in certain areas. A keyworker system was introduced as a result of this request.