

Rehabilitation Education And Community Homes Limited

Reach Vale Road Chesham

Inspection report

17 Vale Road
Chesham
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
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 17 November 2016. It was an announced visit to the service. This meant the service was given 24 hour notice of our inspection. This was to ensure staff were available to facilitate the inspection and the home was accessible.

Vale Road is a care home which provides accommodation and personal care for up to six people with learning disabilities. At the time of our inspection there were six people living in the home.

There was a registered manager in post. 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 was previously inspected in July 2014. It was compliant with regulations in place at that time.

At this inspection we found people were provided with staff who were caring, responsive and people's safety was promoted. However, improvements were required to the effectiveness, management and monitoring of the service.

Decisions around people's care and treatment were not made within a best interest meeting and in line with the Mental Capacity Act 2005.

People's records were not effectively maintained or fit for purpose. An assessment document was not in use. Care plans were disorganised, not detailed and specific as to the care required. Information in relation to handovers, activities and meals eaten was not accessible.

The provider carried out quality monitoring visits and some quality audits were being introduced. However, all aspects of care and practice were not being audited and monitored.

The registered manager was accessible, approachable and actively involved in people's day to day care. Relatives and staff were very complimentary about the registered manager and the positive changes they had brought about since being in post.

People were provided with pictorial menus, however props, aids and objects of reference were not routinely used to promote people's involvement in all aspects of their care. Information for people was not available in a user friendly, accessible format and therefore their involvement within the home was limited. This was being developed.

Systems were in place to safeguard people. Their medicines were given as prescribed. Risks to people were identified and managed.

Staff were kind, caring and had a good relationship with people. They promoted people's privacy, dignity and respect.

The home was clean and maintained. People had access to activities and their health and nutritional needs were met.

Staff were suitably recruited, inducted, trained, supervised and supported. Staffing levels were sufficient and flexible to meet people's needs.

The provider was in breach of two regulations and was not meeting the requirements of the law. 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?

Good ●

The service was safe.

People were safeguarded and risks were identified and managed.

People were provided with staff who were suitably recruited and available to meet their needs.

People's medicines were appropriately managed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Decisions on people's care and treatment were not made within the principles of the Mental Capacity Act 2005.

People were supported to meet their health and nutritional needs

People were supported by staff who were suitably inducted, trained, supervised and supported.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy, dignity, independence and respect were promoted.

People's involvement within the service was being developed but not yet embedded in everyday practice.

Is the service responsive?

Good ●

The service was responsive

People had care plans in place. The care plans were not specific as the support people required however staff were aware of people's needs and the care required.

People had access to activities and were supported to participate in the community.

Systems were in place to record concerns, complaints and compliments. This was not accessible to the people they supported.

Is the service well-led?

The service was not always well led.

People's records and other records required for the running of the service were not fit for purpose.

Systems were not in place to monitor all aspects of care and practices in order to safeguard people and improve the service.

Requires Improvement 

Reach Vale Road Chesham

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.

At our previous inspection in July 2014 the service was meeting the regulations inspected. This inspection took place on 17 November 2016. The inspection was announced. This meant the registered manager was given notice of our planned inspection to ensure the service was accessible.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed the Provider Information Record (PIR). 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 previous inspection reports and other information we held about the service. We contacted health care professionals involved with the service to obtain their views about the care provided. None was provided. .

Some people who used the service were unable to communicate verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we walked around the home to review the environment people lived in. We spoke with one person who used the service, the registered manager and three care staff. We spoke with the college tutor and five 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 three care plans, medicine records for six people, three staff recruitment files, staff training and three staff supervision records.

Is the service safe?

Our findings

A person who used the service told us "I feel safe here". They had recently been supported to lock and unlock their bedroom door and demonstrated this to us. Relatives told us they believed their family members were safe. One relative told us the home had put a lot of effort into ensuring their family member was safe. They told us they were impressed with the actions taken to promote their family member's safety.

The provider had safeguarding policies and procedures available. A whistle blowing procedure was displayed on the notice board in the office to reinforce to staff their responsibility to speak up and report any concerns. Staff had been trained in safeguarding. During discussion with us they demonstrated they were aware of their responsibilities to safeguard people.

Reports were completed for all accidents and incidents in the home. Staff were aware of the process for dealing with accidents and incidents. The reports were signed off by the registered manager. The operations manager was reviewing the process for reporting to ensure that trends in accidents and incidents were picked up and addressed. Relatives told us they were informed if their family member had an accident /incident and reassured by action taken.

People's files contained a series of risk assessments. These outlined risks in relation to behaviours, medical conditions, going out in the community, finances, personal care, involvement in tasks in the home and activities out of the home. Staff were aware of the risks people presented with. We saw they supported people to manage those risks during their interventions with them. People's care plans included a Personal Emergency Evacuation Plan (PEEP) to provide guidance to staff on how individuals were to be supported to leave the home in the event of a fire.

We asked to see the environmental risk assessment document. We were told this had been completed but was not kept in the home. A copy was provided after the inspection. We noted this did not include all areas of risk such as lone working, cooking and driving the vehicle. The registered manager provided evidence that some of those areas of risk were identified and others were being addressed.

People were kept safe from the risk of emergencies in the home. A water legionella test was carried out. Fire equipment, the bath chair and utilities such as gas, electricity and portable appliances were serviced and deemed fit for purpose. The home had a contingency plan in place. This outlined key contacts for an emergency in the home. Health and safety checks took place which included fire safety, fire drills, first aid boxes, water temperature and visual checks of equipment. The water temperature record had no guidance for staff on what was considered safe practice. This had been picked up by the operations manager as part of their quality monitoring visit and was addressed.

The home was clean and suitably maintained. Records were kept of maintenance issues reported and completed. Areas of the home had been decorated and a refurbishment plan was in place to ensure the home was kept maintained and updated. Areas that were required to be locked were, in order to promote people's safety. A cleaning schedule was in place. It did not include the cleaning of equipment such as

wheelchairs and the bath chair. The registered manager confirmed equipment was cleaned and after the inspection told us it had been added to the cleaning schedule to ensure this was recorded.

People's care plans outlined the level of support they required with their medicines, how they liked to take it and risks associated with medicine administration. We saw some people had agreed to take their medicine with food. This was recorded in their care plan and was done openly with the person's permission and agreement. There were no gaps in the medicine records viewed. One person's medicine record was handwritten. This was signed off by two staff and the home was looking to have it printed by the supplying pharmacy. Staff carried out a stock control check on medicines and a record was maintained. The operations manager had introduced a medicine audit report which was being rolled out across the services. This would enable the provider to audit medicines and practices effectively.

Staff told us they were trained and felt confident to administer medicines. Staff involved in medicine administration were assessed and deemed competent prior to administering medicines. Records were maintained to evidence that. The registered manager told us all staff had an annual reassessment of competencies to ensure they remained competent and safe to administer people's medicines.

One person told us staff were available when they needed them. Relatives and staff told us they believed the staffing levels were sufficient. Three staff were provided on each day time shift and a waking night and sleep-in staff member was provided at night. Staff were responsible for the cooking, cleaning and supporting people with activities in and out of the home. The registered manager and staff told us extra staff were provided for appointments or specific planned activities such as going to the Gateway club. The registered manager also regularly supported on shift. During the inspection we saw staff were available to support people when required. The home had one full time vacancy that they were recruiting into. Regular staff covered the vacancy to ensure the required staffing levels were maintained. On- call support was provided by the registered manager and operations manager.

The service followed safe recruitment practices. Staff had completed an application form, attended for interview and had to wait for the required checks to be carried out before they started working at the service. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. The personnel files viewed contained a completed medical questionnaire, recent photograph, gaps in employment were explored and references were obtained from previous employers.

Is the service effective?

Our findings

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.

The provider had a Mental Capacity policy and assessment document in place. Staff were trained in the Mental Capacity Act 2005 (MCA). They demonstrated they had a good understanding of the act but evidence found in people's care plan would suggest they did not fully understand the requirements of the act. People's care plans outlined whether they had had capacity or not. Mental capacity assessments were carried out in relation to administration of medicines, use of lap belts and risk taking. People who were deemed to not have capacity were given the flu jab and had bloods taken without an MCA in place. People did not attend routine health screening appointments either and it was not clear that this decision had been taken in their best interest.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider failed to act in accordance with the Mental Capacity Act 2005 (MCA).

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. Staff had been trained in DoLS and had a good understanding of how it related to the people they supported. Applications had been made to the Local Authority for people who required it. The registered manager was aware which applications had been approved, refused or were pending.

Relatives told us they believed staff had the required skills to support their family member.

New staff were supported to complete an induction programme. They completed an in-house induction and were enrolled on the care certificate 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. New staff worked in a shadowing capacity alongside experienced staff. This gave them the opportunity to get to know the people they would be supporting and their care needs.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us they felt suitably trained and skilled to do their job. They said they had a mix of on line and face to face training. They felt they were supported to develop themselves. We viewed the training records for staff which confirmed staff received training on a range of subjects.

Training completed by staff included, fire safety, medicine management, food hygiene, infection control, safeguarding adults, Mental Capacity Act 2005, Deprivation of Liberty safeguards and health and safety.

Alongside this the majority of staff had specialist training in Management of Actual or Potential Aggression (MAPA). Some staff had intensive intervention training. This training was to support staff to manage behaviours that challenged. Some staff had training in epilepsy, learning disability, communication passports and autism. The registered manager confirmed the staff training matrix was being updated and that gaps in training was being booked and scheduled.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us they felt supported and received regular supervision. We looked at supervision records and saw supervision of staff was taking place. A schedule was in place to outline when monthly supervisions were completed. We saw staff who were new to post had monthly performance reviews and were confirmed in post after six months. Staff had annual appraisals. These were up to date and completed.

Systems were in place to promote good communication within the team. A communication book was in use and staff had a daily handover. Team meetings took place which included discussions on the people they supported. Staff told us they worked well as a team and felt well informed on what was happening in the home.

People had access to health and social care professionals. Records confirmed people had access to a GP, specialists, dentist, podiatrist, opticians and had an annual health review. Records were maintained of the outcome of the appointment and actions required and agreed. Guidance from health professionals were available in care plans. We saw some recent guidance was filed in the care plan but was not immediately implemented and incorporated into the person's care plans. The registered manager told us staff had been actively involved in the development of the guidance for the person and therefore were aware of it. They agreed to update the person's care plan to incorporate the guidance.

People had a health action plan in place which outlined the support required with their health needs. They had a hospital passport in place which outlined key information on people such as their next of kin, medicines they were prescribed, medical conditions and how the person communicated. The operations manager confirmed the hospital passport and a communication passport was in the process of being updated. Relatives told us their family member's health needs were met. They confirmed staff supported them to attend appointments and took an active role in promoting their family member's health and well-being. One relative told us they took their family member for appointments themselves but commented "The manager choose to come as they were interested in "X" and their needs".

One person told us they were happy with the meals provided. Relatives were happy with the quality of the meals. One relative commented "Home cooked meals are provided which include fresh vegetables and is always appetising". Another relative commented "Two hot meals are provided daily and people are well fed". Some relatives indicated the portion sizes were generous which for some people could lead to weight increase.

People's care plans outlined the support they required with their meals and risks associated with eating and drinking. Staff supported people in line with the guidance in their care plans. Care plans did not include people's likes and dislikes in relation to meals. Staff said they were aware of likes and dislikes as they knew people well. The home had a weekly pictorial menu in place. It was developed using pictures, cook books and recipe cards which enabled people to make food choices. We were told people were given options and alternatives to what was on the menu if they wanted it or did not eat the meal provided. The meals eaten

were recorded in people's daily diaries. However this information was not readily available or accessible in the daily record to enable staff to monitor whether people ate all their meals or not.

Staff monitored people's weight and action was taken if a person had lost weight or was consistently gaining weight. A relative commented "X" was supported to lose weight which benefitted them and they were now more active".

The food menus seen were varied. The food provided was appetizing and nicely presented. Aids and equipment were provided for people who needed it. People were supported to be involved in meal preparation with staff supervision. Staff ate with the people they supported. This provided people with a homely, family experience.

Is the service caring?

Our findings

One person told us staff were caring. Relatives told us they believed staff were kind and caring. They included comments such as "Staff are kind, caring and enabling". A relative commented "All staff care a lot, they interact well with people".

We observed mainly positive interactions during the inspection. Staff were kind, gentle, supportive, patient and encouraged people to be independent. They used appropriate intervention and touch to support people to eat their meals, engage in an activity and attend to their personal hygiene. There was good use of eye contact, appropriate humour and chatting which promoted a homely environment for people.

We saw one occasion where a new staff member tried to prevent a person from coming into the office. The operations manager spoke with the staff member almost immediately and addressed this with them.

People's bedrooms were personalised. They were decorated to their taste and reflected their interests.

One person told us staff knock on their bedroom door before coming into their bedroom. We saw staff knock on people's bedroom doors prior to entering. Staff promoted people's dignity and were respectful towards them. They referred to them by their first name and were proactive in promoting people's privacy. Extra measures had been taken to promote individuals privacy such as curtains on doorways and screens on their bedroom windows. During the inspection one person was constantly supervised to ensure their privacy and dignity was promoted. Staff were quick to respond and support when the person's behaviour compromised their privacy and dignity.

The home had a nominated dignity champion. They attended training in the role and were working alongside the staff team to promote people's dignity in all aspects of their care.

At the time of our inspection there was no advocacy involvement, however staff were aware how to contact advocacy services when required.

People's care plans outlined their communication needs. These were in the process of being developed into communication passports. Throughout the inspection people were offered choices in relation to activities, meals and drinks. Pictures were used to promote people's involvement in making meal choices. However, the use of props, objects of reference and pictures were limited and still under development in promoting people's involvement in all aspects of their care, choices and decisions. We saw one staff use Makaton when engaging with an individual. Makaton uses signs and symbols to help people communicate. This was not routinely used by all members of the staff team when engaging with the same individual to provide a consistent way of communicating with them. This was fed back to the registered manager and operations manager to address. The registered manager confirmed the revised communication passports will have pictures which will promote more consistent use of Makaton, aids and pictures.

Is the service responsive?

Our findings

The service had one recent admission. The organisation did not have a standardised assessment document in place to ensure all aspects of needs were identified. The person who was admitted was known to the service. The registered manager and operations manager had met with the relative. A record was maintained of the issues discussed which included the person's routines, support required and actions agreed. From that care plans and risk assessments were put in place. The person's relative told us they had a long transition from home to the service and their family member settled and felt at home there very quickly.

People had care plans in place which outlined what was important to the person, important people in their life and an outline of the areas of support. However care plans were not detailed and specific as to the level of support people required. They indicated people were to be supported with their personal care but were not specific as to the level of support required. The registered manager told us one person was able to have a bath by themselves and staff promoted their independence by staying outside the bathroom door. Their care plan made no reference to that. Another care plan stated the person needed some support with healthy eating. It did not outline what that support was. It then contradicted itself in the next paragraph by stating the person had some skills they could use in relation to healthy eating but did not identify what those were or what their level of involvement should be. Some care plans in relation to behaviours that challenged outlined the behaviours presented, triggers and how to de-escalate. Others made reference to using the intensive interaction technique but did not identify what that meant for that person.

Staff had a good knowledge of the people they supported and knew how to support them safely. During the inspection we saw they were responsive to people's needs and were proactive in de-escalating situations.

At the time of the inspection the care plans were under review and a new format was being introduced. Some care plans had been developed in the new format but still lacked the detail. The operations manager showed us a sample of a care plan they had used at another service. This was clear and specific as to the need and support required. The operations manager confirmed during the inspection that the organisation had agreed to her introducing that format into the home and agreed that process would start almost immediately.

There was no evidence that people who used the service or their relatives were involved in the development of care plans. However relatives indicated they were aware and had input into their family members care plans. A person who used the service was not aware of their care plan. They commented "Don't know if I have a care plan, don't recall seeing it".

People had six monthly reviews. Families were invited to those reviews and encouraged to contribute to them. People had a named keyworker. This was a named staff member who supported the person with various aspects of their care such as shopping, activities and liaison with family members. A person who used the service told us who their keyworker was and the support that staff member provided for them. Relatives were aware who their family member's keyworker was. One relative told us their family member's

key worker was appropriately changed so they had more in common. Another relative told us their family member's key worker took a while to get to know their family member. They commented "The key worker is starting to make suggestions to develop "X" involvement within the home".

One person told us they went to college, went out with staff and went home regularly. Relatives told us their family members had access to a range of activities and new activities were always being introduced and tried. Staff felt people had good access to activities.

People had a care plan about access to activities. However this did not indicate what person centred activities the person was supported to be involved in. There was no weekly programme of activities in place for individuals either. During the inspection one person went to college and others were involved in an art session, shopping and went for a walk. We saw photos on the computer of activities that had taken place such as sailing, and Halloween celebrations. Activities people had participated in were recorded in a diary and therefore not easily accessible to demonstrate people had regular access to activities.

The service was going through a period of change and whilst the records were not fit for purpose staff were aware of people's needs, responsive to them and supported them to have access to activities.

The person we spoke to told us they would talk to the registered manager or their parent if they had any concerns or worries. Relatives were unable to recall been given a copy of the complaints procedure. However they told us they felt able to raise concerns with any member of the team and told us issues raised had been addressed. A book was in place to record complaints. None were recorded. A number of compliments were recorded where relatives had expressed their thanks to staff. The home had a complaints procedure. People were asked if they had any complaints at their resident meetings. We were told the complaints procedure was available in a user friendly format but was not displayed or made accessible to the people they supported. This was being addressed.

Is the service well-led?

Our findings

Records required for regulation were not suitably maintained and fit for purpose. The organisation did not have an assessment document in place. People's care plans were disorganised and information inaccessible. They contained duplication of information in different formats which was confusing and in some cases contradictory. The care plans did not provide clear guidance for staff on how they support people. Risks were identified but the documentation to record risks, the level of risk and their management was not clear. Meals eaten and activities that had taken place were recorded in a diary. This information was not easily or readily available to enable the service to monitor people's involvement in activities and meals eaten. Some guidance was out of date and referred to old legislation for example regulation 26 visits. Handover records were recorded in a diary. It was not easy to see who was duty, which tasks they were allocated to, what was planned or had taken place for the shift. Information was not available in a user friendly format and accessible to the people they supported. Some policies and procedures viewed lacked detail and did not cover all aspects of relevant legislation and the Health and Social Care Act 2008 regulations.

The provider had a quality monitoring policy in place. It outlined the provider would carry out monthly quality audit visits and the registered manager would complete annual audits. The operations manager carried out monthly monitoring visits. The reports of the visits were detailed and comprehensive. Actions required were followed up at the next monthly monitoring visit and in one to one meetings with the registered manager. The operations manager was in the process of introducing a medicine audit and a system to audit accident and incidents. However a health and safety, infection control and other audits of practice were not established or taking place. After the inspection the operations manager confirmed a health and safety audit had been developed and an infection control audit was being worked on. They also informed us that a new human resources manager had been appointed who would audit staff files and that a self-audit tool was being developed which would take time to complete.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Registration) regulations 2009. This was because the provider failed to ensure records were up to date, fit for purpose, accessible and failed to have effective systems and processes established to assess and monitor all aspects of the service they provided.

Monthly resident meetings took place. Records were available to confirm this. The meeting minutes were not provided in a user friendly way and the minutes did not indicate the use of props, pictures or objects of reference to promote people's involvement in them.

Relatives had opportunities to feedback their views about the home and quality of the service their family member received. They were invited to and included in people's reviews. They had recently completed surveys. We saw the feedback from the survey was positive and an action plan was in place to address issues identified. Relatives told us they felt able to contact the nominated individual if they needed to and felt there was good communication between them, the home and the organisation.

People and their relatives were happy with the way the home was managed. Relatives told us the registered manager had the right attitude and was approachable, accessible and always available. They described the registered manager as "Excellent, positive individual, hands on, down to earth, warm, welcoming and responsive. They commented "The manager creates enthusiasm in staff and is so into promoting a homely family environment." They told us the registered manager had brought about many positive changes to the service such as better access to activities and more involvement of people.

A professional involved with the home told us they had a good relationship with the home. They felt communication between them and the home was good. They said staff were flexible and able to adjust to people's weekly programmes. They commented "Staff were committed to people's progress and promoted people's independence". They confirmed the registered manager was "Accessible, available and a good communicator".

Staff told us the home was well managed. They told us the registered manager was learning the job but was accessible, approachable and always available to them. Staff commented "The manager's door is always open and we can talk to them at any time". During the inspection we saw the registered manager regularly assisted with the shift and was continuously distracted from management responsibilities by the demands of the service. The team leader was on maternity leave and this meant all aspects of management and supervision of staff were the sole responsibility of the registered manager. The registered manager was new to the role and whilst they felt supported by the operations manager they had not yet fully embraced the registered manager's role and responsibilities. The operations manager was promoting and developing this through supervision meetings with the registered manager.

The registered manager's aim was to develop a more person centred service to people. They had started to do that and had introduced pictorial menus. Other aspects of involving people such as resident meetings, care planning and activities required further improvement and development to promote a more inclusive person centred service.

The registered manager 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. The home was proactive in making notifications to us. The registered manager was aware of the duty of candour and their responsibility to act in an open and transparent way in relation to the care and treatment people received.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to act in accordance with the Mental Capacity Act 2005 (MCA).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure records were up to date, fit for purpose, accessible and failed to have effective systems and processes in place to assess and monitor all aspects of the service they provided.