

Rehabilitation Education And Community Homes Limited

Reach Sistine Manor

Inspection report

Sistine Manor
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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?

Requires Improvement ●

Summary of findings

Overall summary

Reach Sistine Manor provides residential care for up to 19 adults living at the service. The home is split into two, with a coach house to the side which accommodates three service users. The home provides care to people with severe learning disabilities and complex needs. At the time of our inspection, 14 people were living at the service.

Reach Sistine Manor did not have a registered manager however an application had been made by the current operations manager. A manager was in place and managing the service with the support of the operations manager. 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.

This inspection was undertaken over two days and was unannounced.

We undertook an inspection at Reach Sistine Manor in October 2015 which was unannounced and completed over two days. At our last inspection, we found a number of breaches under requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was in breach of Regulation 10; Dignity and respect, Regulation 11; Need for consent, Regulation 12; Safe care and treatment, Regulation 17; Good governance and Regulation 18; Staffing. Sistine Manor was placed into special measures. After our inspection in October 2015, we began to look at taking further enforcement action against the provider. We decided to revisit the service after six months to assess their progress.

At this inspection, we found major improvements had been made to the service. Since our last inspection, the number of people living at Sistine manor had reduced and improvements had been made to the training and development of staff working at Sistine manor. We found these changes had a positive impact on the way people were cared for, and the way staff interacted and supported people living at Sistine Manor.

New processes and procedures had been implemented to ensure the quality of the service provision and to assess where and how improvements could be made. We saw staff had been actively involved in providing input into how Sistine Manor could improve and in turn, this had a positive impact on how they engaged and supported people living at Sistine Manor to have their voices and choices promoted.

Staff we spoke with told us they felt the service had improved, and that further training and supervision had been beneficial to their roles. Staff told us learning disability training they had received since the last inspection had helped them to understand how people with learning disabilities see the world and their environment, and gave them an understanding of how best to support people. We received positive feedback from staff on the training they had received and saw the positive impact this had on people living

at Sistine Manor.

We found there was now effective governance in place to ensure the smooth running of the service. Where feedback was obtained from staff, visitors or relatives, we saw this was fed back into the service to make further improvements. For example, where complaints were made, these were acted on in line with the provider's policy and discussed at team meetings to promote further learning and to encourage improvement. We previously had concerns about management and leadership within the service. We now found the manager was being supported to develop their understanding and skills by the operations managers. This again, appeared to have a positive impact on both staff and people living at Sistine.

At previous inspections, we raised concerns about poor culture within the service. This included poor staff practice and lack of dignity and respect shown towards people living at Sistine Manor. Since our last inspection, changes had occurred within the staff team which resulted in a culture shift. We now found staff were working together to achieve the same goal of improving the life of people living at Sistine Manor and wanting to learn and improve.

The service was in special measures as a result of the comprehensive inspection in October 2015. This inspection showed improvements had been made. Therefore the service is now out of special measures.

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 ●

People were protected against potential harm as risks were identified and actioned.

People received their medicines in a safe manner.

Staff were knowledgeable on how to prevent potential abuse and how to raise concerns appropriately.

Is the service effective?

Good ●

Staff now received effective training which had a positive impact on people living at Sistine Manor.

Staff received effective supervision and support to undertake their roles.

The service worked in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

Staff were caring towards people living at Sistine Manor.

Staff worked in a person centred and attentive manner and in a way which promoted people's independence.

Staff were able to tell us about what was important to people and how they involved them in their day to day lives.

Is the service responsive?

Good ●

A wide array of activities both in- house and externally were now provided.

Care plans were reflective of people's current needs.

Complaints were managed appropriately within the service.

Is the service well-led?

Requires Improvement ●

There was no registered manager in place, however an application for registration had been made to the Commission.

New processes and procedures were having a positive impact on the running of the service.

Staff and management told us the culture of the service had begun to change which had a positive impact.

Reach Sistine Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 and 25 May 2016 and was unannounced.

The inspection team consisted of two inspectors and a specialist advisor with a background in learning disability provision. On the second day of the inspection, one inspector attended.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked to see what notifications had been received from the provider since their last inspection. We received appropriate notifications from the home since their last inspection in October 2015.

During both days of our inspection we spoke with the manager, two operations managers, six support workers, one person and two relatives of people and domestic staff including the chef. We undertook observations of staff practice over the two days. We reviewed four care plans, medicines records, daily care records, three recruitment files and copies of quality monitoring undertaken by the provider. We also looked at staff supervisions, training records, induction records and rotas.

We were unable to speak to some of the people who used the service, due to their capacity to understand and ability to verbalise. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spoke with commissioners of the service prior to the inspection.

Is the service safe?

Our findings

At the service's last inspection in October 2015, we found the service to be in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made to ensure the safety of people living at Sistine Manor.

Since our last inspection, the number of people living at Sistine Manor had reduced, including the amount of people who required one to one support. We checked staffing levels and were provided with four weeks rotas to assess whether Sistine Manor had enough staff working to support people. We found there to be appropriate staffing levels within the service. Staff now received breaks. Throughout the day, we found staff to be visible and available to people in order to support them both within, and outside the service. Agency staff were being used, however we saw the provider tried to ensure the use of the same agency staff to provide consistency to the people they supported. We saw appropriate checks were in place to assess the suitability of agency staff working within the service.

We looked at risk assessments and guidelines for people who lived in the service. We found risk assessments and guidelines now reflected people's current needs and were in the process of being reviewed. Risks such as entering the community, choking, and behavioural risks were recorded within management plans on how to reduce potential risks to people. We spoke with staff about risks to people and they were able to explain the potential risks, and what action they took to reduce them. For example, one person was moved from the side coach house into the main building (following correct protocols) as it was deemed they could be at risk from another person's behaviour. Another example was of people being supported at lunch time who were known to choke. Staff were able to support people to eat at a pace which prevented any risk of choking.

We found people were protected from potential fire risks as the service now ensured staff received regular training and undertook fire drills. A fire risk assessment was in place, and personal evacuation plans were in place for people living at the service. We saw fire drills were now recorded, along with any potential actions which needed to be undertaken after fire drills. Staff were able to tell us how they would appropriately evacuate the building if required. We found there were appropriate health and safety checks within the service, for example, legionella checks and maintenance checks of the building to ensure people's safety.

We spoke with staff in relation to safeguarding. Staff were knowledgeable on how to protect people from abuse and how to raise and respond to safeguarding concerns if they arose. Staff were aware of how to raise a safeguarding alert to the local authority and the provider. Staff we spoke with were able to describe what they felt constituted abuse, and how they would raise their concerns. Staff were also aware of the role of the Care Quality Commission and how to contact us. Staff were also aware of the provider's whistleblowing policy. Since our last inspection the provider's safeguarding policy had been reviewed and we saw evidence of investigations undertaken when a safeguarding incident had occurred. Since our last inspection, the majority of staff had completed refresher safeguarding training to ensure their skills and knowledge were up to date.

We found medicines were managed well within the service with appropriate checks undertaken. A recent

medicines error had occurred which the Commission was notified of. Since this error, the provider had made further improvements to their medicines practice to eliminate preventable mistakes. For example, a new medicine administration system and separate folders for each person receiving medicines were now in place. We checked people's Medicine Administration Records (MAR) and found where people were administered their medicines, they had been appropriately recorded. We counted random medicines to ensure they corresponded with people's MAR charts. Medicines which were required to be locked away safely were now stored in a separate lockable room. Staff were trained in medicine management and medicines were always administered by two staff members to ensure any potential mistakes were identified immediately. Clear guidance was in place for people who used 'as required' (PRN) medicines such as paracetamol. Staff and management were now aware of what constituted a 'controlled medicine' and were able to demonstrate how they would store these in line with current guidance and best practice.

We looked at three recruitment files for staff members who had recently commenced employment. All three files contained proof of identity; including their eligibility to work within the UK. Photographs were contained in files. Medical histories and previous employment histories were in place. Staff disclosure and barring checks (DBS) were kept on file including the date they had been received which demonstrated staff suitability to work within the service. All files contained evidence of satisfactory conduct in previous employment.

Is the service effective?

Our findings

At the service's last inspection in October 2015, we found the service to be in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Regulation 18 (Staffing). At this inspection, we found improvements had been made to the provision of supporting staff development through induction, training and supervision and around evidence that people were supported with their rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

After our last inspection in October 2015, the Care Quality Commission served a notice on the provider which consisted of placing 'positive conditions' on the provider's registration. Part of these conditions were the requirement of the provider to seek and provide specific learning disability training to staff working at Sistine Manor and to update us monthly on what training had been provided, and who had received the training.

Since our last inspection, we found improvements had been made to training which had a positive impact on both staff, and people living at Sistine Manor. Learning disability training was now provided to staff. We spoke with staff in regards to the training they received and the impact this had on the way they supported people living at Sistine Manor. Comments from staff included "We got to learn more about learning disabilities and learn about the world they live in. We also learnt about the social model of disability and how and why people do things in a certain way. It's helped me very much in my role and has helped me to help people achieve what they want to achieve", "The people living here are constantly growing and changing and we need to grow with them. We did learning disability training and it was really good. It was informative and practical and we were able to contribute. I think it has made me better at my job" and "I had recent training in learning disability which was excellent. We were asked to put ourselves in a person's shoes and consider how they feel." On the first day of our inspection, three people who lived at Sistine Manor were being supported to attend local authority 'learning disability training for people with learning disabilities'. The operations manager told us they would be seeking feedback on the training to assess whether it was a viable and regular training option for people living at Sistine Manor.

Regular training had also been provided in the use of communication techniques, for example, the use of makaton (a type of sign language) for people who were able to use this. Each week, staff learnt a new makaton sign at their team meeting and were required to use this with people. We saw the makaton word of the week was displayed in the service and staff we spoke with were able to use the makaton word of the week and tell us who could understand and what impact it may have for people living at the service. Throughout the day, we saw staff using the makaton word of the week when communicating with people who were non verbal. New communication passports were in the process of being developed. These were mini documents which staff were able to carry with them which provided an overview of how best to communicate with people living at Sistine Manor.

Since our last inspection, staff had refreshed a lot of training deemed mandatory by the provider. A new training plan had been created by the provider which outlined what training staff were to receive, and how often this should be refreshed. Training topics included safeguarding, MCA and DoLS, Autism training,

Infection control and MAPA (Management of actual and potential aggression) training.

Since our last inspection, we saw a new induction process was in place for new staff starting work at Sistine Manor. We spoke with one staff member who had recently commenced employment. They were able to tell us what their induction consisted of and the training and shadowing they received before being signed off as competent to lone work. We saw evidence of competency assessments, and monthly supervisions discussing the staff member's progress whilst they were still in their probation period. New starters were also working towards completing the required care certificate in order for them to demonstrate their knowledge, competency and skills.

We saw supervisions were being undertaken in line with the provider's policy. We looked at a sample of supervisions and saw these were a two way discussion between staff and their supervisor. Supervisions were detailed and reflected both on the staff member's practice and knowledge, and any further support they needed. Staff we spoke with told us they were feeling more supported since our last inspection. Comments included "Staff are being asked more about our ideas and how we can make the service better", "Everybody's working really hard and it's been getting better" and "Definite improvement and better clarity."

Since our last inspection, the number of people living at Sistine Manor had reduced. Both staff we spoke with and management agreed that this had also had a positive impact on the running of the service. Sistine Manor had a continued programme of refurbishment and decoration to ensure the maintenance of the building. We found some areas of the service still needed attention, for example, worn carpets on the stairs, however these were being addressed.

At our last inspection we raised concerns that people were not always supported with their choices around nutrition and hydration. We found improvements had been made to people's nutritional and hydration needs. Prior to this inspection, meal times were provided at specific times and staff ate with people. Meal times were now staggered to promote choice for people. We saw all people were offered choices and were offered more food if they wished. We spoke with the chef who was knowledgeable about people's nutritional requirements, and how they promoted people to maintain a healthy diet. People had free access to the kitchen to request food if they wished, and the chef had undertaken cookery lessons for people living at Sistine Manor. Food choices were displayed prominently within the service so people were could see what options were available. One person we spoke with confirmed they could have something different to eat if they did not like what was on offer. The person also told us they had been given the task of gaining people's wishes on the menus for the next week. They told us they enjoyed this task.

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. 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.

At our last inspection, we had concerns that the service was not following the principles of the MCA by ensuring people's choices were promoted and ensuring people were not unlawfully restrained. We raised

concerns at our last inspection that staff were unaware of what constituted restraint, and how they should support people under the principles of the MCA. At this inspection, we found improvements to the way the service supported people under the MCA. We saw evidence of mental capacity assessments and best interests meetings where required, for example, moving a person from the coach house into the main house, and promoting a person's choice around dying their hair. Staff we spoke with were now aware of what constituted restraint. Throughout our inspection, we found people were able to move freely around the service and were not restrained by staff. For example, people now led staff where they wished to go rather than staff leading people where they felt they should be.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people were subject to Deprivation of Liberty Safeguards (DoLS), guidelines were in place on how to support the person in the least restrictive and appropriate way. Where applicable, applications had been appropriately made to the local authority and these were closely monitored by management to ensure timescales did not lapse.

People were supported to access healthcare professionals such as doctors, nurses and speech and language therapists when required. Where people had appointments, we saw these were clearly recorded as to why an appointment was needed, what the outcome of the appointment was and when their next appointment was due.

Is the service caring?

Our findings

At the service's last inspection in October 2015, we found the service to be in breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made around treating people with dignity and respect.

During our inspection, we made observations of how staff supported people in their day to day lives. Prior to this inspection, we raised concerns that staff did not always treat people with dignity and respect, or treated people in a person centred manner. Since our last inspection, staff had begun to receive training on learning disabilities and discussed best practice. We saw this had an improvement on the way staff worked with people to uphold their dignity, and treat them with respect.

We made observations over the lunch period using our 'SOFI' tool. This tool enables us to record observations of staff interactions when people are unable to tell us their views. Prior to this inspection, we found lunchtimes used to be regimented. At this inspection, we found people were able to have their lunch when and where they wished. Staff took the time to engage with people during the day and over lunch for example, asking people if they were ok, or using thumbs up to gain the view of the person they were supporting. Staff also used their initiative to engage people in activities they wanted to undertake in a meaningful manner, for example, allowing people to choose what they wanted to do (playing with a puzzle or using an ipad). We saw staff smiling, laughing and showing interest in people.

At previous inspections, we raised concerns that staff did not always offer choice to people, or supported and involved people to make a choice. At this inspection, we found staff actively involved people in making choices. Staff took the time to show people different choices they could have over lunch and involved people to be as independent as possible. For example, staff asked people "Would you like to go to the kitchen to choose your pudding?". Staff were also polite and kind towards people using phrases such as "Enjoy your lunch", "Would you like to sit down?" and explaining what food options were available either verbally, or using flashcards. After lunch, we saw a staff member using a new tool which was used to ask people how they were feeling. We saw staff members leaning down to people's levels and respecting people's dignity (For example, when people required their mouths to be wiped). We also saw after lunch, where people had spilled food accidentally on their clothes, they were supported to change.

Staff displayed much better empathy towards people and showing genuine interest in people's days. For example, one person was becoming distressed over lunch. We saw staff members responding quickly and providing gentle reassuring touch and words such as "Is everything ok?". Staff also asked people when they returned from their outside activity if they had a nice time and asked what they did. One person we spoke with told us they were "Happy, happy!" Another person we spoke with told us they enjoyed living at Sistine Manor and enjoyed watching the soaps, going to the cinema on a Sunday and going to the day centre on a Monday. They told us they had been involved in gaining people's menu requests and that they enjoyed doing it. They also told us "Staff are kind. They take me out and I feel listened to. I feel I get the right support with my care."

At present, no one was using advocacy services. (These are independent services offered to people who may be unable to voice decisions and choices around their care). We were advised that advocacy services would be sought if required and contact details for advocacy services were available to people living at Sistine Manor.

Is the service responsive?

Our findings

At the services last inspection in October 2015; we raised some concerns around people's care planning and involvement. At this inspection, we found care planning had improved and was reflective of people's needs.

We looked at care plans and health plans for four people who used the service. Care planning had improved and regular reviews of care plans had been undertaken to ensure they reflected people's needs. We also saw care plans had begun to be more person centred and contained vital information on how people wished to be supported. One page profiles were in place which provided a snapshot of how people wished to be supported. Where required, behavioural care plans and risk assessments were in place which provided guidance to staff on how to de-escalate behaviours, and how best to support people in a person centred way. Where people had specific health needs, these were recorded and followed up accordingly. Staff we spoke with were able to tell us how they supported people which corresponded with people's care plans. Each person living at Sistine Manor had an allocated keyworker team. We saw monthly keyworker meetings were recorded which showed discussions on how the person had been supported throughout the month. Where people received one to one care, clear guidance was in place.

People's care was reviewed every six months and was recorded in a comprehensive format which involved the person, relatives and other professionals including keyworkers. Reviews contained information on what had happened in the person's life in the previous six months included any health changes, what activities had been undertaken and what plans were in place for the next six months, We found all people had had their care reviewed and were invited to participate if they wished.

Since our last inspection, in house activities for people had improved. Educational activities were now provided to people who wished to participate. These covered gaining skills such as maths and geography and were provided in a format which could be understood by people living at Sistine Manor. We also saw progress on goals were recorded for people, however, there was not a clear structure on how often goals should be reviewed. During the day, we saw activities were provided to people such as puzzles, use of the ipad and games. During the first day of our inspection, the majority of people living at Sistine Manor were participating in outside community activities. We were told that people were supported to go and see a show in London. We saw evidence of a social story which was used to communicate to people how the day would run and what going to a theatre might be like. One person told us everyone was going to visit a local restaurant next week which they were looking forward too. An activities board was displayed prominently in the communal dining room which showed what activities were provided on each day. Music therapy and art therapy was also sought and provided to people who wished to participate.

We looked at copies of complaints within the service. Complaints now had a clear format for recording when a complaint had come in and what action had occurred from the complaint. We saw when a complaint had been made, a response was issued and was resolved as far as possible, to the complainant's satisfaction. Complaints were now addressed at team meetings to discuss why the complaint had been made, and what improvements and learning could be made from the complaint. People were also supported to make

complaints in a format suitable to them.

Is the service well-led?

Our findings

At the service's last inspection in June 2014, we found the service to be in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvement had been made to the provision of good governance and quality monitoring of the service.

At present, there was no registered manager at the service. The operations manager had made an application to the commission to apply to be the registered manager. At present, the management team consisted of two operations managers, the current manager and a team leader.

At our last inspection, we raised concerns around the lack of improvement within the service over the last 18 months. This was due to ongoing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and 2014. At this inspection, we saw improvements had been undertaken to enable the service to be taken out of special measures, and the provision of the service improved to ensure people were supported in a person centred way.

Since the involvement of the operations managers, we found there to be a shift in culture and effective leadership was now in place. New processes and systems had been created to assess the quality of the service provision. These were conducted more regularly to ensure management had good and clear oversight of the running of the service. Monthly auditing checks were now in place which looked at various aspects of the service. Where deficiencies had been noted, action plans were in place and were followed up at the next check. Previously, we raised concerns on the lack of analysis for trends and patterns arising from accidents and incidents. We now found analysis was in place and where appropriate, management plans to make improvements.

We spoke with the operations manager. They told us "We have changed our strategy and started from the foundations. The manager has worked really hard to change the culture within the service and has made some tough decisions. We have reviewed our systems and processes and are seeing the service improve every day." The current manager told us "I have learnt about the value of training and communication. I have also learnt about the value of staff input and resident involvement. The culture is changing for the better. It's all about the people who live here now. Things are very positive."

Staff told us "We have an active team and everyone is working really hard. Everyone is contributing to building a strong team", "The structure has changed. It's much more organised and peaceful. It's been a progressive change and I think it has been positive. New staff have come in and brought new ideas which have been taken on board. It's been very difficult for the manager and I think the operations manager has had a positive impact. Sistine manor has changed a lot and is moving in the right direction."

We spoke with the operations manager and the current manager in regards to making further improvements within Sistine to demonstrate consistency and to continue to improve the service now initial improvements had commenced.

The commission had received appropriate notifications since Reach Sistine Manor's last inspection in October 2015. The manager and Operations manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted. Sistine Manor's last inspection rating was on display in a prominent place.