Reach Limited

# Reach Bierton Road

**Inspection report**

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

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

Reach Bierton Road has a registered manager in place. 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.

People were supported by staff who knew their needs, likes and dislikes well. Most staff had been employed at the service for a significant period of time which had a positive impact on how people were supported. Staff were able to explain people's needs and how they supported people to be independent and to promote people to make life choices.

People were protected from harm by staff who were inducted, trained and supervised within the service. Staff knew how to respond to allegations of abuse, and how to protect people from potential risks. Medicines were managed well within the service.

People's health and social needs were met in a way which promoted best outcomes for people, for example, the use of health professionals such as doctors, speech and language therapists and social workers.

# Summary of findings

People were supported by staff to access the community in ways they wanted, for example, on the days of our inspection, people were supported to go on holiday to a seaside resort and people who did not go on holiday, were supported to visit the local shops and a wildlife park. People were also assisted to access cookery courses and college courses if they wished.

People appeared happy and settled within the service. The service had a calm environment and people appeared relaxed and at ease. Relatives we spoke with told us “I have no complaints, X has never been happier in her life, X loves it here” and “X seems very happy there.”

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

People were protected against potential harm as staff and management were aware of their responsibilities in regards to safeguarding.

Assessments were in place to ensure people were protected against any associated risks.

People were protected from unsuitable staff as the service undertook recruitment checks to ensure potential employees suitability.

Good

**Is the service effective?**
The service was effective.

People received support from staff who were trained and supported to undertake their roles.

People's rights and choices were respected and staff understood the implication for them and the people they supported of the Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS).

People were supported to access to the health and social care services they needed.

Good

**Is the service caring?**
The service was caring.

Staff were able to demonstrate how they promoted peoples independence and choice.

Staff knew the needs of the peoples they supported well.

Advocacy services were provided to people where required.

Good

**Is the service responsive?**
The service was responsive.

Care plans contained guidance on how people wished to be supported with their care.

People were supported to access the outside community including colleges, cooking classes and local clubs.

Regular reviews were undertaken to ensure where people's needs changed, appropriate support was put in place.

Good

**Is the service well-led?**
The service was well-led.

The provider had systems in place to ensure the smooth running of the service.

Staff and relatives were complimentary about the management of the service.

Actions plans were in place to improve the service were necessary.

Good

# Reach Bierton Road

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 17 and was unannounced 19 August 2015 and was announced. We checked to see what notifications had been received from the provider since their last inspection in September 2013. Providers are required to inform the CQC of important events which happen within the service.

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

We spoke with the registered manager; deputy manager, two staff and three relatives of people who used the service. We spoke briefly with two people who used the service before they left for their holiday. We reviewed two care plans, medicine records and staff documentation including supervision and training records and copies of quality assurance documentation.

Good

# Is the service safe?

## Our findings

We spoke with three relatives of people who used the service. Relatives told us they felt their loved ones were safe living at Bierton Road. Comments included "I feel confident that X is safe"

Staff were knowledgeable on their roles and responsibilities around safeguarding people. Staff were able to explain what constituted abuse, and what steps they would take if they suspected abuse had occurred. Staff were aware of how to contact the local authority safeguarding team, and visible posters were available for staff and visitors on how they could escalate concerns if they had any to the correct people. All staff had received safeguarding training which was refreshed as required.

We found staffing levels were appropriate to number of people who used the service. We were provided with the last four weeks rotas which showed all shifts had been covered. Shifts consisted of morning shifts, afternoon shifts and night shifts. The service used relief staff to cover shifts where required. Where agency staff were used, the service tried to use the same agency staff to ensure consistency and safety. Checks were undertaken before agency staff commenced work to ensure they were suitable to cover any outstanding shifts.

Medicines were managed safely within the service. Medicines were stored and recorded appropriately to ensure people were not placed at risk. Staff had been trained in medicine administration and had their competency assessed before administering medicines. Clear guidance was in place for each person around how their medicine were managed including guidance on the use of 'as required' (PRN) medicines and non-prescribed medicines. We observed staff to administer medicines in a safe manner.

Risk assessments were in place for people were the service had identified potential risks. These were reviewed regularly when risks changed. Risk assessments were personalised to each person and included actions on how to reduce potential risks, for example, risk of people choking and risks associated with accessing the community. Where people were placed at potential risk, but had the capacity to make that decision, appropriate safeguards were in place.

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

People were protected against risks associated with the premises. This included personal evacuation plans for people in the event of a fire. Six monthly fire drills were undertaken and any outstanding actions or potential risks were recorded and actioned as necessary.

Good

# Is the service effective?

## Our findings

The provider was changing the way they undertook their inductions to ensure staff were inducted alongside the new 'care certificate' which outlines set standards which new staff were required to meet and to be signed off as competent. As staff within the service had worked there for significant periods of time, there had been no new staff members inducted into the service. We were advised by the registered manager (who was also the registered manager for another local service where new staff had been inducted) that this had worked well. New staff were also required to complete an induction checklist which included the requirement to read the provider's policies and peoples care plans. This included the use of agency staff who worked within the service when required.

Staff were supported in their roles through effective supervision and appraisals. Supervisions were required to be undertaken six times a year; however the manager and deputy manager tried to undertake them more frequently. Supervisions were recorded well and demonstrated a two way conversation which included any future personal development which had been identified. Appraisals were well recorded and staff were required to rate their performance which was then confirmed by management. Staff told us they felt happy and supported in their roles.

Staff received appropriate training to undertake their roles. Training included subjects such as safeguarding of vulnerable adults, infection control, medication, food hygiene and moving and handling. Training consisted of a mixture of classroom training and online e-learning training. Most staff had received up to date training in line with the provider's policy. Where staff required refresher training, this was undertaken accordingly.

We looked at how the service promoted people's rights under the Mental Capacity Act 2005 (MCA). The registered manager was able to demonstrate how and when they would undertake a mental capacity assessment if required and were able to provide examples of completed mental capacity assessments, however these were not regularly reviewed to ensure where there were changes to people's capacity to make specific decisions, that this was reviewed and amended as required. Copies of best interest meetings were available where decisions had been made involving the person and anyone representing their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications had been made to the local authority for all people who used the service. At present, one application had been authorised. We were advised by the registered manager that they were unaware they had needed to fill out a mental capacity assessment prior to applying for a DoLS by a professional, however they had quickly actioned this and were able to demonstrate appropriate mental capacity assessments for all people where it was assessed that they may be deprived of their liberty.

People were supported with their hydration and nutritional needs. Risk assessments were in place where required, For example, where people were at risk of choking or at risk of weight loss. We also saw documentation from Speech and Language therapists were their advice had been sought around nutritional needs for people. Staff we spoke with were able to explain how they supported people with their diets, for example, a soft food diet. Where people were at risk of weight loss, monthly weights were recorded and monitored and referrals to professionals were made when appropriate.

People were supported to undertake their own meal preparation and booking where appropriate. We saw people were supported with minimal supervision to undertake their own cooking. Meetings were held in house to plan meals for the week ahead and involved people who used the service. People were promoted to have healthy choices including fruit and vegetables. The service had a vegetable patch in the garden which people were supported to maintain and use in cooking as wished.

People were supported to access local healthcare services such as doctors, dentists and hospital appointments where required. Evidence of outcomes from healthcare appointments were clearly recorded. This included any actions which needed to be taken, for example, follow up appointments.

Good

# Is the service caring?

## Our findings

We saw people's bedrooms were personalised to people's taste and people were able to furnish their rooms as they pleased. We spoke with two people who told us they liked their rooms and showed us photographs on their walls of loved ones.

People within the service had lived at Bierton Road for a significant period of time, in some cases going back to 1998. People appeared happy and comfortable in their environment, and were free to explore the house and garden as they pleased. People were provided with keys to their rooms and were able to lock them as they wished to protect their privacy.

Staff were kind and attentive to people who used the service. Before staff entered people's rooms they knocked and waited for permission to enter. Staff spoke to people in a kind manner, and sat at their level to talk to them. Where people were anxious, staff sat and put their hand on theirs to reassure them. Staff asked people what choices they would like and respected people's choices, for example, if people wanted to go out, or what people wanted to eat.

Staff protected people's dignity and independence with appropriate support. For example, people were offered wipes after eating and taking medicines to cleanse themselves. Protective aprons were used with people's permission to protect their clothes and staff supported people to be as independent as possible. Staff told us they always shut people's doors and curtains to protect people's dignity when providing personal care. One staff member told us of an example when someone's curtain pole had broken. They called the maintenance person to come and fix it immediately so the person's dignity and privacy was not compromised.

Staff we spoke with had worked at Bierton road for significant periods of time, some for five or six years. Through conversations with staff, it was apparent that they knew people's needs well. Staff were able to tell us how they picked up on people's body language to identify when they were upset or happy. Staff also told us how they promoted people's independence, for example teaching cooking skills and laundry skills. One staff member told us "When I started X did not verbalise. Over the years we have worked with X to build her speech." One relative commented "X's speech has really come along and they [staff] have really supported X. I have no complaints about the staff, they are very trustworthy and proactive."

People were supported to access advocacy services were required, for example where people did not have any family members to represent their views or needs, advocates were sought and provided.

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

Good

# Is the service responsive?

## Our findings

Prior to people moving in to the service, a pre assessment was undertaken to ensure the service was able to meet the needs of the person. Care plans were in place for people who used the service which contained details of how people wished to be supported. Each person had their own support plan, health action plan, finance folder and daily note books. Peoples support plans were clear and detailed and explained how people wished to be supported in areas of their care for example, personal care and social needs. Guidelines were in place where people had specific needs, for example eating and drinking. Each person living at the service had a health action plan which outlined essential information for health professionals in the event of an admission to hospital.

Care plans and guidelines were reviewed regularly to ensure they were reflective of people's current needs. Every six months, a comprehensive review was undertaken involving the person, any healthcare professionals who were involved in the person's placement and staff at the home. These reviews gave a clear overview of what had happened in the person's life over the previous six months including any changes to health needs and/or wellbeing. Reviews also recorded what activities people wished to undertake within the next six months such as starting college courses or attending outings.

On the day of our visit, four people were being supported to go on their annual holiday by staff members. People we spoke with told us they were looking forward to their holiday and enjoyed visiting the seaside. Staff told us how they arranged annual holidays to suit people's individual needs and what plans were made to ensure people were supported. People were supported well to access the local community including college courses, trips to the shops, lunches out and local clubs. During our inspection, we saw two remaining people who did not attend the holiday were supported to visit a wildlife centre by staff. Each person had an activity guideline and plan which showed what activities they liked to undertake and when they liked to undertake them. Comments from relatives included "They support X well. They do try and bring X home to see me for lunch."

The service was responsive to people's needs when they changed. For example, one person's mobility had recently declined due to a fall. The service ensured they could meet the person's needs by moving their room to the ground floor, and obtaining a wheelchair so the person was still able to access the outside community when they wished. Relatives commented "They did ring to tell me when X's needs changed. They [staff] are very proactive when it comes to X's health needs."

Complaints were managed within the service. Where complaints were made, these were appropriately recorded including any action taken to resolve the complaint. Complaints were also available in a format appropriate to people who used the service. Relatives we spoke to were aware on how to make a complaint if required.

Good

# Is the service well-led?

## Our findings

There was a good senior team in place at Reach Bierton Road. This included the registered manager, a deputy manager and a team leader. At present, the registered manager spent their time between Bierton Road and another service they were registered manager for. Tasks were being delegated to the deputy manager who would soon be applying for the role of registered manager.

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

The manager conducted a yearly 'quality assurance annual audit' which looked at areas such as principles of care, reviews, medication, premises and staffing. We found this audit to be thorough in addressing issues and undertaking an action plan and who was responsible for outcomes. We saw fire audits and health and safety audits where completed regularly including health and safety checks. A business continuity plan was in place for the service. This meant the provider actively ensured issues where addressed to ensure the quality of the service.

We were provided with maintenance logs for the home. Some furnishings within the service had begun to deteriorate, however we were provided with a log of all maintenance which was required and what work needed to be undertaken. We were advised that the provider had taken action to identify where improvements needed to be made after another inspection at a different service. Management had also advised us how they had identified that the need for a sleep in member of staff was no longer required after risk assessing and reviewing people's needs. This meant the provider was proactive in seeking potential issues and acting upon them appropriately.

Staff and relatives told us they felt the service was well-led and managed. The deputy manager undertook a range of shifts including office days and days working on the floor. This meant they were able to know what was happening within the service on a daily basis. One relative commented "I trust them implicitly." Other comments included "Reach has been fantastic when I need to deal with them. I think it is managed well and the management has been helpful when I have needed them."

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