

Reach (Supported Living) Limited

Reach Supported Living – Gloucester

Inspection report

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15 March 2017

20 March 2017

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on the 2 March 2017 and was announced.

Reach Supported Living - Gloucester is registered to provide personal care. At the time of our inspection there were 25 people receiving the regulated activity of personal care.

Reach Supported Living - Gloucester had 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.

People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not being applied.

We heard positive comments about the service from relatives of people using the service such as "The best company we've come across" and "The first company we felt we could trust".

People were enabled to live safely; risks to their safety were identified, assessed and appropriate action taken. People's medicines were safely managed.

People were satisfied with their support and the approach and effectiveness of staff. People's individual needs were known to staff who had achieved positive relationships with them. People were treated with kindness, their privacy and dignity was respected and they were supported to maintain their independence and engage in activities. People and their representatives were involved in the planning and review of the support they received.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. Managers were accessible to people using the service and staff. Systems were in place to check the quality of the service provided including gaining the views of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not as safe as it could be.

People were not protected against the employment of unsuitable staff by robust staff recruitment practices.

People were protected from the risk of abuse because staff understood how to protect them.

People received consistent support from dedicated staff teams.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's rights were protected by the correct use of the Mental Capacity Act (2005).

People's health needs were supported through access to and liaison with healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People's independence was promoted and respected by staff.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support.

Concerns and complaints were investigated and responded to.

Is the service well-led?

Good ●

The service was well-led.

The management team were accessible and open to communication with people using the service, their representatives and staff.

The service set out and followed its aims and values for providing care and support to people.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and support provided.

Reach Supported Living – Gloucester

Detailed findings

Background to this inspection

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

This inspection took place on 2 March 2017. We gave the service notice of the inspection because the registered manager is often out of the office providing support to people and staff. We needed to be sure that they would be in. The inspection was carried out by one inspector. We spoke with the registered manager and four members of staff. Following our visit to the office we visited people in their homes on 15 March and 20 March 2017 and spoke with five people and three members of staff. We also spoke with five relatives of people using the service on the telephone.

We reviewed records for people using the service and checked records relating to staff recruitment, support and training and the management of the service.

Is the service safe?

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always being applied. We examined the recruitment documents for five members of staff. Four of the staff had previously been employed in providing care and support to people. However these staff had been employed to work with people without checks on their conduct during previous employment or verification of their reasons for leaving previous employment which involved providing care and support to people. When we raised this issue with the registered manager they told us the issue had been identified and the missing information was to be sought from previous employers. Information on applicants' health had also not been sought although the provider was aware of the need to carry out health checks with future applicants. These were checks which should have been carried out before staff were employed by the provider.

We recommend that the service consider current legislation on the safe recruitment of staff.

Disclosure and barring service (DBS) checks were carried out before people started work with people. If information appeared on a DBS check then this would be subject to a risk assessment to determine if the person was suitable for employment.

People were supported through sufficient levels of consistent staff support. The registered manager explained how the staffing was arranged to meet the needs of people using the service. In particular the consistency of staff was important for people. To this end there were separate staff teams each managed by a team manager. As well as regular staff a team of 'relief' staff was available as well as the occasional use of agency staff however agency staff had not been used with one group of people because continuity of staff was considered particularly important for them. People told us they were familiar with the staff who supported them.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff had received safeguarding training and were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Staff were confident any allegations of abuse reported would be dealt with properly. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely. Team Managers had information for reporting any safeguarding concerns to the local authority and people told us they felt safe having staff support them in their homes.

People had individual risk assessments in place. For example there were risk assessments for mobility, slips trips and falls and anxiety. Risk assessments had been kept under regular review. Information was prepared for use in the event of a person going missing. A plan was in place to deal with any interruption to the service provided such as adverse weather.

People's medicines were managed safely. People we spoke with were satisfied with how their medicines were managed by staff. Staff received training and an observation of their practice of supporting people to

take their medicines. Team meetings showed there were discussions about issues with people's medicines with an aim to achieve the best outcome for them. At one house we found a person was prescribed medicine to take on an 'as required' basis. However there were no guidelines in place for staff to follow. We brought this to the attention of the team manager who told us they would put guidelines in place. With people living elsewhere we found these guidelines were in place in their medicine risk assessment. Procedures were in place in the event of any medicine errors. A record was kept of any errors and the action taken following investigation; this included seeking medical advice where appropriate. Team managers carried out an audit of people's medicine records on a weekly basis.

Is the service effective?

Our findings

People using the service were supported by staff who had received training and support suitable for their role. Records showed staff had received training in such subjects as food hygiene, health and safety, infection control and first aid. Staff also received training specific for the needs of people using the service such as diabetes, epilepsy and positive behaviour management. Staff told us they received enough training for their role and commented "Training is good and it's regular". Staff new to the role of caring for and supporting people had completed the Care certificate qualification. The Care certificate is a set of national standards that health and social care workers adhere to in their daily working life.

Staff also had meetings called supervision sessions with senior staff to discuss areas such as training, care practices and development. Staff we spoke with confirmed they had regular supervision sessions. Staff also received an annual performance appraisal. A member of staff told us they were "very well supported" to carry out their role.

A relative of a person using the service told us they received "excellent support" and the person was "looked after brilliantly". Another relative commented on the improvements they had noticed with the person since they had been receiving a service from Reach Supported Living – Gloucester. This included increased communication and mobility. We also heard staff were "highly efficient".

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. We checked whether the service was working within the principles of the MCA. Assessments had been made of people's capacity to consent to managing certain areas of their care and support where it was judged they may lack mental capacity. For example for medicines and finances including budgeting their money. In addition people were supported to make choices and decisions, a 'supporting a choice' form recorded where people had made decisions for example about taking part in an activity. Staff had received training in the MCA and demonstrated their knowledge of the subject.

People were supported to prepare meals and eat a balanced diet. People required varied degrees of staff support according to their needs. For example some people required prompting to prepare their meals themselves and others worked alongside staff where appropriate supervision could be maintained. One person told us "the food is lovely", another said "We are asked what we want to eat and then we go shopping for it".

People's healthcare needs were met. People confirmed they received support to attend healthcare appointments. During one of our visits one person was being supported by staff to attend a health appointment. People's support plans outlined the level of support they required at healthcare appointments. In addition people had health action plans and hospital assessments. They described how people would be best supported to maintain contact with health services or in the event of admission to

hospital.

Is the service caring?

Our findings

People were treated with kindness and respect and had developed positive relationships with the staff supporting them. People made positive comments about the staff that supported them. One person told us about the "very nice, lovely staff" and said, "I get on well with them - really well". Another said "staff are fine". A relative of a person using the service told us staff were "without exception, very caring" and told us how the person was "treated like an adult". Another relative described staff as "very caring". Another told us how staff were "respectful and polite" and told us how staff dealt sensitively with an issue relating to the person using the service. In response to a questionnaire, a member of staff commented, "This service is warm and welcoming and person centred". When we visited people we observed staff treating people respectfully.

People were involved in the planning and review of their care and support. People told us how staff spoke with them about the care and support they received and their support plans. People's relatives also confirmed how they were involved in reviews of the support people received. They also told us how they were kept informed about people and how they were supported. However two relatives did not feel this was the case. We discussed this with the registered manager who agreed to look into this. Information was available if people required the services of an advocate. Advocates are people who provide a service to support people to get their views and wishes heard. One person previously used the services of an advocate when a decision was being made about moving to a new place to live.

People's privacy and dignity was respected. People confirmed they had enough privacy and told us staff knocked on the doors of their rooms before entering. Staff described the actions they would take to preserve people's privacy and dignity such as ensuring a person's door was closed when a person had a tendency to leave this open. Support plans detailed actions for staff to take to preserve people's privacy and dignity. Minutes of team meetings showed how staff were instructed not to share people's information if asked, except with people's own relatives. Some people had their wishes for arrangements for the end of their life recorded for future reference.

People were supported to maintain and develop their independence. Service delivery plans contained information for staff to follow to promote people's independence such as for personal care. In response to a questionnaire, a member of staff commented, "We always ensure those who we support have choices every day and deliver a high standard of support, enabling those to live as independent as they can". People's independence was supported through assessing and managing risks. One member of staff told us about positive outcomes for people in terms of their independence and how they had developed skills through going out into the community with staff.

People were supported to maintain contact with family members. Staff supported people to visit their family members and some joined people on trips and activities such as a Christmas party. Minutes of team meetings showed how people were supported to keep in touch with family through electronic means. Comments received from a representative of the local authority stated "All of the staff members that I have met have been familiar and diligent to the individual needs of each service user, and clearly have good relationships with the individual's family members".

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. Staff described personalised care as "caring for an individual the way they want to be treated and the way they want their care delivered" and acknowledged "Everybody is an individual". In response to a questionnaire set out before our inspection, a member of staff commented "Reach support works in a very person-centred approach, always having the people we support at the centre of what we do, to help individuals live the life they want to live and achieve the things individual would like to achieve". People commented positively about the support they received which they acknowledged was an improvement on support received in previous situations.

People had service delivery plans, these contained detailed and specific information for staff to follow to support each person. For example, for one person information in their support plan informed they liked to be "left alone to soak for ten minutes" when having a bath. Communication profiles were also in place to guide staff in interpreting people's communication and communicating effectively with them. People also had 'one page profiles' these gave important information about a person such as how they liked to be treated and their likes and dislikes for quick staff reference. Important information about each person was recorded for communication between staff when shifts changed. Regular team meetings were held where staff discussed people's individual needs and the support provided to them.

People were supported to take part in activities where this was part of the support they received. Information was available for staff to follow to support people to take part in activities including the times people needed to get up in the morning to attend an activity. People told us how they enjoyed attending various groups and activities. One person enjoyed their role in recycling items from the house where they lived another enjoyed walks in the local area. People also had paid and voluntary jobs. People took part in a forum organising activities for themselves and other people using the services of the registered provider. In December 2016 a Christmas carol service and a party had been organised.

There were arrangements to listen to and respond to any concerns or complaints. One person told us how they would approach a member of staff if they had a problem with the support they received. Information about the Complaints process had been given to each person supported by the provider. This was in a suitable format using pictures, symbols and plain English. The registered manager told us how staff had spoken with people about the complaints process to help them to understand this. When we visited people we saw how the complaints procedure was easily available.

In the twelve months prior to our inspection, four complaints had been received by the service. These had been investigated and where appropriate, actions were taken to improve relevant aspects of the service provided. These included updating risk assessments and related guidance and advising staff on how to handle situations. A relative of a person using the service told us how they had raised some concerns which had been responded to with improvements to the support given to the person. People were able to discuss aspects of the support they received at tenant's meetings. Minutes of these meetings showed there were discussions about holiday plans, activities, menus and the quality of the food provided. People confirmed

their attendance at the meetings.

Is the service well-led?

Our findings

Reach Supported Living - Gloucester had a registered manager who had been registered as manager since September 2016. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

We heard positive views about the management of Reach Supported Living – Gloucester such as "really good" and "organised and well-run". A relative of a person using the service said the organisation was "well-led, right from the top". An 'on-call' service ensured staff could receive support from managers and senior staff on a 24 hour basis. One member of staff described how the 'on-call' system worked and told us they felt supported in their role. A team leader told us they received "a great deal of support" from the registered manager. Staff were positive about their roles working for Reach Supported Living – Gloucester. One member of staff said "It's a nice place to work" another said "it's a pretty good company to work for".

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The provider had a clear direction described in the three values of the organisation. These were described as positive, connected and considerate. Each value was linked to a set of behaviours that staff were expected to follow to achieve the aims of the organisation. The values were used during the staff recruitment process. The registered manager described the importance of ensuring staff considered care, respect and dignity when supporting people. They also described how using lead support workers as positive role models was key to achieving this. The registered manager described one of the current challenges of running the service was the recruitment of staff in terms of attracting sufficient numbers of suitable staff for the needs of the organisation. The registered manager kept up to date with current practice developments through contact with a local provider forum organised by local authority commissioners and alerts from the local safeguarding adults board.

People benefitted from checks to ensure a consistent service was being provided. Quality assurance checks included an annual satisfaction survey used to gain the views of people using the service. A report was produced following the survey which noted responses were generally positive and there were no recurrent themes for improvement. These included, "I like all the staff" and "I like how I can help do the preparing of tea". Where areas for improvement were found these were highlighted for action.

Other quality checks took place on a monthly basis and examined, staff training and supervision, internal audits and the review of people's support plans. The findings were recorded and any areas for improvement were included in targets for the registered manager to meet. Internal audits took place such as accidents,

complaints, health and safety and first aid kit checks.