Reach Care Services Limited

Reach Home Care - Arden House

Inspection report

19 Shakespeare Road
Bedford
Bedfordshire
MK40 2DZ

Tel: 01234339298
Website: www.reachhomecare.com

Date of inspection visit:
25 August 2016

Date of publication:
28 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 August 2016 and was unannounced.

Reach Home Care- Arden House provides care and support for up to 13 people who are physically and mentally frail; some of whom may be living with dementia. There were 13 people living at the service when we visited.

The service has a registered 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.

People felt safe living at the service. Staff were aware of the processes in place to report incidents of abuse; and had been provided with training on how to keep people safe from abuse and harm. Processes were in place to manage identifiable risks and to promote people's independence and safety. The service's recruitment procedure was robust to ensure that staff were suitable and fit to be employed. Systems were in place to ensure people's medicines were managed safely and given at the prescribed times.

Staff were provided with induction and essential training to keep their knowledge and skills up to date. They had regular one to one meetings to support them in their roles. People's consent to care and support was sought before any care was provided. This was in line with the requirements of the Mental Capacity Act (MCA) 2005. People were supported with food and drinks to maintain a balanced diet. When needed, staff supported people to access health care facilities.

People had developed good relationships with the staff team who treated them with kindness and compassion. Systems were in place to ensure that their views were listened to; and their privacy and dignity was upheld.

Before coming to live at the service people's needs were assessed. This was to ensure that the care provided would be responsive to their needs. The service had a complaints procedure which was accessible to people and their relatives.

There was a positive, open, inclusive and transparent culture at the service. Staff supported people to maintain links with the local community. There was a quality assurance system in place to monitor the care provided and to drive continuous improvements.

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

Systems were in place to keep people safe from avoidable harm and abuse.

There were risk managements plans in place to protect and promote people's safety.

Suitable staff were employed to meet people's needs.

There were systems in place to ensure that people's medicines were managed safely.

Is the service effective?

Good

The service was effective

Staff were trained to carry out their roles and responsibilities appropriately.

People consented to be supported with their care and support needs in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

When needed, people had access to healthcare facilities.

Is the service caring?

Good

The service was caring

People had developed positive and caring relationships with staff.

Staff ensured people's views were acted on.

People's privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive

Prior to coming to live at the service people's needs were assessed.

People's care plans were reviewed regularly or as and when their needs changed.

Information on how to raise a complaint was available to people.

Is the service well-led?

Good

The service was well-led

The culture at the service was open and inclusive.

Links with the local community were fostered.

The service had quality assurance systems in place which were used to drive continuous improvements.

Reach Home Care - Arden House

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.

The inspection was unannounced and was carried out on 25 August 2016 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed 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 the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

As part of this inspection we spent time talking with people who used the service. We also observed how staff interacted and engaged with them during individual tasks and activities. This enabled us to understand their experience of using the service.

We spoke with 10 people who used the service, three relatives and one visitor. We also spoke with two senior care workers, two care workers, the registered manager and a health care professional.

We looked at four people's care records to see if they were up to date. We also examined five staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service and were protected from abuse and avoidable harm. One person said, "Yes I am safe. There is always staff. They are friendly and you can talk to them. I need help sometimes when I press the buzzer I don't have to wait long." Another person said, "I feel safe here, they [meaning staff] look after me well." Other people and relatives we spoke with made similar comments and felt that the service was safe.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. One staff member said, "If I witness abuse I would report it to the manager." Another staff member said, "I would report any abuse to the manager, safeguarding team, police and the Care Quality Commission (CQC)." We found that staff had a good understanding of the different types of abuse and the reporting process to follow. They told us that they had been provided with safeguarding training; and were confident if they reported any concerns about abuse or the conduct of their colleagues, the registered manager would take the appropriate action.

We saw there was a folder in place with guidance to support staff on how to complete safeguarding alerts in the absence of the manager. Training records seen confirmed that staff had been provided with safeguarding training. There was also information on safeguarding and whistleblowing displayed on a notice board. This was to remind people and staff about the reporting process. We saw evidence that the service had policies and procedures in place to protect people from harm and abuse and the staff worked in line with these procedures.

There were risk management plans in place to promote people's safety. Staff told us that the plans provided clear guidance for them to follow. This was to ensure that people's safety and independence was promoted. We saw one person was able to access the community without staff support and there was a risk assessment in place specifically for this activity. There were risk assessments in place in relation to people's personal care, mobility, moving and handling, skin integrity, falls and the environment. Where risks had been identified, guidance had been put in place for staff to follow. We saw that risk assessments were reviewed monthly or as and when people's needs changed. For example, in instances where people had sustained a fall. This was to minimise the risk of occurrence and to maintain individuals' independence and safety.

The registered manager told us that there were plans in place for responding to emergencies. She said, "All the staff have my telephone number. I am contactable 24/7." We saw each person had a Personal Emergency Evacuation Plan (PEEP) in place and fire drills were carried out regularly. This was to ensure that staff were familiar with the action to take in the event of an emergency and the premises had to be evacuated. We saw a list with the names of the utility providers and their telephone numbers were accessible to staff, in the event of an emergency. We saw evidence that equipment used to assist people with their care, such as hoists, wheelchairs, as well as the passenger lift, gas and electrical equipment was serviced regularly to ensure they were safe to use.

There were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. One person said, "There is always staff around." Similar comments were made by other people. Staff told us the staffing numbers were sufficient to meet people's needs and they did not feel under pressure or rushed when supporting people with their care needs. One staff member said, "There is always enough staff on duty." Another staff member said, "We never use agency workers." The registered manager told us that the staffing numbers throughout the day consisted of four staff members. In addition there was one domestic, a laundry person and the chef on duty daily. The number was reduced at night to two staff members. We looked at the staffing rota for the previous and current week and the following two weeks; and found that it was consistent with the number of staff on duty on the day of our inspection. Throughout the inspection we observed that staff assisted people with their care in an unrushed and safe manner.

Safe recruitment practices were in place. The registered manager told us that staff were subject to a face to face interview. If found suitable to be appointed staff would be required to provide the appropriate documentation such as, references, proof of identity and a Disclosure and Barring Service (DBS) clearance certificate before taking up employment. In the staff files we examined we found that the appropriate documentation was in place. Staff confirmed that their recruitment process was thorough and they did not start working at the service until all the appropriate documentation had been obtained.

There were systems in place to manage medicines safely. People told us they received their medicines at the prescribed times. Staff told us they had to undertake training in the safe handling of medicines and deemed competent before they were allowed to administer medicines. We saw training records which confirmed this. Medicines were dispensed in a monitored dosage system and were stored in a locked trolley. Where variable dose medicines were prescribed for example, one or two pain killers to be taken when needed; staff recorded the number of tablets that had been administered. This ensured that the prescribed dosage was not exceeded. There was an audit trail of medicines entering and leaving the service. A specimen list of staff signatures was in place. This ensured that any discrepancies would be rectified quickly. There were protocols in place to guide staff when administering medicines that had been prescribed to be given when needed, (PRN). A homely medication policy had also been developed and medicine records were being audited on a monthly basis.

Good

Is the service effective?

Our findings

People received care and support from staff who had been trained to carry out their roles and responsibilities. One person said, "The staff are good. They know what they are doing." Another person said, "The staff are trained to look after us."

Staff told us they had received the appropriate training to carry out their roles. One staff member said, "I have not worked in care until now, but have learnt a lot since working here from the experienced staff members." Staff told us when they started working at the service they completed an induction and were provided with essential training. This included safeguarding, fire awareness, health and safety, moving and handling, food hygiene, infection control, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager told us that new staff were provided with two weeks induction training and worked alongside an experienced staff member until they felt confident to work alone. If staff did not have a national recognised qualification they would be expected to complete the care certificate within the 12 weeks of their probationary period. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers.)

Within the staff files we examined we saw evidence to demonstrate that staff had been provided with induction and ongoing training. Some staff were in the process of completing a nationally recognised qualification in health and social care at level five. This demonstrated that staff were supported to develop in their roles.

There was a supervision and appraisal framework in place. Staff told us they were supported and provided with regular supervision. One staff member said, "We receive supervision on a quarterly basis. This enables us to discuss the residents and our development. None of us have had an appraisal as yet. This is because we have not been working here for a year or more. Next year we would have one." We saw evidence which confirmed that staff were provided with regular supervision.

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. We saw evidence that three people had DoLS in place which had been approved by the supervisory body in line with the current legislations.

Staff told us they always gained people's consent before supporting them. One staff member said, "I always

explain to the residents what I am going to do and seek their permission." We saw evidence that people or their relatives had given written consent to be supported. During our inspection, we observed staff gaining consent from people. For example, when assisting with personal care and administration of medicines. We found that staff had a good understanding of the MCA and DoLS procedure.

People were supported to maintain a healthy and balanced diet. One person said, "The food is good. We get asked daily what we would like to eat." One relative commented and said, "The food is absolutely tasty and well presented." Other people made similar comments.

Staff told us people were provided with choices and if they did not wish to eat what was on the menu an alternative would be provided. The registered manager told us that the cook had been made aware of each person's dietary requirements. This was to ensure that people's food choices were known. We observed only two people sat in the dining room for lunch. The registered manager told us that some people did not wish to eat in the dining room and their wishes had been respected. We observed some people had their meals in their bedrooms. We saw staff provided prompting and assistance to people when needed. Throughout the inspection we saw staff offering people hot and cold drinks as well as snacks. We saw people's weight was monitored regularly to ensure they remained within an appropriate range. If there was a significant reduction of a person's weight staff made a referral to the GP.

There were systems in place to ensure that people had access to healthcare services if required.
Staff told us that people were supported to see their GP, optician, dentist or other health care professionals. We saw evidence that staff liaised closely with nurses from the complex care team. (This is a nurse led service that contacts care homes in the area daily and carry out visits if needed to provide support, treatment and advice). On the day of our inspection a nurse from the complex care team visited the service and prescribed treatment for a particular person, which staff acted on. The health care professional confirmed that there was good liaison between them and the staff team. Staff told us that people had access to specialists and health care facilities via the GP. We saw evidence that some people had been referred to specialists such as, the dietician and the speech and language therapist.

Good

Is the service caring?

Our findings

People and relatives made positive comments about the care and support they received. They told us that staff treated them with kindness and compassion. One person said, "The staff chat to me while they are doing things. I think they are very good." One relative said, "They look after [name of person] well and are wonderful. I can't fault them". Staff told us they enjoyed caring for people using the service. One staff member said, "We understand all the residents that we look after and treat them like family." We observed staff and the registered manager providing reassurance and kindness to people and explaining matters about their care and support to them in a way that they could understand. People looked at ease in the company of staff.

People's preferences and personal histories were known to staff. One staff member said, "We get to know about people's preferences, likes and dislikes by reading their care plans and talking to them." Another staff member said, "Each resident is different so we spend time with them and talk to family members to find out what they like and how they wish to be supported." Within the care plans we examined we saw that people's likes, dislikes and personal histories were recorded. They also included information on people's preferences for end of life care. This enabled the staff team to provide care and support to people in a personalised way.

People were made to feel that they mattered and to express their views in making decisions about their care and support. For example, we saw evidence that people's birthdays were celebrated; and theme parties were held. We saw pictures from an Easter party where staff supported people to make Easter bonnets. People were also supported by staff to celebrate the Queen's 90th birthday and attended a party outside the service. We saw evidence that regular residents' meetings were held. People were enabled to voice their opinions on the care provided and how they wished to be supported. They were consulted about the food menus and activities of their choice. We saw there was a suggestion book available at the service. One person who used the service had made a suggestion to have coat hooks available for visitors to hang their coats. We found that the suggestion made had been acted on.

The registered manager told us that there was no one using the services of an advocate. This was because family members were advocating on people's behalf. She told us if a person wished to be supported by an advocate there was a procedure in place and a referral would be made to social services for an advocate to be sourced. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives.)

People told us that staff treated them with respect and dignity. Relatives made similar comments. One relative said, "The staff are very good and treat the residents with respect. Whatever the residents ask for they get. For example, if someone asks for ice-cream late in the evening, they have it. " Throughout the inspection we observed that staff were discreet when assisting people with their personal care. People were addressed by their preferred names and staff supported them with promoting their dignity by ensuring that clothes protectors were provided at meal times. We saw that people's choice was respected in regard to their clothing and they had support to colour coordinate and accessorise as desired. This ensured people's appearance was maintained.

People were assured that information about them was treated confidentially. The registered manager told us that information about people was shared on a need to know basis and with their permission. We saw handovers took place in private and staff spoke about people in a respectful manner. We found that the computer was password protected and files containing information about people were locked away in filing cabinets. This ensured that confidentiality was maintained.

People's relatives and friends were able to visit without any restrictions. One relative said, "We can visit at any time there are no restrictions. The registered manager told us, "We encourage family members to visit whenever it is convenient for them. We have very good relationships with the residents' family members. One of the resident's sons helps us to maintain the garden." This demonstrated good relationship with family members was fostered.

Good

Is the service responsive?

Our findings

The registered manager told us before a person was admitted to the service a pre-admission assessment was carried out with the person, their family and relevant professionals. People were provided with a six week transitional period. If people wished to, they could visit the service for lunch or tea and meet the other people living there and staff. This ensured that the placement would be appropriate and the individual would fit in with the existing people living there. We found that information gathered at the assessment process was used to inform the care plan. We saw that the care plans contained detailed information to guide staff and to ensure that care was provided in a consistent manner.

We saw that people's care plans were written in a personalised manner to meet their individual needs. They contained information on their strengths, independence, mobility, likes and dislikes, hobbies and interests, medical and social history and communication skills. They were regularly reviewed to ensure that the care provided was current. Staff maintained daily records about people's care, including how they were in mood. The support provided by staff was responsive to people's changing needs. For example, if there was a change to a person's mood and behaviour staff would seek advice from health care professionals.

People were supported to follow their interests and take part in activities of their choice. One person said, "I get my nails painted and my hair done." Another person said, "Sometimes we have Hula Hoop games and a singer comes in to sing, which is rather nice." The registered manager told us that activities were provided based on people's wishes and choices. We saw evidence that entertainers regularly performed at the service. There was a weekly exercise class carried out by a fitness trainer; and theme events were held. Arrangements were in place for a hairdresser to visit the service on a regular basis. We saw evidence that a boat trip had been arranged and family members had been invited.

We saw evidence that the staff team supported people to promote their religious beliefs and to maintain relationships with family members to avoid isolation. For example, people were supported to attend church on Sundays if they wished to. Once a month a church service was held at the service and Holy Communion was offered. Staff supported people to keep in touch with family members via the telephone, emails and letter writing. During the inspection we observed the registered manager reminding a person when their family member would be visiting.

People were made aware of the service's complaints procedure. One person said, "I've never had to complain. If I need to I would complain to the manager." The registered manager told us that she would view any concerns raised as part of improving the quality of the care provided and driving improvements. We saw that each person had a copy of the complaints procedure displayed in their bedroom. We looked at the complaints folder and saw that there was one complaint recorded which had been dealt with in line with the provider's complaints procedure and to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

There was a positive, open, inclusive and empowering culture promoted at the service. Relatives told us they were happy with the care that their loved ones received; and that the registered manager involved them in discussions in relation to the care provided. One relative said, "The home is properly run, I can't fault it." Another relative said, "The home was highly recommended by a colleague. We visited and were happy with what we saw. The manager is definitely approachable and keeps us informed if there are any changes with [name of person]."

There was a culture of support and transparency at the service. Staff told us they felt supported by the registered manager and enjoyed working at the service. One staff member said, "[Name of manager] is very good and her door is always open to us." Another staff member said, "She is fair and expects high standards." This demonstrated that staff felt valued and able to approach the registered manager for support if required.

Strong links were maintained with the local community. The registered manager told us that the service had links with the local school and college. Students from the local college had undertaken work placements at the service recently. We saw evidence that the local vicar visited the service on a monthly basis. People who used the service regularly enjoyed going on outings, shopping trips and to the theatre in the local community. Therefore, they were seen as being involved and as part of the local community.

Staff described the registered manager as an excellent role model and led by example. They told us that she was passionate about her role and motivated them to ensure that people received a quality service. One staff member said, "She gives us good support and guidance. She is the best manager I have ever had." Another staff member said, "She listens to suggestions made. For example, we suggested doing up the garden and having a greenhouse and growing vegetables and flowers in the garden and this is being looked into." We saw evidence that regular meetings took place and staff had been asked for their suggestions, which had been acted on. Staff were aware of the service's vision and values, which were to ensure that people were treated with kindness, sensitivity, and respect, which was underpinned with best practice.

Staff told us they understood their responsibility to share any concerns about the quality of the care at the service. They were aware of the whistleblowing procedure. One staff member said, "I would not hesitate to whistleblow, I have done it before." Staff were confident if they had to raise a concern the registered manager would take the appropriate action. We saw evidence that feedback was sought from staff through staff meetings and supervision. The registered manager provided staff with constructive feedback. This enabled them to develop in their roles and to deliver quality care to the people using the service.

The registered manager told us that she was committed to providing high quality care. She told us that she had developed good relationships with the local care standards and safeguarding teams. We saw that the service had a five star Food Standards Agency (FSA) hygiene rating. This was the highest rating awarded by the FSA and showed that the service had demonstrated very good hygiene standards. It was evident that the service worked effectively with external agencies to provide a quality service.

Information held by the Care Quality Commission (CQC) showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The service had a variety of quality monitoring processes in place and regular audits were undertaken by the registered manager and the local authority commissioners. We saw records relating to health and safety, medication, care plans, infection control and accidents and incidents. Where areas had been identified as requiring attention action plans had been put in place to support how improvements would be made.