

Rehabilitation Education And Community Homes Limited

Reach Lower Cippenham Lane

Inspection report

178 Lower Cippenham Lane
Slough
Berkshire
SL1 5EA

Tel: 01628666132
Website: www.reach-disabilitycare.co.uk

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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 ●

Summary of findings

Overall summary

Reach Lower Cippenham Lane is a care home without nursing, operated by the provider REACH. The provider has eight other locations in this registration. The care home provides accommodation and personal care to service users with learning disabilities and or autism spectrum disorder. The house is a detached property with 11 bedrooms, situated on Cippenham Village green, near the shops, pubs and village pond. The location is registered to accommodate up to 12 service users. At the time of the inspection 11 people lived at the service, and there were 19 staff employed.

At the time of the inspection, there was 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.

Since transitional registration under the Health and Social Care Act 2008 on 18 January 2011, Reach Lower Cippenham Lane has not always maintained compliance with the relevant regulations at each inspection by us. However, the most recent inspection was a routine planned visit on 3 September 2013. The inspection checked five outcomes, all of which were compliant. This inspection is the first visit under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the first comprehensive rating under the Care Act 2014.

People were safeguard from abuse and neglect. There was a robust system in place to ensure that people's safety was maintained. People's behaviour was well monitored and controlled. This was in part due to the registered manager's emphasis in staff identifying and addressing triggers. This meant decoration and personalisation of the service was able to be present and at less risk of damage.

Risks for people were assessed, mitigated, documented and reviewed. Appropriate records were kept and readily available to demonstrate this to us at the inspection. The building and premises risks were assessed and managed to ensure people, staff and visitor safety at all times.

Enough staff were deployed to support people. Care workers we spoke with were satisfied that there was sufficient staff and that they did not place people at risk when they were busy. Our observations showed that the service was busy at certain times, but overall calm and relaxed and staff were dedicated to the people they supported.

Medicines were safely managed. We examined the handling of people's medicines during our inspection and found that people were safe from harm. Storage of medicines was correct. The community pharmacist audited the safety of medicines management and reported outcomes to the registered manager for noting.

Staff were knowledgeable and competent. They received appropriate levels of training, supervision and performance appraisal. Relevant subjects were used to teach staff about caring for people with learning

disabilities. This included the management of challenging behaviour and dealing with people's epilepsy.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decisions meant the service complied with the MCA Codes of Practice. There was clear information at the service regarding people's applications, reviews and expiry dates for standard DoLS authorisations.

People received nutritious food which they enjoyed. Hydration was offered to people to ensure they did not become dehydrated. Snacks and treats were available if people wanted or chose to have them.

We found the service was caring. People, relatives and friends and a commissioner complimented the care. We observed staff were warm and friendly. As staff had worked with most people over an extended period of time, they had come to know each person well. At the time of the inspection, most people who used the service had lived there for a long period of time. This was reflected in the care that people received from staff.

Responsive care was provided to people. Their wishes, preferences, likes and dislikes were considered and accommodated. Staff knew about the complaints procedure and people or others had the ability to complain.

The workplace culture at the service was good. Staff described a positive place to work and care for people. Staff told us they enjoyed their roles and found management approachable and reasonable. Sufficient audits of the service were conducted to check the safety and quality of the care. We made a recommendation regarding the scope and frequency of audits. The service had joined-up working with a community organisation to improve the quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse or neglect.

People's risks were adequately assessed and mitigated.

Risks from the building, equipment and grounds were managed appropriately.

The service deployed satisfactory staff.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff training, supervisions and performance appraisals were appropriate.

People's consent for care and deprivation of liberty was in accordance with the Mental Capacity Act 2005 (MCA) and associated Codes of Practice.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People's independence was promoted by staff.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and focussed on people's individual needs.

People took part in social activities and were supported to follow their interests.

The service had an appropriate complaints system in place.

Is the service well-led?

Good ●

The service was well-led.

There was a positive workplace culture.

The conditions of registration were met by the service.

Audits were completed to monitor the safety and quality of people's care.

Reach Lower Cippenham Lane

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 took place on 23 December 2016 and was unannounced. The inspection was undertaken by one adult social care 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.

For this inspection we asked 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 reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning groups (CCG), fire authority and environmental health officer for information to aid planning of our inspection. We checked information held at Companies House and the Information Commissioner's Office.

At this inspection some people who used the service were not able to communicate with us themselves. We spoke with the regional manager, the registered manager, the deputy manager and four care workers. We conducted a telephone interview with seven relatives or friends after the inspection.

We looked at six sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at two personnel file and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection. The provider sent documents to us after the inspection for use as additional evidence.

We looked throughout the premises and observed care practices and people's interactions with staff during the inspection. Some people who used the service were not present at the service for the entire duration of the inspection, which limited our ability to observe all aspects of care or support.

Is the service safe?

Our findings

People and relatives we spoke with felt the service was homely and safe. One person told us, "Oh yes, I like living here. Nothing could be nicer. They look after me well, and help me." Another person said, "Yes, I feel safe. They take me out and give me nice meals. They take me home to see my brother." One relative commented, "My relative is doing fantastically well. She's a different person since she moved there. They keep me fully informed of everything. I have nothing but praise for the home." Another relative stated, "I'm extremely happy with the home. We'll never get better care. [My relative] is very safe and happy." These comments were positive indicators of safe care at the service.

People were protected from abuse and neglect. There was a good knowledge by the registered manager regarding the principles of how to ensure people were safeguarded should allegations occur. The registered manager displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. This was supported by the care workers we spoke with, who also had good knowledge of safeguarding practice. We were told a safeguarding and whistleblowing policy were in place and made available to all staff. We saw that signage with relevant contact telephone numbers was in the registered manager's office. The registered manager was clear about their role in managing safeguarding concerns.

We looked at how Reach Lower Cippenham Lane protected people from risks related to their care and accommodation. There was evidence of comprehensive risk assessments in people's files, which included falls, moving and handling and behaviours which challenged the service or staff. There was evidence of the development of appropriate care plans to mitigate the risks. There was also evidence of regular and routine reviews. This ensured that the priority of risks to people was known by care workers and management. We found the service responded to people's identified risks with referrals to appropriate services, such as the GP or psychiatrist. Following reviews of people by these health professionals, we saw staff completed amendments to risk assessments and care plans. The service had access to appropriate transport, so that people could be safely transported. This reduced the risk that people could be injured during transfers.

The risks to people and others from the building, grounds and equipment were also satisfactorily managed. We saw a Legionella risk assessment, fire risk assessment, gas safety checks and electrical safety monitoring. The service, regional manager and provider conducted health and safety checks. Actions plans were established when safety issues were identified. We were satisfied that risks associated with the premises were correctly managed.

The number of people who used the service was constant and most had lived at the service for a long time. We reviewed the deployment of all staff with the registered manager as part of the inspection. We were advised of the daily staff shift patterns and deployment. The service had a stable workforce, and did not use agency staff routinely. We reviewed some rotas for 2016. These records matched the staffing deployment that the registered manager told us about. Staff explained they would take on extra shifts as needed. We were told that where people's needs changed, commissioners were contacted and reviews conducted. We found evidence this had occurred in one case, and increased staffing was provided to keep the person safe.

from harm.

People were cared for by suitable staff. We checked the recruitment files for two staff and all documentation required was in place. The provider followed robust recruitment procedures. The recruitment process included a checklist and progress record for each applicant. The required documents and photographs were in place including references and Disclosure and Barring service (DBS) checks. The DBS checks ensured staff recruited were fit to be employed at the service.

We assessed if medicines were safely managed. People had medicines profiles in their care folders which set out what medicines were given and when. There was good stock control with counting of medicines to ensure accuracy and quickly detect any mistakes. The medicines administration records (MARs) were properly maintained, complete and were easy to follow. Double-checking of medicines administration occurred by staff, to also readily identify any issues. The room and refrigerator temperatures were checked and recorded to ensure medicines were stored safely. Protocols were in place for 'as required' medicines. These are medicines given only when the person needs them, such as for pain or a seizure. The registered manager stated there were no medicines incidents reported. We checked a selection of MARs and did not identify any concerns about medicines safety.

Is the service effective?

Our findings

There was evidence at this inspection that the service was better at providing effective care to people. A family member we spoke with advised us that they felt that in the past senior management had resisted seeking the medical help that they believed their family member needed. However, they went on to tell us that the situation had improved with the new registered manager. The family member told us, "While she is there, I'm happy with the care. She's on the ball. She's amazing." Family members that we spoke with also said that the communication with the service was good. One said, "I am kept fully informed of everything. They always ring me and tell me if [my relative] needs to see the doctor or has a hospital appointment."

We found staff received specific, ongoing training and observed they were skilled in their roles. There was positive feedback from staff we spoke with regarding their training and development. All of the staff we spoke with confirmed that they received comprehensive training in various relevant subjects specific to their role. Staff could tell us the frequency of their training, for example how often they had to complete moving and handling training. The registered manager maintained comprehensive training records which recorded when staff had completed each training topic. We reviewed the training system and saw the service's staff had excellent completion rates in all subjects relevant to their roles. This ensured they had the right skills and knowledge to carry out care and provide support.

We found staff received appropriate support, supervision and performance appraisals. Staff were encouraged to plan their support with their supervisor or a manager, and ensure they had sufficient opportunity to talk about their performance, key strengths and areas for improvement. The registered manager also had supervision sessions with the regional manager. The service had a high expectation for staff supervision sessions, setting the interval for new meetings between four and six weeks. Records we reviewed confirmed staff had these regular supervision sessions. The registered manager clearly explained their method to ensure frequency of staff supervision sessions. Some staff had achieved relevant diplomas in health and social care, which assisted them in the performance of their roles. Other care workers were enrolled in relevant diploma courses. The Skills for Care 'Care Certificate' was used for new staff and the management provided necessary support and checks to enable care workers to complete this during their first three months of work. The 'Care Certificate' is a nationally-recognised training programme used for new staff commencing in adult social care roles.

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 found the service legally deprived people of their liberty in line with the MCA and DoLS. We spoke with the registered manager regarding standard DoLS authorisations for people. The registered manager had a clear understanding about the DoLS application process and management of standard authorisations. The registered manager showed us evidence that standard DoLS authorisations were obtained, and evidenced that when these expired, they applied for renewals. We looked at two people's standard DoLS authorisation documents. These were clearly set out, staff knew where to locate them and what the content was. The local authority provided positive feedback about the management of standard DoLS applications by the service. They confirmed that people were legally deprived of their liberty by the service. There was evidence of best interest decision-making and the use of advocates, where needed.

We asked a member of staff how they managed to give people a choice of foods, and they showed us there was a book with pictures of different meals in it. The care worker told us people could choose what they wanted from the pictures shown to them. Staff told us that in addition to the drinks on the dining room table, they made sure that tea, coffee and water were also offered regularly throughout the day. The care worker told us, "If we think something is wrong with a resident [eating or drinking], we contact the GP and get an appointment straight away." One person was eager to tell us what he would have to eat on Christmas day and it was clear he was looking forward to it. We observed there was fresh fruit and drinks on the table in the dining room and sitting room that people could help themselves to whenever they wanted.

We found people were provided with appropriate nutrition and hydration. This was dependant on people leading the process of timing and assisting in the preparation of meals, as they were able to indicate this to staff. One person who had a risk of malnutrition had their food intake recorded. We saw the person was referred to and under the care of a dietician. There was evidence in care documentation of people's food likes and dislikes. There was also evidence in another person's file of swallowing difficulty. We found they were appropriately referred to a speech and language therapist. People's weight was routinely recorded. We checked the kitchen, fridge and freezer and saw there were good stock levels and an appropriate range of foods. One person was correctly referred to a dietician because of their body mass index (BMI).

People at the service were actively supported to maintain good health. As far as possible, people were supported by the service to attend all necessary medical and healthcare appointments away from the service. Sometimes, people would refuse their appointments, tests or examinations. To relieve people's anxiety, staff explained they encouraged people that good healthcare was necessary, and made repeated attempts to ensure the tests or visits occurred. Examples of good support to people related to healthcare included ensuring at least annual GP visits. We saw other healthcare professionals attended the service on occasions. Staff we spoke with were knowledgeable about people's ongoing health matters, especially their learning disability diagnoses and individual personalities. The service ensured that people could access breast screening, bowel cancer testing, opticians, dentists, podiatrists and diabetes specialist nurses. There was a clear objective at the service to ensure people received the best healthcare.

Is the service caring?

Our findings

Not everyone who lived at the service was able to tell us themselves whether the service was caring. We observed kind and compassionate care at Reach Lower Cippenham Lane. Throughout the morning, our Expert by Experience watched people and saw that they were happy and relaxed with the staff. We saw the notice board in the lounge area had a list of 10 'dignity do's' on it and found staff practice were aligned to this. We witnessed that the television was off in the sitting room but music was playing, and that care workers sat with people. We saw staff talked with them and assisted them with jigsaws or word puzzles.

One member of staff told us, "We have picture cards in a book for the residents to choose what they want to do. They can go bowling, shopping, to the garden centre or just rest at home." We found in this way, people who used the service were given choice and freedom to make decisions for themselves. One person told us that he smoked, but had difficulty walking. He explained that the staff helped him into a wheelchair and took him outside so he could have a cigarette.

We had positive feedback about care from one of the local authority commissioners we contacted as part of the inspection. They told us, "I have recently completed two reviews at the home. I feel the home offers good support and diversity for the service users and seeks to meet individual needs. The communication between the manager and [me] is excellent, and with families I have been involved with. Residents appear very happy there. I have worked with service users at the home for at least 10 years."

People were not always able to be involved in their care decisions. We reviewed care documentation and found that relatives, friends and healthcare professionals were actively involved on behalf of people. A dedicated care worker ensured each person's care planning and decision making was current and reviewed yearly or more frequently when needed. Meetings to discuss care plans were held regularly with families and people's independent advocate. There was good evidence of best interest decision-making as some people could not provide consent or answers about particular questions. Some family members or friends indicated to us during telephone interviews that they wanted to be more involved with the care. This was information was shared with the registered manager and operations manager, who advised they will communicate with the contacts.

As far as possible, people's independence was promoted by staff. The registered manager explained that care workers encouraged people to eat for themselves without staff involvement. Staff demonstrated respect of people's privacy when personal hygiene care was provided, by closing bedroom doors and curtains. We observed staff knock on people's bedroom doors when they were closed. We saw staff announced their presence and sought consent from people to enter their rooms. We saw staff called people by their name and treated them with respect when they provided care.

Confidentiality of people's information was maintained, including electronic records and communication. We noted computers required a user password to log in. Computers and paper-based records were stored in a staff office. We did not observe any instances of people's personal information being located at an inappropriate place within the building. At the time of the inspection, the provider was registered with the

Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the provider ensured that confidential personal information was handled with sensitivity and complied with the legislation.

Is the service responsive?

Our findings

We looked at people's care documentation to determine whether care at the service was responsive to their needs. We found people who used the service had their personal needs and preferences taken into account. We saw that when people's needs changed, or an incident had occurred, the risk assessments and care plans were adjusted to ensure people's care was always safe. There was good evidence of effective care for one person, whose communication method had decreased over time. The service had implemented measures like a computer programme to speak to outsiders via video calls.

A new form was shown to us, which provided evidence of any family involvement in all people's care. This provided recognition of ways that people's family assisted with the care at the service. For example, we saw that there was an issue with a decoration and the person's care history. The service agreed to remove the decoration to ensure they were responsive to the person's care needs. This meant they had thought about the person's individual care as well as the input of the relatives.

There was evidence of individualised care planning within the care files we reviewed. We found the care plans were well-written and incorporated personal details specific and relevant to the needs of the person. Care plans clearly set out in detail the actions to ensure that all aspects of people's health, personal and social care needs were met. We found that the documentation ensured staff and other visiting health professionals could easily ascertain what the person's identified needs were, and the related actions in place to protect them. The daily notes by care workers were detailed, with information recorded which was person-centred. For example, in the care documents we reviewed, staff recorded specific behaviour each person displayed and activities they participated in daily.

The provider had a complaints policy and procedure. Information with regards to how to make a complaint was available, and also produced in an easy-read format. Staff we spoke with knew about the complaints policy and the steps they would take if a person or relative wanted to make a complaint. However, there was no signage inside the building to indicate for people or visitors how to make a complaint. The service's policy and procedure contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints through to the provider if people felt their complaint was not handled well or were dissatisfied with the initial outcome of an investigation. There were no recent complaints on record at the service. Since our last inspection, we had not received any complaints about the service either. We examined one concern recorded by the service and found this was appropriately recorded.

Feedback and views were sought by the service in August and September 2016. This was an annual process. Out of 44 surveys provided to people, staff, relatives and health professionals, 27 responses were received. We saw the feedback was overwhelmingly positive and suggested little room for improvement, for example the rearrangement of the lounge layout was suggested.

Is the service well-led?

Our findings

We found a positive workplace environment was present at Reach Lower Cippenham Road Staff we spoke with were satisfied with the service, provider and pleasant with us during the course of the inspection. We observed the team worked positively together and people were treated well by staff. One staff member on duty told us, "I love working here. It's so nice. The residents are lovely and we're like a family. We try to help them enjoy life as much as they can." Another care worker we spoke with told us that they felt the service was well-led by the present manager and that they liked working there. The worker said that if there were issues, they would talk to the registered manager and they would be dealt with promptly. We found staff meetings took place regularly and the management were present in the everyday running of the service.

The registered manager was clearly visible throughout the service on the day of the inspection; assisting people to ensure they were comfortable, ensuring people had drinks available and generally checking people's welfare. Staff told us the registered manager was approachable and they would have no concerns in bringing matters to their attention. They described the manager as supportive and we observed positive and friendly interaction between the manager and staff throughout our visit. Staff told us the manager has an open door policy and they could speak with them at any time.

We found the management team honest, approachable and professional. This ensured the provider complied with the requirements of their registration with us. There was a registered manager in post at the time of the inspection, which is one of the conditions. The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the statement of purpose for the service was appropriate. The provider kept their statement of purpose updated and regularly sent changes to us as needed.

We found that a small number of audits were conducted to ensure the service measured the safety and quality of care. We saw these included checks of people's personal finances. We found the regional manager conducted monthly monitoring reports, which were then reviewed by the registered manager. We looked at the October 2016 report. It was clear the monthly checks by the regional manager were comprehensive. The report shows that the regional manager observed and checked on people's care, staff interaction, premises, training, food hygiene, catering and meetings. A small number of actions were stated in the report and these were transferred to an action plan maintained by the registered manager. When we received the documents after the inspection, the actions were not complete or signed off, but we found at the inspection action was taken on the majority of the issues.

The regional manager audits were completed as part of the provider's own requirements for the service. However, the service had further checks they completed to ensure people's quality of care. These included medicine safety, the manager's 'periodic health and safety checklist' and the 'weekly environmental clean'. Appropriate checks were also completed about the health of night workers and the use of display screen equipment (computers and lighting). The service had not completed care file audits, personnel file audits, infection prevention and control or food hygiene audits. This was already identified by the registered

manager and operations manager, and plans were in place to address this.

We recommend that the service increases the scope and frequency of audits to drive continuous improvement in the quality of people's care.

People's meetings were held regularly and people's relatives were encouraged to attend where possible and contribute. Minutes of the meetings we reviewed demonstrated that feedback provided was valued and acted upon so that the service could work to constantly improve.

Accidents and incidents were recorded by staff and reviewed by the registered manager or deputy manager. Where necessary, we found investigations occurred to determine the cause of incidents.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the all of circumstances under which they would send notifications to us. Our records showed that the service sent required notifications to us.

Providers are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was broadly familiar with the requirements of the duty of candour and was able to explain their legal obligations in the duty of candour process. The service did not yet have an occasion where the duty of candour requirements needed to be utilised. At the time of the inspection, the service had a duty of candour policy which was appropriate. The policy clearly set out the steps for the management to follow if the duty of candour requirement was triggered.

The service established an important link within the community with the 'smile for life' programme. Reach Lower Cippenham Lane had joined up with NHS England in a scheme to promote excellent oral health and hygiene, and had gained a two-year accreditation. We reviewed documents and associated literature from the programme. We saw the service maintained twice-daily teeth-brushing records and use of mouthwash. We saw each person had a specific oral health plan that included documented inspection of people's mouth and gums, toothbrush and teeth or dentures. Where problems were identified, then the service referred the person immediately to a dentist. This was a positive step that demonstrated working in partnership with other organisations to ensure people's quality of care.