

# Rehabilitation Education And Community Homes Limited

## Reach Upton Court 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Reach Upton Court Road is a 'care home'. It is a detached property, providing accommodation over two floors and has a private rear garden for people to enjoy. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide accommodation and support to eight people with a learning disability or autistic spectrum disorder. At the time of our visit, there were eight people using the service.

The service had a registered manager as required. A registered manager is a person who has registered with the 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 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during the inspection.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, we found improvements had been made in the Responsive domain which is now rated Outstanding.

People told us they felt safe and they had built trusting relationships with the staff. Medicines were managed safely and people were supported to receive them at the required times. Staff were knowledgeable in how to safeguard people, they had received training and understood their responsibilities to report concerns. Risks related to people and their well-being had been assessed. Measures were in place to minimise identified risks without restricting people's freedom. The provider had a robust recruitment procedure which was followed to ensure as far as possible only suitable staff were employed. The service was clean, fresh and well maintained. Appropriate personal, protective equipment was supplied and used to help control the spread of infection.

People continued to receive effective support from staff who had the necessary skills to fulfil their role. Staff received an induction and training which was refreshed on a regular basis. Staff felt well supported and received regular one to one supervision and had annual appraisals of their work. Staff supported people to eat a healthy and nutritious diet. When necessary, advice was sought from healthcare professionals in relation to people's diet and other healthcare needs. People had routine health checks with their GP and were supported to attend appointments with other healthcare professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

The service continued to be caring. People told us they liked the staff and said they had been kind towards them. It was clear trusting relationships between people and staff had been built. People laughed and

talked with staff in a relaxed manner. Staff understood how to protect people's privacy and showed respect for people's wishes to spend time alone and have personal relationships. People were fully involved in making decisions about their care. Staff worked hard to encourage people to develop and maintain as much independence as possible.

The service had improved and showed outstanding practice in responding to people's individual needs. Staff kept focus on the wishes of each individual and worked in a person-centred way, considering people's personal preferences, culture, beliefs and protected characteristics. People's support plans were very comprehensive and reflected the extremely person-centred approach taken by the service. Staff had found innovative ways to respond to individuals and enhance their lives for the better. People had opportunities to take part in activities of their choice and were encouraged to try new and different things which would help them live a fulfilled life, as independently as possible. The service was meeting the requirements of the accessible information standard.

The service continued to be well-led. There was an open, empowering, person-centred culture in the service. People benefitted from a stable and longstanding staff team led by a registered manager who provided strong leadership. Staff felt supported in their roles and said they worked as a team to support each other. The service had a clear vision and a set of values which staff demonstrated they were familiar with and committed to achieving. Records were easily accessible, current, complete and reviewed regularly. Feedback was sought and used to monitor the quality of the service. Audits were conducted and used to make improvements.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service had improved to Outstanding.

The service was extremely person-centred focusing on people being central to the way the service was run.

People's support plans and records were very personalised, reflecting their individual, current and diverse needs.

The service was exceptionally responsive to people's needs, choices and preferences. They worked in partnership with people, their families and other teams to ensure people lived the best life they could.

The staff worked very hard to help people understand information and situations which impacted on their lives.

### Is the service well-led?

Good ●

The service remains Good.

# Reach Upton Court 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 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 was a comprehensive inspection which took place on 27 November 2018. The inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed the information, we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We also looked at previous inspection reports and reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local safeguarding authority and commissioners of the service. We also requested feedback from ten community health and social care professionals. We received feedback from two health and social care professionals and three commissioners.

During the inspection we spoke with three people who lived at the service. We made observations in the shared areas of the service including a meal time activity and interactions between people and staff. We spoke with five members of staff, including the registered manager, the operations manager, the deputy manager and two care staff.

We looked at records relating to the management of the service and reviewed three people's support plans. We inspected the storage arrangements for medicines and reviewed records relating to their ordering, administration and disposal. We looked at four staff files including recruitment records and also reviewed records of accidents, incidents and complaints. We looked at a selection of handover and communication documentation, minutes of meetings, service audits and health and safety records.

## Is the service safe?

### Our findings

People continued to receive safe care. People told us they felt safe with the staff who supported them. One said, "Yeah, I'm safe, it's ok here." Another person nodded and said, "yes" and a third person explained how staff helped them to stay safe when they were in the community. People benefitted from being supported by staff who were clear about their responsibilities regarding protecting people from harm. Staff were knowledgeable about types of harm or abuse and the signs which may give rise to concerns. They were familiar with the procedures for reporting these and were confident that any concerns raised were acted on promptly. We saw the registered manager had reported concerns to the local safeguarding authority when necessary. Staff also had good knowledge of whistleblowing procedures and said they would not hesitate to use them if necessary.

Risks relating to people and the support they required were assessed. These included risks associated with people's health, their nutrition, mobility and medicines as well as those related to personal relationships, managing finances and independence. Plans to manage and mitigate identified risks were in place and reviewed regularly. People's support plans contained guidance for staff to help minimise risk without restricting people or their independence. Risks relating to the environment had also been assessed and people and staff were aware of measures to be taken to maintain safety.

People received their medicines safely and when they required them. When possible, people were supported to self-administer their own medicines. The risks associated with this had been appropriately assessed. Systems were in place to order, store, administer and dispose of medicines safely. Regular audits of the medicines and related records were carried out, with any discrepancies addressed promptly. Staff had been trained to manage medicines safely and their competence was assessed at least once a year to ensure they had maintained their skills.

There were sufficient staff to support people safely, a minimum of three staff were on duty during the day and two at night. Safe recruitment practices were followed when new staff were employed. Relevant checks were completed to help ensure as far as possible only staff of good character supported people, these included updated profiles of agency staff.

The home was clean and bright, Supplies of personal protective equipment to prevent the spread of infection were available and staff confirmed they used these when supporting people with personal care or using substances hazardous to health.

Accidents and incidents were recorded, investigated and reviewed. Actions had been taken to monitor and address trends identified. For example, one person was prone to falls which had reduced following action taken to introduce additional equipment. We found the registered manager shared information about incidents so learning could take place.

Health and safety checks of the environment and equipment were carried out regularly and in accordance with legislation and guidance. These included regular fire drills, gas and electricity safety checks and testing

of water temperatures. The provider had policies and procedures in place to provide for emergency situations. People had personal evacuation plans detailing the assistance and support they required to leave the premises and remain safe once out of the building.

## Is the service effective?

### Our findings

People continued to receive effective care. People's individual needs were assessed before they moved to the home and records showed they had been involved in this process. The detailed information included people's personal likes and preferences as well as medical, physical, behavioural and emotional needs. People's personal interests as well as their cultural and spiritual wishes were noted. Support plans were developed from the assessment and provided detailed guidance and information to enable staff to provide effective support for people in the way they preferred.

People were supported by staff who had been trained in their job role. New staff received an induction and spent time shadowing and working alongside experienced staff to gain necessary skills and knowledge. They completed the care certificate (a set of standards adhered to by health and social care workers in their daily work) in line with current guidance. Staff were encouraged to develop further and gain recognised qualifications in health and social care. Other training was provided in relation to the particular needs of people which included epilepsy, communication passport and percutaneous endoscopic gastrostomy training.

Staff told us they felt well supported and could seek advice from the registered manager or deputy manager whenever they required it, they also praised the training provided. One said, "The training is excellent, some is on the computer, but we also have it in the classroom." They all said they had opportunities to discuss their work in one to one supervision meetings. Records showed these meetings were held regularly on a four to six-week basis. Annual appraisals provided an opportunity for staff to reflect on their performance and plan for future development and training.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff had been trained to understand the requirements of the MCA and were able to clearly tell us how it related to their work. They acknowledged people's rights to make their own decisions and we observed how they sought people's consent before supporting them. We found the service was working to the principles of the MCA and where people had DoLS authorisations in place they were reviewed regularly to ensure the conditions were being met. We were told of an example of how a person had wished to challenge their DoLS authorisation and saw how staff had supported them to do so. This showed staff had recognised their individual rights.



We observed meal times were flexible, some people ate in the dining room while others chose to eat elsewhere such as at the computer whilst looking at the internet. People went and made themselves snacks and drinks if they wished and they could eat at a time to suit themselves. Photographs of meals were available to help some people to understand the choices available to them. Menus were regularly discussed at resident meetings and changed according to people's wishes. People were supported to eat and maintain a healthy diet. Staff worked individually with people to help them understand the principles of a balanced diet and the effects this can have on their health. We saw examples of how people had been helped and encouraged to make changes to either lose or gain weight to benefit their wellbeing. One person told us about their healthy snack box and another explained how staff encouraged them to eat even when they did not feel like doing so. Concerns regarding people's nutrition were referred to appropriate health professionals for advice and we found any advice received was followed.

People were supported with their health and well-being needs. Staff worked with people to understand these needs and when necessary worked closely with health professionals to help them maintain their health and well-being. Each person had an annual review of their health and any medicines they took. Records of any consultation were kept so actions and advice could be followed-up. A hospital passport was available for each person which was used to provide essential information for health professionals should they need to be admitted.

The design of the premises was suitable for the needs of the people living there. Each person's room reflected their personal tastes and interests and they had all been consulted on the décor for the shared spaces. People were able to move around the home freely and independently and there were areas where they could spend private time with visitors if they wished.

## Is the service caring?

### Our findings

People continued to receive support from staff who were caring and respectful. People told us they liked the staff and made comments such as, "They're good," and "[Name] is very nice." Two people mentioned their key workers as being people they trusted and relied on. We saw people and staff laughing and joking with each other; people sought the company of staff, approaching them and striking up conversations which were happily responded to.

The staff team knew people very well and demonstrated an in-depth understanding of people's individual needs. They were able to describe how they supported them in a person-centred way. It was evident from the way staff spoke, they valued the people they worked with and respected their wishes. Staff explained how they involved people in every aspect of their lives and encouraged them to make decisions and choices for themselves. One said, "Their needs are mostly emotional and social rather than physical so we support them to understand [situations] and then make decisions for themselves."

Health and social care professionals also commented on how they felt the staff were caring and said people's privacy and dignity were respected. Staff were aware of the importance of privacy, they respected people's wishes to spend time in their rooms or not join in with an activity. The registered manager explained how staff negotiated with people when supporting them with relationships or when accessing the community. This helped them to both maintain their own privacy and respect that of others as well as helping to keep them safe. For example, one person required staff to accompany them when visiting their partner. In order to provide them with some privacy, staff remained in the car while the person spent time at their partner's home. However, it meant they were close by should assistance be required.

Each person had a key worker. A key worker is a member of staff who takes particular interest and responsibility for an individual. People met with their key worker on a regular basis to talk about what was going well for them or anything that was concerning them. Together they discussed what was important and agreed outcomes and actions to enable the achievement of goals and aspirations.

Staff respected people's diversity and supported people in their preferred routines and ways of life. For example, one person chose to follow a particular diet and others were supported to attend a place of worship when they wished. Staff worked hard to help people understand and respect other people who lived at the service.

We saw staff identified triggers which may lead to anxious or distressed behaviours. Staff knew how to avoid these and we saw how they de-escalated situations if they arose. All staff had been appropriately trained in positive behaviour support and managed these situations sensitively and professionally. Appropriate records were kept of any incidents and they were reviewed so learning could take place to reduce the likelihood of them recurring.

People were supported to maintain relationships with their family and friends and people told us visitors were welcome at any time.

## Is the service responsive?

### Our findings

People's needs had been thoroughly assessed and the information gained was used to formulate a person-centred support plan. We found the support plans were extremely detailed and contained information to support people to achieve their desired outcomes. Personal preferences and routines were noted in support plans and it was evident that people had been fully involved in making decisions about the care and support they received. We saw people had contributed as fully as they were able in the regular reviews of their support plans. Each review was documented fully, capturing a complete overview of the person's life and included photographs to compliment and remind people of various events. The registered manager told us producing such detailed reports enabled them to keep fully abreast of people's progress and changes.

The service was extremely responsive to people's individual needs. The registered manager and the staff team sought innovative ways to help people achieve their aspirations and goals. They worked co-operatively as a team, with professionals, people's families and other organisations to support people to achieve positive outcomes which made a positive impact on their lives. We were given several examples of people being provided with excellent support to overcome difficulties and challenges in order to attain a goal or aspiration.

One example involved a person who suffered with stress and anxiety. They had come into contact with certain individuals on social media which left them open to acting illegally. At that time, they were unable to see how vulnerable they were and the effort of staff to enlighten them, led them to disassociating themselves with staff and other residents. They did not want to engage in any activities and their behaviour began to affect other people living at the home. The staff team worked carefully and sensitively to help the person understand the implications of the relationships they were developing and the potential severe consequences.

Through working with this person, the team had recognised they wanted to have a personal relationship and therefore supported them to explore ways in which they could meet an appropriate partner in a safe manner. Through this support the person had found a stable longstanding relationship. They spoke with us about the importance of this person in their lives. The staff team have continued to provide support and recognised the person has a goal to live more independently with their partner in the future. They explained how they are currently working on a programme to develop this independence and how the person has increased in confidence as a result. They told us, "Being in a healthy relationship resulted in [name] having [a] more positive outlook on life; he engages in activities and day to day living tasks at Upton home; he is in [a] good frame of mind [this has] allowed him to build good strong friendships with some other residents at Upton. The team is committed to helping [name] develop his independence, learn new skills and work towards his goals."

Another example demonstrated how the staff had worked with a person to turn a negative situation into a positive one. This person had strong opinions and struggled to see things from other people's points of view. Staff reported it was difficult to change their opinion once they had set their mind on something. The person held a very negative opinion about people from a particular social group and in the past, there had been

incidents when they had been disrespectful to those people and suffered heightened anxiety when they came into contact with them. Staff had helped them understand the circumstances which may have led to people being part of this social group and why their behaviour toward them was disrespectful. Over time, and through regular conversations with their keyworker, the person became more willing to engage and discuss the issues they had. They were later supported to write a letter to the local council requesting they take action to support people in this social group. Staff told us the person was very excited about the idea of writing this letter and was proud to be trying to help others. This also meant they were less anxious about accessing the community because they were no longer concerned about meeting people from this social group. The registered manager said, "It was big breakthrough for [name] who started to be more confident about the idea of accessing community without staff support. The risk of [name] putting himself in [a] vulnerable position by being aggressive towards individuals was also significantly minimised, which enabled the team to work with [name] on accessing [the]community independently."

Staff told us this work had now gone further and the person was fully engaged with wanting to help people in disadvantaged situations. They had thought of organising a summer ball to raise funds for a local charity and staff had supported them to do so. We saw photographs which evidenced the event had been very successful and had raised significant funds. This initial fundraising had led to others living in the home also becoming involved and regular events were now held quarterly. People had taken on various roles in helping to make each event successful and they were very proud to talk about them. These included, making advertising materials, ticket sales, security and booking venues. There had been significant benefits noted for all the people involved most notably their involvement in the local community and increased confidence. The registered manager told us to date they had raised over £5000 for various local charities.

One person had been supported to improve their mobility which was compromised by a disability and some excess weight. When they had moved into the home they were reluctant to eat fruit or vegetables preferring to eat chocolate and crisps as snacks. Initially, suggesting healthier options had the effect of making the person become anxious and distressed. However, staff had shown commitment to help the person understand that food choices had a significant impact on their wellbeing, weight and mobility. They had used a variety of techniques and resources to help the person understand about food portions, healthy diet and need for exercise. The idea of a 'healthy snack box' was introduced during weekly keyworker meetings and over a period of time they worked to agree healthier options that the person would buy for their 'healthy snack box'. The support provided had resulted in the person becoming very knowledgeable about different foods and they have gained a good understanding of the impact food choices may have on their health and mobility. During the inspection they spoke with us about their choice of food and they were very positive about their diet. We saw how this work had enabled a weight loss, which had brought about a significant impact on their wellbeing and mobility.

Monthly meetings and regular key worker meetings provided opportunities for staff to spend time with people, to discuss how things are going, discuss issues and gather feedback. As a result of these meetings staff recognised that some people struggled to contact the police if they needed help while out in the community. It had become clear that people were afraid to approach the police officers as they find their uniforms intimidating. Therefore, the staff team had invited local police officers to the home to explain their role, how they could help and how they can be contacted. During the meeting people had been able to express concerns and limitations they may face when in the community and made suggestions to the police which may help them. The team were pursuing further partnership working with the police. This included the development of specific identification cards and another visit, during which people will have an opportunity to see inside a police car, learn about police uniforms and have an interactive experience to help them to overcome their anxieties.

People had ambitions to find employment and further develop their independence through doing so. This had been responded to by supporting people to seek both paid and voluntary employment. Some people had been supported to secure employment in a local parks and charity shops while others attended local college courses designed to enhance their independent living skills. Some had also received training in delivering training to staff at the local authority when they were new to working with people with a learning disability. People had an individualised timetable and activities reflected both development of skills and relaxation. People talked about the activities they took part in and during the inspection some went to a bowling session, on their return they were happy and spoke enthusiastically about the trip.

The registered manager and staff team worked continuously to respond to people's changing needs. Throughout the inspection, we observed staff acknowledged and responded to people promptly paying attention to what they said and did. We noted they were able to recognise and respond to behaviours that may cause distress and anxiety to people themselves or others. Each person had a behaviour support plan aimed to help lessen those behaviours and to provide staff with guidance to both reassure people and manage the behaviours safely when they did occur.

Staff told us communication was "excellent". We found there were a number of channels of communication which ensured staff had up to date information. Handover meetings took place at the beginning of each shift. We attended a handover during the inspection and noted how staff discussed their responsibilities for the shift. Each person was spoken about individually so that staff coming onto the new shift were made fully aware of how people were, what they had been doing and any significant events.

The service was meeting the requirements of the accessible information standard. Staff strove to find ways to support people's communication, to reduce barriers and share information with them. We saw there were a variety of communication methods used including communication passports, photographs and easy to read documents which helped people to understand and exchange information. Care plans also contained easy to read documents which meant people were able to access information from them independently if they wished. For example, information about the medicines they took and their personal planning. Care had been taken to record what people's behaviours may communicate and guidelines provided staff with direction of how best to approach and communicate effectively with people.

The provider had a complaints policy which was available for people in an easy to read format. People told us they knew how to complain and who to speak to. People told us they raised things in resident meetings or with their key worker in the first instance. We saw where concerns had been raised they had been noted, investigated and responded to.

## Is the service well-led?

### Our findings

The service continued to be well-led. At the time of our inspection there was a registered manager in post. There was a clear vision set out by the provider, "For everyone to achieve their full potential in an empowering, safe and person-centred way, with passionate support." The Registered Manager led the staff team in working toward achieving this value. The registered manager confirmed they felt well supported in managing the service by the operations manager and provider. They said they could seek advice whenever necessary and had regular contact with them.

Staff were complimentary about the registered manager, the operations manager and the provider. One told us, "The whole company is good, everyone is approachable, the directors, [name and name] everyone." They went on to tell us the management team all held the same values and that is why they liked to work for the company. Others told us how they felt committed to working as part of the team, one said, "We have great team working, lots of very good training and [registered manager] has handy advice which helps. [Registered manager] is spot on."

We found an open and empowering culture in the service. Staff spoke about sharing information and supporting each other. The registered manager told us and we saw from records that incidents were discussed so that learning could be shared and improvements made. Throughout the inspection we noted staff communicated well and worked in a complimentary manner to help each other and meet the individual needs of people. Staff felt they worked hard to do the best for people, one said, "I think we are doing very good work." Another told us "We support each other and we get on well as colleagues."

Records showed team meetings were held regularly. Staff told us they had opportunities in the meetings to discuss ideas and review practice in order to improve and develop. Staff had allocated roles and responsibilities in the service. For example, key workers took responsibility for such things as assisting their key person to plan things such as holidays, discuss and work toward goals they wished to achieve and maintain personal and family relationships. Other roles involved carrying out health and safety checks and assisting in medicines ordering and management.

There was a system in place to monitor the quality and safety of the service. A series of checks and audits were completed to identify issues and any shortcomings. We noted action had been taken appropriately to rectify issues. The operations manager showed us the audits they completed. This consisted of a monthly themed audit such as finances or medicines and a six-monthly full audit of the service. We saw how actions from previous audits were followed up to ensure actions had been completed. In addition, night audits were conducted, again, we found where deficiencies had been identified, action had been taken. For example, one member of staff had been dismissed as a result of poor practice.

The views of people, their relatives and staff were sought formally once a year through questionnaires. The information was then collated and a summary of the findings made available. The survey results from the 2018 report showed a high overall satisfaction rate and contained comments such as, "The care and support my son receives at Upton is outstanding, the staff are so good" and "Excellent at all times."

The registered manager sought up to date information on best practice by attending appropriate refresher training, attending registered manager meetings and using relevant internet resources. They had developed good working relationships with professionals and worked co-operatively with other teams to gain positive outcomes for the people they supported.