

## Rutland County Council

# Reach

### Inspection report

Reach Services, Catmose Campus  
Huntsmans Drive  
Oakham  
Leicestershire  
LE15 6RP

Date of inspection visit:  
04 December 2018  
06 December 2018

Date of publication:  
06 March 2019

### 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

What life is like for people using this service:

- ☐ People were treated to an outstanding experience of caring and leadership from the service. All people spoke with said they were treated with kindness and compassion. People were at the centre of the service and were consulted regularly for their experiences. There was continuing respect of dignity and privacy observed during the inspection. One person told us, "I would like to thank the team for their care and kindness." Another person told us, "With deep gratitude I want to thank you all for your support."
- ☐ People were at the centre of the service and received their personalised care as planned and were treated as individuals. There were examples of positive differences made to people's lives. Relatives of people made continued reference to the support they received and of how the service had a positive impact upon them during the most difficult times in theirs and their loved ones' lives. One relative told us, "Thank you for supporting us in caring for [named person] during the last two weeks of life."
- ☐ The service was respected and valued by other professionals who commented on how the service improved people's lives. They spoke positively about the manager and staff and how well they worked together.
- ☐ The staff were thoroughly supported and promoted by the manager. They were encouraged to share their views and make suggestions on how the service could be improved. Staff told us they worked well as a team, its morale was high and they supported each other. One staff member told us, "I have never worked in a better team."
- ☐ Staff were trained to carry out their roles effectively and safely. The manager valued recruiting the right people.
- ☐ More information in Detailed Findings below.

Rating at last inspection: Good (The date the last report published was 6th October 2016)

About the service:

Reach is a service for Enablement, Assessment, Crisis Response and Hospital discharge. Reach is a Domiciliary Care Service provided by Rutland County Council. It is registered to provide personal care and support to adults living in their own home. Current information held shows there are 17 people using the service.

Why we inspected:

This was a planned inspection based on the rating of the last inspection.

## 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.

Details are in our findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our findings below.

# Reach

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The Inspection Team consisted of two inspectors.

#### Service and service type:

Reach is a domiciliary care agency. It provides personal care to people living in their own homes. The agency had 17 people it was supporting at the time of the inspection.

The service had a manager registered with the Care Quality Commission. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. We needed to be sure that managers and staff would be available to facilitate the inspection.

#### What we did:

We looked at information we held about the service including notifications they had made to us about important events.

We spoke with four people who had used the service, and one relative.

We spoke with five staff during our visit including the registered manager. We also spoke with two social care professionals.

We reviewed three people's care records, policies and procedures, records relating to the management of the service, notifications we received, records of accidents and incidents, training records, audits and quality assurance reports and the recruitment records of four staff.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse.

- ☐ Staff received training in and followed safeguarding and whistleblowing policies. One staff member told us, "I would report any concerns about service users to my manager and if I did not feel it was being addressed properly I would then inform the Care Quality Commission".
- ☐ The management team understood their responsibilities to raise safeguarding alerts with the local authority and CQC.
- People told us they felt safe and relatives trusted staff to do the right thing by their relatives. Staff were confident in using the provider's systems and processes.
- ☐ All the people we spoke with told us they felt safe. One person said, "I feel safe with the carers [staff] and they are professional". Another person said, "I cannot fault them and they do a wonderful job."

Assessing risk, monitoring safety and management.

- ☐ Risks to people's health were comprehensively assessed and safely managed; staff were guided on how to protect people effectively. Any potential risks to a person's well-being were identified, such as mobility, communication, skin condition, nutrition, continence, environment and any safeguarding concerns.
- ☐ Staff were aware of people's individual risks and had clear guidance how to mitigate these risks.
- ☐ Staff were trained effectively in assessing people for equipment and appliances to support them with their daily care and mobility. Staff arranged for the equipment to be ordered, delivered and maintained.
- ☐ Staff received training in the safe use of equipment and appliances. One person who used a hoist to transfer said, "I feel safe when the carer helps me".

Staffing levels.

- ☐ Staffing levels were consistent and met the needs of people using the service.
- ☐ Staff said there was sufficient staff to carry out their role. Staff rotas showed that people received their care at the planned times.
- ☐ One person said, "I have four visits a day and they are always on time". Another person told us, "They [staff] always ring me if they are going to be a little late. We live in a very rural area and it is difficult for them if the weather is bad."
- ☐ The registered manager told us, "In the event of bad weather we have robust plans in place to ensure those people with critical care needs continue to receive their care. This includes other agencies who cannot attend their critical calls."
- ☐ Recruitment processes were comprehensive ensuring suitable people were employed.

Medicines

- ☐ Staff were trained to administer people's medicines and this was managed safely.

- People were supported to be independent with their medicines where appropriate.

#### Prevention and control of infection.

- Staff were supplied with personal protective equipment to prevent the spread of infections.
- Staff received training in infection control and used the personal protective equipment provided to maintain safe infection prevention and control. One person told us, "Staff wear gloves and aprons and wash their hands all of the time."
- Equipment used to store people's records were being implemented; systems were in place to ensure the equipment was cleaned between use.

#### Lessons learned when things go wrong.

- The management team had developed and improved their practices by reviewing their systems and processes. For example, following feedback from previous years, the registered manager arranged for local people with suitable vehicles to transport staff to the rural areas safely through the snow. They also employed an additional therapist to assess people promptly to help speed up the process of being discharged from hospital.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ People had comprehensive assessments of their needs carried out by occupational or physiotherapists who had the skills and resources to arrange for equipment, staff and exercise regimes to rehabilitate people back into their own homes.
- ☐ People's needs were regularly reviewed and any changes communicated to staff.
- ☐ People using the service were being supported to make choices and decisions about their care and they were routinely consulted. One person told us "They supported me very well to become independent."

Staff skills, knowledge and experience

- ☐ Staff received comprehensive training and allied health professionals [therapists] were supported to maintain their professional development.
- ☐ Staff were competent, knowledgeable and suitably skilled to meet people's needs; and undertook their roles effectively. All staff we spoke with said they had an induction to the service, were trained appropriately including regular observations of their duties and felt confident in their role.
- ☐ One staff member said, "I would be happy if my relative received the service."

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ People were supported to maintain a healthy diet.
- ☐ People's diet was monitored and medical advice sought where risk assessments highlighted additional advice and care were required.

Staff providing consistent, effective, timely care

- ☐ People received their care as planned and good outcomes were evidenced in care records.
- ☐ Staff recognised the signs of changes to people's health; people were referred to other healthcare professionals and staff followed the health advice.
- ☐ Staff worked well together within the service and with external agencies to ensure there was a smooth transition between services.

Ensuring consent to care and treatment in line with law and guidance

- ☐ 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.

- ☐ Staff had received training and had a good understanding of this legislation.
- ☐ There was an emphasis on enabling people to make their own choices wherever possible.
- ☐ One person told us, "They always ask me for permission with what they are about to do."

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were respected and valued as individuals.

Ensuring people are well treated and supported

- ☐ All the people we spoke with consistently said staff were kind and caring. One person told us, "I have a good relationship with staff and we have chats and a giggle together which is lovely." Another person told us, "What wonderful people [staff] all so very caring, tender, loving and a supportive team. The best. Special thanks to [named staff and named staff] who we did see a lot of."
- ☐ One relative told us, "They [staff] are superb people."
- ☐ Staff knew people very well as the service ensures people are supported by regular staff. One person told us, "I have the same person come to me nearly all the time".
- ☐ People were consistently supported by the same staff. One person told us, "I always have the same people come and see me and they take the time to get to know me." Another person told us, "Where they can they will always stay and have a chat with me."
- ☐ Staff told us they had all the information they needed to provide personalised support. They knew what people's desired outcomes were and endeavoured to meet them with a strong emphasis on getting to know people.
- ☐ Staff treated people with kindness and compassion, all communication relating to people's care was respectful and supported people to achieve their goals.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People and their families were routinely involved in making decisions regarding the care and support received; during their initial care planning and regularly throughout.
- ☐ The service was flexible and when people requested changes to their care this was routinely met. A relative told us, "I asked if we could have the support for [named person] later in the day as it suited us better and [name of registered manager] arranged this for us".

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff respected and promoted people's dignity. One person told us, "[Staff member] knows I like to be left alone in the bathroom at certain times and this is always respected." Another person told us, "The staff make me feel comfortable."
- ☐ Staff always spoke about people in a respectful and courteous manner and held people's views in high regard.
- ☐ There was a culture of supporting people to be as independent as possible. People's care was planned to meet their specific needs to support them with their transition to independence or to be the best they can be for on-going support at home.

- ☐ People's care plans and daily records showed that staff recorded people's information respectfully and always referred to people in a dignified manner.
- ☐ People's confidential information was stored appropriately and staff understood the provider's policy.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

How people's needs are met

Reach provided three types of service:

1. ☐ Therapist led reablement for up to six weeks following people's discharge from hospital.
2. ☐ Safety net service provided people with personalised care where their existing care package was failing.
3. ☐ Brokerage service, arranging suitable care packages with other providers following rehabilitation with Reach.

Proactive care

- ☐ Reach staff actively searched for people in hospital who lived in the Rutland area who would benefit from the reablement service. The provider told us, "Our nurses find people [in hospital] and 'pull' them out into the community."
- ☐ Where discharge home was not possible, for example due to delays in work to make adaptations in their homes, people were admitted to interim beds in allocated care homes. The Reach reablement therapy and nursing teams visited and supported these people to achieve their maximum potential before being discharged home. This ensured that people received their reablement in a timely way.
- ☐ During the winter months the provider employed an additional social worker to assist with prompt assessments for continuing care to support the hospital during the winter pressures. The provider demonstrated how this had been effective and told us "We are so proud of our outcomes. Last year [over winter] no-one was left in hospital."
- ☐ Staff received specialist training to enable them to assess people for equipment and order these without delay.

Therapist led reablement.

- ☐ People received personalised care.
- ☐ People and their relatives were actively involved in planning their care. Each person's detailed care plan showed how people had contributed to these by use of people's own words and preferences. Therapists told us this was key to the success of people's rehabilitation.
- ☐ Occupational and physiotherapist worked closely with people and their families to establish their needs and goals. This included assessment, planning and evaluating of people's mobility and ability to cope at home.
- ☐ People set their own goals to return to independence following surgery; they required a period of rehabilitation. One person told us, "I set my targets for recovery when I came out of hospital and all have been reached ahead of schedule. Your staff without exception have been absolutely brilliant with the help and advice they have given me."

- □ Therapists printed information sheets for each person to demonstrate to them, their families and Reach staff their prescribed exercise programme; these included pictures to help illustrate the exercises.
- □ People's reablement plans were unique to each person and reflected their individual needs. For example, one person required hand exercises to strengthen their hand so they could be self-caring with their long term medical condition which they were not able to do before.
- □ People's care plans were detailed and showed how staff supported people with their preferences and routines. For example, where people required male care staff.
- □ Reach therapists assessed people and arranged for the supply of equipment and appliances to assist people to live independently. These ranged from hospital beds to walking aids and bath aids.
- □ People's care records demonstrated how people were taught how to use equipment themselves to promote independence, such as transferring from their bed to chair. For example, one person was adapting to living at home after life-changing surgery, they had been taught how to use equipment to be independent, they had achieved independence, they told us the service was, "Nothing but the best."
- □ Reach staff referred people for additional services where necessary, such as the falls team for assessment.
- □ People's records showed therapists and care staff continually evaluated people's care, involving people in adapting their rehabilitation programmes to be flexible and achievable.
- □ Staff supported people to follow medical advice following surgery; people's care plans reflected how therapists reassessed people following their outpatient appointments. For example, following fracture clinic appointments.
- □ Staff had a culture of listening to each other, people and their families; the clear communication about people's progress and willingness to adapt care to meet their current needs meant people were supported to achieve their goals at their own pace.

#### Safety net service.

- □ REACH provides an emergency response service for the whole of the local area; they were responsible for assessing referrals and supporting people who were in crisis. Most referrals required signposting to other services, however, Reach staff provided support and care to people where their existing care packages were failing.
- □ Reach staff assessed people's needs and provided care and support for people and their families at short notice. For example, one person in crisis required assessment for their mental capacity, installation of a key safe and referral to a social worker for additional funding for night care staff. Reach staff supported this person until a suitable care provider could be sourced.
- □ Reach staff supported people's existing care providers to work together with the person to establish a pattern of care that met individual needs.
- □ Reach helped to support people to build a good relationship with their existing care providers; they provided guidance and support for care staff of the care agencies to have the skills and knowledge to provide the care. For example, where a person had deteriorating mental health; the existing care providers were unable to meet their needs. Reach supported the person and the care agency to rebuild their relationship and supported them to manage the person's care successfully.

#### Brokerage

- □ Following reablement some people required continued assistance to remain at home with care staff visiting regularly to provide continued support with personal care and meals.
- □ Reach staff provided a comprehensive assessment and handover to the new care providers.
- □ In addition to this, Reach looked at ways of involving people's families in people's care, for example, reminding people to take their medicines.

### Improving care quality in response to complaints or concerns

- ☐ The provider had systems and processes in place to manage people's concerns and complaints.
- The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information and care plans were made available in the most appropriate format to meet a person's communication needs.
- ☐ People we spoke with were confident in raising a concern as they trusted the manager. One person told us, "If I had a concern I would just ring [registered manager] and I know it would be sorted out." Another person told us, "I did have one issue, nothing major though, so I rang the manager and it was resolved promptly."
- ☐ The registered manager analysed all feedback to monitor for complaints and took immediate action to resolve any concerns.
- ☐ The registered manager shared the learning from complaints to improve the service, such as communication between staff which had been resolved by embedding good practices.

### End of life care and support

- ☐ Staff received training in how to support people with their preferences for their care at end of life. For example, remaining at home.
- ☐ People had the opportunity to express their wishes and preferences for their place of care. Staff took time to understand what was important to people at end of life.
- ☐ Staff worked closely with other health professionals to provide care that met people's needs at end of life.
- ☐ One relative told us, "You [the service] enabled [named person] to remain at home until the very end and supported us in caring too. I know that [named person] valued your visits highly. We witnessed your care to be respectful, professional and consistently cheerful despite the circumstances." Another relative told us, "Thanks to everyone for the care, support and especially kindness shown to our relatives [named persons]. Because of you [the staff] they [named persons] could stay at home right to the end and died peacefully with their family nearby. Who can ask for more at the end of their life?"

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

- ☐ People told us they knew the management and they were approachable and kind.
- ☐ The management team promoted good communication with all staff and people using the service. One person told us, "When I contacted the management they were easy to get hold of and were always willing to talk to me."
- ☐ The registered manager provided a clear vision for the service and involved staff in providing high quality care. The staff were consulted and encouraged to give their ideas for improvements and share their experiences. Staff told us they have made suggestions which the manager had implemented.
- ☐ Staff told us they felt continually supported by the registered manager. There was a supervision, appraisal and comprehensive training programme in place. This ensured staff had appropriate support and were competent in their roles. The management promoted additional learning and we evidenced staff being supported to enrol on courses of specific interest to them.
- ☐ One staff member told us, "The manager is approachable, I feel supported and this team has the best morale in a team I have ever experienced."
- ☐ The manager spoke warmly about the staff team; they understood the importance of working closely together and supporting one another. There were effective mechanisms in place to support staff with their health and safety and they were supported to return to work safely following any period away from work.
- ☐ Every member of staff was seen as an integral part of one cohesive service, each staff playing an important role.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- ☐ The management team were committed to providing high quality care to make positive changes in people's lives.
- ☐ Staff understood and recognised the importance of their role and were supported and conscious in achieving this for the people they were caring for.
- ☐ The registered manager valued the responsibility of learning lessons if things went wrong and was open to suggestions both internally and externally for people to continue to receive the best outcomes from the support they received.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff knew their roles and had clear direction and leadership from the management. The registered manager was continually employing care staff.
- The registered manager had full oversight of the service; they carried out comprehensive audits, the results reviewed and action taken where a concern had been identified.

#### Engaging and involving people using the service, the public and staff

- People were routinely asked their views on the service, by telephone soon after the service began, at their reviews and by surveys after their care had finished. People were actively encouraged to give their views at any time. All the feedback we saw was positive and reflected people were receiving care that met their needs and was personalised.
- The registered manager acted upon all feedback, by passing on praise to staff or changing working practices where people had not been totally happy with the service.
- Staff meetings were held frequently. Staff told us they found these beneficial and felt listened to and valued. They had the opportunity to share their views, make suggestions and share their learning. For example, the registered manager worked with staff to implement a new system of storing people's records in their homes to maintain confidentiality which also included systems to ensure infection prevention controls.

#### Continuous learning and improving care

- We saw evidence that the registered manager is continuously learning, improving and innovating the service. For example, by resolving the limited access to equipment by training non-therapy staff to enable them to order equipment appropriately.
- The registered manager analysed people's care to establish whether the service had been effective in their rehabilitation. People had received a timely service which met their reablement needs, assisted to build relationships and care with their existing care providers and been supported to commence new care packages.
- The management team worked closely with other health professionals to resolve issues which affected people receiving care, for example resolving prescription label issues which delayed people receiving their creams.
- Reach worked closely with the hospital teams to understand where discharge home may fail due to not being medically fit for discharge.

#### Working in partnership with others

- The provider has been ranked number one out of 152 in the country by the Department for Health and Social Care (DHSC) for providing integrated health and social care services.
- The registered manager had embedded a culture of working with external professionals. For example, the registered manager worked closely with the local area IPC (Infection Prevention and Control Team) This ensured practice and guidance was up to date and reflective of the service REACH provides.
- We received positive feedback from two professionals. One said, "The support workers are excellent and I can see progress with the people I work with from the support they provide." Another said, "The communication with the provider is good both formally and informally."