Reach (Supported Living) Limited

Reach Supported Living Limited

Inspection report

61 Pure Offices
Kembrey Park
Swindon
Wiltshire
SN2 8BW

Tel: 01793250299

Date of inspection visit:
20 July 2016

Date of publication:
08 September 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Reach supported living is a supported and independent living service providing extra care and domiciliary support services for people with individual needs. At the time of our inspection 9 people were being supported by this service.

This inspection took place on 20 July 2016. This was an announced inspection which meant the provider had prior knowledge that we would be visiting the service. This was because the location provides a domiciliary care service, and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

At the time of our inspection a regional manager and a team manager were in place at the service. The regional manager had submitted an application to The Care Quality Commission (CQC) to be the 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. The regional manager and the team manager were both available throughout the inspection.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people and their relatives included "I have the same group of staff, brilliant staff, they work hard" and "They are good at forming relationships with the people they support".

Systems were in place to manage risk and protect people from abuse. Staff were aware of their responsibilities and knew what actions they needed to take to ensure people were protected.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed.

Staff felt supported by the management team who were approachable and available if needed. The team manager regularly worked alongside staff and had a good understanding of the staff team and people who were being supported.

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.

Staff were aware of their responsibilities in protecting people, and worked alongside people to help them understand the importance of keeping safe.

Staff had been recruited following safe recruitment procedures. This ensured they were safe to work with people before they began their employment.

The provider had systems in place to ensure people received their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

Staff received the training, knowledge and skills relevant to their role. Staff were able to suggest further training they would like to undertake.

Staff were receiving support from their line manager in the form of supervisions and appraisals, however these were not always documented.

People's health care needs were assessed. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring towards them. Staff knew people well and were aware of people's preferences for the way their care should be delivered.

The service was proactive in supporting people to access advocacy services when they required them.

People were supported to make decisions about their care and

to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were in place that accurately recorded people's likes and dislikes and preferences. Staff had information available that enabled them to provide personalised responses to people's emotional wellbeing.

Activities were offered that enabled people to spend time with other's and maintain and develop links within the community where they lived.

There were systems in place to manage complaints. Everyone we spoke with was confident that any concerns raised regarding the service would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

A 'service user group' was in place to involve people in developing and contributing to the running of the service.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Reach Supported Living Limited

Detailed findings

Background to this inspection

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

This inspection took place on 20 July 2016. This was an announced inspection which meant the provider had prior notice that we would be visiting. This was because the location provides a supported living service to people in their own homes, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector. An inspection of the office from which the service was run took place and phone calls were made to people using the service, their relatives and staff to gain their feedback. The service was previously inspected on 19 August 2014 with no concerns. This inspection was the service's first rated inspection.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also reviewed the provider information return (PIR) prior to this inspection. 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 used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with three people being supported by the service, two relatives, three staff members and one health professional who had worked alongside the service. These conversations took place by telephone. We spoke face to face with the regional manager who has put in an application to be the registered manager for the service, and the team manager during our inspection. We reviewed records

relating to people's care and other records relating to the management of the service. These included the care records for four people, four staff files and a selection of the provider's policies.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included "I feel safe", "I'm safe" and "I know all the staff well, they ring me before they come". Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff commented "I would feel confident to raise concerns", "You safeguard the people you support from any potential hazard, and report anything to the local authority and manager, I would raise anything" and "If I thought something was detrimental to the people I support, I would whistleblow" (Whistleblowing is a dedicated phone number that workers can call to report certain types of wrongdoing, and they will be protected from unfair treatment in their decision to report events).

People were supported by staff to understand the importance of keeping safe. The regional manager said "We work with people and advise the best ways to keep safe". One person had been supported with crossing the road safely at designated crossings. Previously this person had not used road crossings, and would attempt to cross the road in places that were not always safe to do so. The team manager told us "The staff team are making this person safer and in turn [X] is making the community safer as he tells other people to cross safely now". The team manager gave another example of supporting two people to keep safe at home saying "We check if people are happy living where they are living, we talked to two people who have an intercom service and discussed with them about how to answer it safely before letting people into their home". People's care plans contained a missing person's form which displayed a picture of the individual and documented important details to share with the appropriate authorities if this this event occurred. Information recorded included any distinguishing features a person may have, important medical information and details on how best to approach the person.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Personal risk assessments were in place for monitoring specific health conditions, personal finances and for the potential to get lost in unfamiliar surroundings. One risk assessment in place to support a person's health condition, stated the actions that should be taken around this and what could be done to help the person stay healthy. Another person's risk assessment for financial support, detailed what methods had been tried and what had been learnt from these actions. The impact and severity of risk was recorded as well as any potential triggers and who was responsible for what parts of the risk. The assessment showed who had been involved in assessing this risk and was regularly been monitored and reviewed.

The service had a contingency plan in place should anyone need evacuating from their home. This had been discussed with the local authority and people's families and was agreed that in such an event people would be able to stay with their families.

At the time of our inspection the service was in the process of recruiting new staff. During this time a regular agency worker had been sourced to provide consistency to people. The service also had two relief staff who worked regularly for the service (Relief staff are employees that work on an 'as needed' basis instead of having a regular schedule). The team manager also split their time between office hours and supporting people, commenting "If we are short staffed it's the people we support that are the important part". One

staff commented "We are in the process of getting new staff". Another staff member said "We are short staffed at the moment but it's not normally a problem". The team manger told us "We attend recruitment fairs, we are raising our profile in the area". A fortnightly rota was in place and staff had the opportunity to support all the people using the service unless somebody had specifically requested a female or male only staff member. The team leader commented "It's good to have different faces, but it's not a huge team so not too many different faces are going in".

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included a Disclosure and Barring Service checks (DBS). A DBS check helps employers make safer recruitment decisions and prevents unsuitable people working with vulnerable people. References were requested and received by the human resources department located at the providers head offices. These would then be confirmed and approved with the manager. We saw that an employee reference approval form was then put into the employees file to show this had been checked and approved. One relative commented "There is a good vetting process in place for staff who are coming to work in the service".

Peoples' medicines were managed and administered safely. At the time of our inspection one person was being supported with the administration of medicines but staff were in the process of encouraging this person to move towards self management of their medicines. Other people needed prompting to take their medicines and this was recorded in people's medicine administration records (MAR's). Medicine risk assessments were in place for people which looked at how the person took their medicine, the support required and how the person's medicine was obtained, for example if family collected it or a pharmacy delievered. For any risks that had been identified a plan of actions to manage the risks was in place. For people that required support this assessment had been signed by the person to give authorisation for the staff to manage their medicines.

Staff had completed their medicine training and received a practical assessment which observed their practice, followed by questions to ensure their competency. The regional manager said "In-house medicine observation takes place and questions to capture what staff have learnt on the training and ensure they have retained it". The regional manager further explained that throughout the company a lot of work was currently going into medicine training. If a staff member was unable to pass the training they would be unable to administer medicines until they reached the required standard.

Good

Is the service effective?

Our findings

Staff told us they had the training and skills they needed to meet people's needs and were supported to refresh their training. Comments included "Staff training is good, we get notified for refreshers, if there is another course we want to do we can put that forward" and "I get lots of training, recently done an update on first aid, there are lots of different types, I have done health and safety and food hygiene". One relative said "Staff are trained well, they communicate well and are good at letting you know things, they are on the ball". Staff were offered development opportunities within the company, for example completing a diploma. The regional manager commented "We encourage any additional training staff want to do, it's about the staff feeling valued".

New starters had a probationary period of training and shadowing another member of staff. Staff comments in regard to their induction included "The staff induction was good", "The staff induction prepared me for the role, I didn't start before I had the training so I did that first" and "During my induction I looked at risk assessments and support assessments, it was comprehensive. I got to meet people gradually". The team manager told us "Staff have two to three weeks of shadowing, and meet everyone first so they get a good knowledge of the individual being supported". We saw staff had an induction checklist in place which was signed off by their line manager once they were competent in the different areas of their role. A probationary review would then take place at the end of their induction.

Staff told us they received good support and had regular supervisions and were also able to raise concerns outside of the formal supervision process. One member of staff commented "We get supervisions, I feel confident to put something forward". Due to recent staff shortages the team manager explained it had been hard to arrange formal supervisions in the office and some of these had been done at people's homes. Not all of these supervisions had been recorded or they were on bits of paper waiting to be written up. The team manager was aware this needed addressing. Observations happened on a regular basis as the team manager worked alongside staff and commented "Staff know they can raise things with me at any time". We saw that all staff had personal development plans, which included achievement areas of support, objectives and strengths and their wellbeing at work.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

The team manager confirmed that one person was under the Court of Protection for financial reasons, but nobody was being supported who lacked capacity at the time of our inspection. If this did arise the team manager would complete a mental capacity assessment and contact the local authority to support and advise, commenting "If I thought someone was becoming less able I would ask for a referral to the mental health team". One staff member commented "We support people in the best way we can, explain their options, if they don't understand, we word it in a way they will understand". We saw information in people's

care plans about making decisions and choices and it recorded information on who the person would like to support them if they were unable to make a decision for themselves.

People were encouraged to eat a well balanced diet. One staff member told us "We encourage people to make healthier choices with their lifestyle", The team manager commented "We advise people with diets, we can't tell them not to eat something, but we suggest things. We cover health and nutrition in the staff induction". For three people living in a shared house, each person would cook twice a week and chose what the menu would be on those days, ensuring that other's liked the choice. The team manager spoke about one person who had recently found a new recipe they wanted to try out and they cooked this on one of their days for everyone to try.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One relative told us "They are very good at sorting out healthcare". People had a health book in place, which recorded information such as who was involved in supporting the person, their communication, health status and any long term health conditions. The book contained pictures as well as words to help people who may have communication difficulties understand the information. The team manager told us "We support the person to make an appointment or we will make it with them, they choose if they want staff to accompany them and if they want someone inside during the appointment or in the waiting room, we respect their wishes".

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. Comments included "I have the same group of staff, brilliant staff, they work hard", "They are 100% very good" and "Staff support you well". Relatives also felt with happy with the care provided to loved ones, stating "Staff are caring", "They are good at forming relationships with the people they support", "When [X] comes home, he is the best he has ever been" and "They do a good job".

People's care plans contained a section on 'What every support worker should know about the person they support'. This asked the person what they wanted staff to know about them, so the support received was more effective. The team leader spoke passionately about the people they supported commenting "A key achievement for the service has been seeing individuals gaining confidence. All the people supported are achieving, it might seem little but for the individual it's amazing".

Information about advocacy services was available to people. At the time of our inspection one person was using an advocate and the team manager commented "All people are encouraged, we put them in touch with a service for advocacy and information is available".

Staff told us that people were encouraged to be as independent as possible commenting, "People have different jobs to do, cleaning, cooking and we encourage them to do things, not do it for them" and "The service supports vulnerable people well and gives them independence in their lives". One person said "They help me to be independent".

The team manager gave examples of where people had been supported to become more independent. One person had been supported visiting the shops and staff had worked with this person to reduce staff presence, first by waiting outside the shop and now this person goes alone. The team manager told us "He is so proud of himself". Another person who had a previous negative experience when out alone would not go out and now this person has been supported to attend the gym and go out alone. The team manager said the aim was for this person to move towards living independently which "Would be such a result". One health professional told us "I know in one service, an individual has been supported to gain independence skills when this was not expected".

The service had a proactive approach to respecting people's human rights and diversity, which prevented discrimination that may lead to psychological harm. The staff had completed equality and diversity training and the team manager confirmed it was an on-going discussion with staff, saying "We have a broad range of differences in people and staff". The regional manager commented "We make it clear it's about values not just experience and qualifications" and spoke about including an easy read version of the provider's equality and diversity policy which was something people could discuss and see if they wanted.

Good

Is the service responsive?

Our findings

Care plans were personalised and detailed daily routines specific to each person. A background history was given of each person which included their likes and dislikes, what was important to the person and how they wished to be supported by the service. There was also a section on what new things each person would like to try so this could be planned. An action plan was in place so people could work towards any achievements the person has decided upon.

The support plans were person centred and people had different front covers depending on their interests. One person had a picture of a truck and another a picture taken at a fairground. Support plans were also in a pictorial format for people who preferred it in this way. Areas of support had been identified around a person's health, nutrition, communication and relationships. A weekly monthly planner was in place to enable the person know what bills they had to pay and budget for their chosen activities and personal allowance. People were involved in developing their care, support and treatment plans. We saw it had been recorded how people had been involved in developing their plan, for example one person had 'Been forthcoming with information with staff and typing details'. The support plan had been signed by the person to reflect it was an accurate representation of their needs.

One support plan described a person as displaying behaviour that may challenge when they become anxious. There was no risk management plan for this behaviour in place. The team manager explained this behaviour had not been shown, and there was nothing recorded that any incidents had occurred, but would ensure a risk plan was put in place in the event it did happen.

Individual diaries were in place which recorded daily information about a person including the support given and events in their day. These diaries stayed in people's houses and staff would read from the last few entries when going in to support someone so they could be updated. The team manager regularly checked these diaries for any concerns.

People's needs were reviewed regularly and as required. Staff would sit down with people and discuss their care and needs and ask if the person had any worries or concerns. Families were also invited to attend reviews if the person chose. One relative told us "We are involved in talking about care". People's support plans would then be updated with any changes and staff would inform the office. We saw one person was involved in voluntary work and as their independence had increased, the support given had changed to reflect this. Risk assessments for people were reviewed every 12 months or when something had changed for the person concerned.

People were able to choose what activities they took part in and suggest other activities they would like to complete. On the day of our inspection three people accompanied by staff had gone for a day trip to Bradford on Avon. Two of the people were participating in a music concert for schools and one person had a walk planned. The team manager told us "People come up with suggestions and then put their name by the activities they want to do. Staff will then help them book these and pay for it". One person commented "We have barbecue's, we go out on trips, we have lots of fun".

A social gathering took place at one home that was shared by three people every fortnight. This would normally be a barbeque or pizza night, and everyone being supported by the service receives an invite. This is a chance for people to meet one another and build friendships. One relative said "They support people in the community, and they get to know other's who use the service". Each year a holiday is planned which is open to all people using the service. People choose where they would like to go, and staff support them to find a hotel that has a pool and can meet people's needs. This year people have chosen to holiday in Torquay. The regional manager told us "There's a sense of community where people do trips together". People were also encouraged to maintain and develop links with the community. People's care plans recorded information on a person's employment, voluntary work or social and community involvement and any areas of support that may be needed to maintain these.

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. One person told us "I have no problems, I would feel happy to talk to a support worker if needed". The complaints process was available in people's care plans, and detailed who to get in touch with to raise a complaint. An easy read version of the complaints process was also available for people to access if they preferred that format. Any informal concerns that a person may have were raised to the team manager by staff or people themselves and recorded.

People had opportunities to feedback their views about the quality of the service they received through a survey sent once a year. The results of this survey were made available for people through the company's website, or they could request a copy from staff.

Good

Is the service well-led?

Our findings

The service was led by a team manager who split their time between the day to day running of the service and attending care visits. A regional manager was in place and has applied to The Care Quality Commission to be the registered manager of the service. Relatives spoke highly of the management team commenting "[X] is a good manager, available if there's a problem and sorts it", "I'm very happy with the service" and "The manager is in regular touch, there is good communication". One person told us "I see the manager, she's always there, I can talk to her". A health professional who has visited the service commented "On my previous visits, I have met with the manager, staff within the services and service users. The staff are always willing to help with any queries or concerns raised".

The service promoted a positive culture and staff spoke of the support they received from the management team. Comments included "It's a positive company, the flexible management team is good", "Management are always at the end of a phone", "I definitely get support, the team leader is very approachable", "The manager is very good, she does management and care, very hands on, any issue I can go to her" and "I'm confident any concerns would be dealt with". The team manager told us "I see all the people, it's perfect, they all know they can ring me at anytime".

Staff team meetings had not been happening as regularly as the team manager wanted because of recent short staffing. During this time the team manager had been holding more informal meetings with staff that took place at care locations to provide them with any necessary updates and information. For anything private or specific to a particular person that staff needed to be aware of, the team manager would phone staff and inform them. Staff told us they also receive monthly newsletters and this enables them to find out about events relating to the service.

The team manager had developed the staff team to display appropriate values and behaviours towards people. The provider's mission statement was displayed on the noticeboard which stated the goal was 'To support individuals to live life to the full'. We saw information in people's care plans that explained the purpose of the service to people and what they were trying to achieve. People were encouraged to play a large part in the development of the organisation through a 'service user group'. The regional manager explained this group invites people to get involved in the interview process of recruiting new staff so they can have a say in the kind of people that will support them. The regional manager was in the process of talking with people to find out how they want to be involved with the service.

Staff were aware of their responsibilities in being accountable for their actions. The team manager told us "Staff will phone if they need to raise anything". We saw when a member of staff had been off work for sickness leave, the team manager had conducted 'back to work' interviews before that staff member came back on shift. The regional manager said "There is lots of accountability, training and supervisions. We have our own human resources business partner for advice on managing the staff, and they know our staff".

Quality assurance systems were in place to monitor the quality of service being delivered. Monitoring information including any accidents, incidents, safeguarding's and staff supervisions are sent to the quality

assurance officer at head office on a monthly basis. The information is collated and a report is generated and any actions that need addressing at a local level by the management team. Staff all have smart phones which contain a company application that staff can use to instantly record all details of an accident or incident. This is then monitored by the quality assurance officer. An annual quality review is completed of the service and the results are published on the organisation's website for people to view.

Support was available for the management team through manager meetings that took place every three months. The team manager commented "I know I can phone [X] it's great". The regional manager spoke about her responsibility as a manger to further her own learning and keep up to date with legislation saying "I could go to my line manager and ask for anything, we tap into the resources within the organisation, and share experiences, there's people to call".