

Rehabilitation Education And Community Homes Limited

REACH Wendover Road

Inspection report

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Date of inspection visit:
01 August 2018

Date of publication:
29 August 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 01 August 2018.

Reach Wendover Road is a care home (without nursing) which is registered to provide a service for up to ten people with learning disabilities. There were nine people living in the home on the day of the inspection. Some people had other associated difficulties such as being on the autistic spectrum.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Reach Wendover Road accommodates people in a large adapted building which had an added extension. Six people live in the older part of the building and share three bathrooms whilst up to four people live in the extension and have en-suite facilities. One of the bedrooms in the extension part of the building was unoccupied on the day of the inspection visit. The service was run in line with the values that underpin the "registering the right support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism can lead as ordinary a life as any citizen.

At the last inspection, on 03 and 04 July 2017, the service was rated as requires improvement in three domains and good in two domains. This meant that the service was rated as overall requires improvement.

There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to make improvements to the areas we identified as requiring attention. It was intended that any improvements made should be to at least a good rating.

We received a provider action plan on 02 August 2017 to tell us how they would meet the relevant legal requirements. That is, to demonstrate how they were working to the principles of the Mental Capacity Act 2005.

They told us they would complete these actions by 30 September 2017. We found that these actions had been completed.

At this inspection we found all the domains had improved to good. This meant that the overall rating had improved to good.

People were protected from abuse. Staff training in safeguarding people was refreshed regularly and staff continued to understand their responsibilities and what action to take if they identified any concerns. The

service identified health and safety, safe working practices and individual risks to people. All aspects of safety were considered and actions were taken to assist people to remain as safe as possible.

People were supported by staffing ratios which enabled staff to meet people's specific needs, including any relating to diversity and/or special needs, safely. Recruitment systems made sure, that as far as possible, staff recruited were safe and suitable to work with people. People were supported to take their medicines, at the right times and in the right amounts by staff who were trained and competent to do so.

People were offered effective care by an appropriately trained staff team. They met people's diverse needs including their current and changing health and emotional well-being needs. The service worked with health and other professionals to ensure they offered individuals the best care they could.

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 staff team continued to be caring and were committed to meeting people's needs with kindness and respect. They ensured they promoted people's privacy and dignity and communicated with them effectively.

The service was person centred and remained responsive to people's diverse, individualised needs and aspirations. Activity programmes were designed to meet people's needs, preferences and choices. Care planning was individualised and regularly reviewed which ensured people's current needs were met and their equality and diversity was respected.

The service did not have a registered manager. However, a manager who had applied to be registered was in post. They had been leading the team since 2017. The management team did not tolerate any form of discrimination relating to staff or people who live in the service. The quality of care the service provided was assessed, reviewed and improved, as necessary.

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 had improved to good.

People were protected by risk assessments which were put in place and followed by staff to make sure people were as safe as possible.

Medicines were given safely at the right times and in the right amounts. Staff made sure they had the right medicines with them, in the right packaging, when they were away from home.

People were kept as safe as possible from abuse or ill-treatment of any kind.

There were enough staff, safely recruited to keep people safe.

Is the service effective?

Good ●

The service had improved to good.

People were supported to make as many decisions for themselves, as possible. The service worked in people's best interests and the principles of the Mental Capacity Act 2005 were upheld.

People were helped to remain as healthy as possible. They were encouraged to eat a healthy and well-balanced diet and were supported with any special needs with eating and drinking.

People were assisted by staff who were supported to learn how to offer good care.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good 

The service had improved to good.

The service did not have a registered manager but a manager had been in post since 2017. The manager's application for registration was being processed.

The provider, manager and staff team made sure they listened to people and gave them good quality care. They took action to improve things for people living in the service.

REACH Wendover 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.

The inspection was unannounced and took place on 01 August 2018. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for the four people who live in the service. This included support plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with two people who live in the service, interacted with two others and observed interactions between people and the care staff. We spoke with the prospective registered manager, the operations manager and a member of the staff team. After the inspection we contacted four relatives, four staff members and four professionals. Additionally, we sought information from the local safeguarding team.

Is the service safe?

Our findings

At the last inspection On 03 July 2017 and 04 July 2017 this domain was rated as requires improvement. At this inspection the domain had improved to good.

On the day of this inspection people were protected. The laundry and other areas that were identified as a risk to some people were locked as per the risk assessments in place. All rubbish bins had appropriate lids which supported infection control measures. The service continued to complete infection control risk assessments and regularly audit infection control measures and the home was clean and hygienic. A professional told us the home was always, "clean and hygienic."

People were given their medicines safely by appropriately trained staff whose competence was assessed, at least annually. When people stayed away from their home they or their families/friends were given their medicines in the packs (from the monitored dosage system) or in the original packaging. The medicines were counted and signed out by care staff and the person receiving the medicines and counted and signed in on their return. If people were staying away for long periods of time a local GP was, on occasion, asked to prescribe their medicines.

There were guidelines/protocols to identify when people should be given their medicines including food thickeners and those prescribed to be taken when needed (PRN). Instructions for the use of food thickeners were available to staff in food preparation areas. However, those PRN medicines given to support people to control their behaviours may need more detail to ensure they were always given in a consistent way. Currently only experienced staff gave this type of medicine but more detailed written protocols (guidelines) such as those written for pain relief may be beneficial. The manager agreed to review all PRN protocols. The manager told us no medicine errors had been reported since the last inspection.

People were safe and were protected, as far as possible, from any form of abuse. Staff continued to receive appropriate safeguarding training and knew how to raise a safeguarding concern should they need to. People indicated they felt safe in the home and a family member told us they were confident their relative was safe and well treated. The local safeguarding authority told us they had current enquiries open about the service. Two concerns had been referred to the local authority, notified to the Care Quality Commission, dealt with appropriately and closed since the last inspection. A professional answered the question are people safe and well treated by saying, "Yes, I am very confident." Staff members said, "I feel that all residents are safe and well treated at Wendover." A family member told us they felt people were safe and well looked after.

The service kept people, staff and visitors as safe from harm as possible. Maintenance and safety checks were completed at the required intervals. There were robust fire safety procedures and records of fire safety checks and drills. There were written instructions for staff to consult in an emergency and there was always a senior staff member 'on call' for support. Staff had access to a 'grab' bag which contained information and equipment necessary to deal with an emergency evacuation. Personal emergency and evacuation plans were tailored to people's particular needs and behaviours.

Risks to people were identified and appropriate risk management plans were included in individual support plans to assist staff to provide care in the safest way possible. These included areas such as, the risk of choking, special equipment and behaviour. The plans gave people as much independence as possible whilst keeping them as safe as possible.

People's safety was further enhanced because the service learned from any accidents or incidents. Detailed accident and incident reports were completed. They were sent to head office and analysed monthly. The manager ensured any actions to minimise the risk of recurrence were taken and the staff team discussed and learnt from them. The manager and head office could identify any trends or patterns and ensure they were dealt with, as and when necessary.

People's finances were dealt with by the local authority or people's families. The service kept some personal allowances for people. The cash the service held was protected by a variety of systems and their finances were checked regularly. However, the accounting system was quite complex and one error had been made and not identified by the manager. The service and operations managers agreed to amend the error, review how people's monies were recorded and ensure accounting was accurate.

Care staff supported people with behaviours which may cause distress or harm to themselves or others. Behaviour plans were developed by the management team and other behavioural specialists, as necessary. Care staff were trained, by means of a nationally recognised system, in the use of non - physical interventions. The service did not use any form of restraint, at the time of the inspection.

Staffing ratios remained at appropriate levels to meet people's diverse, assessed needs. There were a minimum of five staff per shift during the day and two staff awake during the night. Some people had additional hours allocated to them for specific activities. Staffing was flexible and the manager was able to make immediate changes, dependent on people's needs. The service continued to check the safety and suitability of staff, including agency staff, prior to their employment.

Is the service effective?

Our findings

At the last inspection in April 2017 the provider was not meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to the service not evidencing they were making decisions in the best interests of people who lacked capacity. At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

People were encouraged and supported to make decisions and choices of their own. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. Applications had been made appropriately and authorised by the local authority.

Staff acted in the best interests of people they supported. Best interests' meetings were held, as necessary and records were kept of who was involved in the decision-making process. One example was people who had been offered health screening and had chosen not to co-operate with health professionals. Another was recording whether medicines administered in food was covert or not and ensuring people were told it was there. Additionally, the decision about putting medicines in food was clearly recorded with the detail of who had been involved in making the decision, for those people who lacked capacity.

People were supported by an effective staff team who met people's individual identified needs. Care plans provided staff with all the necessary information to enable them to offer people appropriate care and support. Information was up-to-date and relevant.

People were supported to remain as healthy as possible. Support plans covered all aspects of care including health and well-being. People had a health action plan which detailed their health needs and risks. Referrals were made to other health and well-being professionals such as GPs, district nurses and specialist consultants, as necessary. Any medical appointments or referrals were clearly recorded and followed up as necessary. People were encouraged to have regular health and well-being check-ups and staff recorded the reasons why if they did not happen.

People were encouraged to eat a healthy, well-balanced diet. Any specific needs or risks related to nutrition or eating and drinking were included in support plans. Speech and language therapists advised the service about consistency of food for people who may experience swallowing problems. Dietitian referrals were made, as required. Records relating to nutritional input were kept as necessary to the individual. Mealtimes were relaxed, sociable and pleasant.

People benefitted from an appropriately trained staff team who were supported to understand people's individual needs. Specialist training was provided as and when required to meet any specific or diverse

needs. For example, specialist feeding techniques, autism and epilepsy. Some training was not up-to-date due to staffing shortages and illness. However, it was being booked and completed as quickly as possible. Three of the eleven staff had acquired a professional qualification. The service ensured that agency staff used were appropriately trained. The local authority's Quality in Care team continued to support the service and provide specific training. Because of staff shortages there had been some delays on when they could provide training and workshops. One staff member said, "I have lots of training opportunities." Another commented, "I have regular on-line training and I am expected to attend face to face training when required."

Staff completed an induction before doing any lone working. The operations manager told us all new staff had or were completing the care certificate but some areas had not been competency assessed, as yet. The deputy manager was being trained to take on some of the assessor and supervisory responsibilities. The manager planned to complete supervision every six weeks but did not always meet that target. They had been concentrating on ensuring everybody had received their annual appraisal which was now up-to-date. One staff member told us, "I have regular supervisions and appraisals along with monthly staff meetings." Another said, "I feel supported by the manager. We have regular supervision and I can discuss what is going wrong or well then we can resolve any problems, at staff meetings too. we have regular monthly staff meetings or if required more often."

The environment was suitable to meet the needs of people. Ground floor accommodation was available to people who had mobility difficulties. Equipment was provided for people with any specific needs to ensure they could be as comfortable and independent as possible.

Is the service caring?

Our findings

People were provided with caring and compassionate support. Staff were respectful, kind and sensitive when interacting with people. They used skilful gentle persuasion to support people to complete tasks. Staff interacted positively with people and included them in all conversations and tasks being undertaken, as far as possible.

People's privacy and dignity was respected and promoted. Examples included, support plans contained positive information about the person and daily notes, kept for individuals, were written in a positive and respectful manner. People who did not like their rooms to be disturbed locked them when they were out. To ensure an individual's total privacy one person's ground floor room was locked from the inside, whilst staff were supporting them with personal care. A professional commented, "The staff do try hard to ensure they treat people with dignity and respect and I have seen vast improvements with this since I have been supporting them across the last couple of years." A staff member commented, "I feel it is very important to ensure that all residents are treated with respect and have choices." They then described how they did this in their daily work.

Staff developed strong relationships with people and knew them well. People were supported to maintain important relationships and make new ones, as appropriate. For example, people were assisted and encouraged to keep strong contacts and links with their families and friends. Visitors were made welcome and comfortable.

Some people could verbally communicate but most used individual methods of communication. Each person had a communication plan which described the ways they communicated and expressed themselves. These included what particular sounds and physical displays indicated. For some people staff used a method of communication called 'intensive interaction'. This was a specialised way of interacting with people who had very limited communication skills. Staff used people's individual methods of communication and people and staff understood each other. A staff member told us, "I ask residents how they would like to be supported. I also pay attention to body language and facial expression." People smiled and laughed with staff and were very comfortable in their presence.

Monthly house meetings continued to offer people an opportunity to comment on their home and the service they were receiving. They were encouraged to be as involved as possible in developments and improvements. Minutes of meetings were produced in a pictorial format so people would have the best chance of understanding it.

People's diverse physical, emotional and spiritual were met by a staff team who were provided with the appropriate information to do so. Staff were committed to supporting people to meet any specific special needs and individual support plans noted, for example people's religious beliefs and how they chose to pursue them, any family cultural beliefs and any lifestyle choices.

The staff and management team understood the importance of confidentiality. People's records were kept

securely and only shared with others as was necessary.

Is the service responsive?

Our findings

The service remained responsive to meet people's varied needs. Staff responded quickly to people during the inspection visit. They reacted to people's requests and needs whether they were verbalised or not.

The service continued to assess people's needs regularly and a formal annual multi-disciplinary review took place. People were encouraged to attend their reviews and choose who else they wanted to be present. In response to people's changing needs additional reviews were held as necessary. Support plans showed that staff responded to people's changing needs. People had a booklet which included daily notes. These were completed and reviewed monthly. A staff member commented, "Activities are service user centred. Residents have regular review and we often discuss their progress to meet resident's needs." A professional commented, "The staff are also very supportive and my client feels very supported..."

The service was in the process looking at using a computerised care planning and recording system to simplify and enhance recording and care planning systems. People had access to and used IT systems as appropriate.

People had personalised care plans which ensured care was tailored to meet their individual and diverse needs. Care plans included the person's history and key events in their life and their goals and wishes for the future. A pictorial record of people's achievements was kept. For example, one person had perfected a simple daily skill which enhanced their independence. This was clearly recorded which showed how happy the person was when they had achieved it. Another person had been supported to participate in the staff recruitment process which promoted their self-esteem and feelings of being valued. The service had responded innovatively to assist a person with gaining some independence as safely as possible. A relative complimented the service on the work they had done with a person by writing, "Thank you, you have got my (family member) back." A professional commented, "I am really impressed with the staff engagement and the creative ideas."

People had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff and people could communicate as effectively as possible. Information was produced for people in user friendly formats such as an easy read version of the complaints procedure, menus and care planning. Photographs, pictures and symbols were used to aid communication. Care plans included a description of how staff had assisted people to understand their plan.

People continued to be supported to participate in individualised, flexible activities. Arrangements for activities were made with people and met people's individual needs and preferences. These included school attendance, community presence and participating in daily activities. One professional told us there could be more variety of in-house activities. However, people were being encouraged to participate in a variety of activities, on the day of the inspection visit.

People were protected from discrimination by the management and staff team. The service had a robust complaints procedure which was produced in a pictorial format called, "If you are unhappy." The service had received three complaints and four compliments about the service. They dealt with complaints quickly and kept comprehensive records of the actions taken. Any complaints made were shared with the local authority, if appropriate.

Is the service well-led?

Our findings

At the last inspection On 03 July 2017 and 04 July 2017 this domain was rated as requires improvement. At this inspection the domain had improved to good.

People benefitted from good quality care provided by a staff team who were well-led by the manager. The manager was in the process of registering with the Care Quality Commission and an interview was arranged to take place imminently. 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 manager had been in post since 2017. They were experienced, well-trained and held management qualifications in care. Staff made comments such as, "...I feel supported by my manager" and, "I have always felt very supported by my manager. I feel a valued part of the team and I just recently received recognition from my manager for outstanding [work]." A temporary staff member said, "The manager knows staff and residents well. The manager respects everyone and makes me feel comfortable." A professional told us, "The manager is extremely helpful and supportive and quickly established a good rapport with my service user which was crucial..."

People's records were up-to-date, detailed and reflected their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. However, records relating to people's finances were not as robust as they could be. The operations and service manager agreed to review these as soon as possible. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

People benefitted from a service that was regularly monitored and audited to ensure the quality of care being provided was maintained and improved where necessary. A variety of auditing and monitoring systems remained in place. For example, support plan reviews, infection control checks, medicines audits and monthly reports of events and people's experiences that were sent to head office. The organisation conducted monthly quality monitoring visits which were completed by an operations manager. These were themed and designed to look at particular areas of the service and care provided. However, a full audit looking at all aspects of the service was completed every three months. Visits were recorded and resulted in an action plan being developed by the operations and service manager.

The service listened to and considered the views of people, their families and friends and the staff team. People's views and opinions were recorded in their annual reviews and at monthly house meetings. A quality satisfaction survey was sent to all relevant people annually. Staff meetings were held regularly and minutes were kept. Staff told us, "Management is good now at Wendover. The manager listens to us and we know we can approach her for any guidance or support." A relative told us, "The Manager and her staff are always very receptive to any comments I may make."

Actions taken as a result of the various auditing tools and listening to people included, organising more b-b-q's, putting more personal resident photographs in the hallway (as suggested by health watch), developing a sensory garden, producing a service user friendly complaints procedure and ensuring people had annual health checks. Actions were added to the service improvement plan and ticked off and signed as they were completed.

The service worked closely with community professionals and other organisation such as the local authority and local G.P surgery. Professionals told us that the service, "Absolutely" co-operated with them in the best interests of the person in their care.

The local health watch group had visited the service and produced a report which made a series of recommendations. The service took note of and met the recommendations, as appropriate.

The manager and staff team understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The manager was assisted to keep aware of new and existing relevant legislation by the locality manager acting on behalf of the provider.