

# Rehabilitation Education And Community Homes Limited

## Reach Ivy Cottage

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Reach Ivy Cottage provides care for up to eight adults in one building, close to the town centre in Aylesbury. At the time of the inspection it was providing support to seven younger adults with a range of learning disabilities, autism spectrum disorder, physical disabilities and mental health problems.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were relaxed around staff and said they received the support they needed. Relatives and friends spoke positively about the home. Comments included "The quality of his care is very good and his needs are well met at Ivy Cottage" and "The care offered at Ivy Cottage is exceptional; it totally fulfils (name of person)'s needs."

A community professional told us "The service is of a good standard and well organised in my experience... feedback requested from them has been very efficient and the staff manage some complex residents very well."

There were enough staff to provide the support people needed. Staff were trained and supervised to make sure they met people's needs effectively. They had been recruited using robust procedures.

People were supported to access healthcare services and their medicines were managed well. People were treated with dignity and respect. Their care plans were detailed and outlined the support they needed. These records were regularly reviewed to make sure they reflected changes to people's circumstances. Written risk assessments were in place to identify and help reduce the likelihood of people experiencing

injury or harm.

The service was managed well. Staff understood their responsibilities and worked together as a team. There were systems to monitor the quality of people's care to make sure it was effective and safe.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the provider at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. Some minor restrictive intervention practice was used as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (report published 25 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Reach Ivy Cottage on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Reach Ivy Cottage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Reach Ivy Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We read the report of a recent visit by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We had discussions with the operations manager who line manages the service and the deputy manager.

We looked at a range of records. These included two people's care plans, three staff recruitment and development files, the staff training matrix and staff meeting minutes. Medicines storage and administration records were looked at. We checked a sample of internal audits, audits by the provider, accident and incident forms. Other records included maintenance and upkeep of the premises, health and safety records.

#### After the inspection

The provider facilitated contact with people's relatives or friends by seeking their permission for us to have their email addresses or telephone numbers, so we could ask them for feedback. We then contacted five relatives or friends.

We also asked the provider to pass the inspector's email address to staff, to invite them to provide feedback.

The registered manager was on leave at the time of our visit. We contacted them by telephone on 6 August 2019, to speak with them about the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they did not have any concerns about their care and were not worried about anything. One person told us "We (people who use the service) have occasional arguments but we get on well together." When we asked what happened at these times the person said "Staff sort things out."
- There were procedures and training for staff on safeguarding.
- Staff at the service knew how to make appropriate referral to the local authority safeguarding team, when required. Information about this was displayed on the office notice board for quick access. The provider knew they must send notification to us about any safeguarding incidents.

Assessing risk, safety monitoring and management

- People were kept safe and the likelihood of injury or harm was reduced.
- Risk assessments were in place for a range of situations. For example, accessing the community and supporting people with behaviours which could harm themselves or others. These assessments had been kept up to date. Appropriate measures were put in place where risk assessments identified potential hazards.
- Staff undertook training in safety systems, processes and practices, such as first aid, moving and handling and fire safety. They had been trained to support people in least restrictive practices when they showed distressed behaviours.
- The premises were maintained well. We saw records to show gas and electricity supplies were safe and there were appropriate fire prevention measures in place. Equipment for assisting people to move was serviced, to ensure it was in safe working order.

Staffing and recruitment

- People were supported by staff who had been recruited using robust processes. There were staff available to support people when they needed assistance.
- Pre-employment checks included a check for any criminal convictions or inclusion on lists of workers unsuitable to support people at risk.
- Staff rotas were in place to ensure there was appropriate support for people. One to one support was provided where people required this.
- There were emergency back up and on call arrangements for staff to gain support out of hours.

Using medicines safely

- People's medicines were managed safely.
- There was training for staff on safe medicines practice. Staff were assessed before they administered

medicines on their own.

- There was safe storage of medicines. Records of medicine administration were in good order.
- Audits were carried out to check safe practices were followed.

#### Preventing and controlling infection

- People were protected from the risk of infection at the home.
- There were procedures and training for staff on infection prevention.
- Staff had access to personal protective equipment.
- Appropriate arrangements were in place to manage laundry and disposal of clinical waste. The premises were kept clean and hygienic. We mentioned to the operations manager the electric insect killer in the kitchen needed to be cleaned as there was a build-up of dead insects. Arrangements were put in place to attend to this.
- The service had been rated the highest award of 'very good' by the Food Standards Agency. This showed there were very good food hygiene practices in place.

#### Learning lessons when things go wrong

- The provider and registered manager took appropriate action when things went wrong, to improve standards at the home.
- Appropriate action was taken if people had accidents. Records were kept to show the actions taken by staff. A relative told us "If (name of person) has an accident, or there's an incident, of any significance, I'm informed."
- The service received information about national and local safety alerts, so action could be taken, if required, to protect people from avoidable harm.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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's needs were thoroughly assessed by the service. Assessments took into account physical and mental health needs and any needs related to disabilities, communication and culture.
- There was detailed guidance about supporting people with behaviours which challenge. These followed positive behaviour support strategies. Positive behaviour support (PBS) is a person centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. It is a blend of person-centred values and behavioural science and uses evidence to inform decision-making. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps us understand the reason for the behaviour, so we can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.
- All incidents of behaviour which challenge and restraint were recorded and monitored by the registered manager.
- Care plans recorded people's needs, choices and preferences.

Staff support: induction, training, skills and experience

- People were cared for by staff who received appropriate support, training and supervision. This included accredited training on breakaway techniques and use of restraint.
- People who used the service and relatives felt care workers had the skills and knowledge to meet care needs.
- New staff completed an induction before they worked unsupervised. New workers completed the Care Certificate. The Care Certificate consists of a set of national standards which health and social care workers need to demonstrate in their roles.
- Probationary reviews were held before staff were confirmed in post, to ensure they worked to acceptable standards.
- Staff told us they felt supported through supervision and training. Staff meetings took place regularly to share and discuss ways of working and improving standards of care.
- There was an appraisal system in place to review staff performance and look at any developmental needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were effectively met.
- People's nutrition and hydration needs were identified in their care plans.
- People were referred to relevant healthcare professionals where there were concerns, such as GPs, speech and language therapists or dietitians.

- Guidance from professionals was followed. We saw one person required a texture-modified diet because of their swallowing needs.
- People were involved in menu planning, food shopping and meal preparation.
- Meals out were enjoyed by people, such as on the day of our visit.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well together and with external agencies such as the local authority, GPs and community team for people with learning disabilities. A community professional told us the service had worked with them to provide the necessary evidence to secure funding for one person.
- Staff handovers and other methods were used to share information about people's welfare.
- Each care plan file contained an 'A&E grab sheet'. This recorded essential information about people's health and welfare if they needed treatment in emergency situations.

Adapting service, design, decoration to meet people's needs

- People lived in a home which was appropriately adapted and designed to meet their needs. It was indistinguishable as a care home and blended in with other properties in the road.
- People were able to personalise their rooms with whatever items they wished, to make their surroundings homely, comfortable and familiar.
- The building was designed for its purpose and had been fitted with any adaptations and equipment people needed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be healthy and to access a range of healthcare services.
- Care plans identified any support people required to meet their healthcare needs.
- Records showed the service referred and liaised with other agencies about people's care.
- People were encouraged to make healthy choices and exercise. Some people enjoyed swimming, running and walking as ways of keeping fit.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Restrictions were authorised by the local authority or Court of Protection. Documentation was in place to confirm this.
- Restraining techniques were minimal and involved holding a person's hands or arms down. This was supported by guidance in their care plan.
- People were asked to give consent wherever possible. For example, staff asked and waited for a response

before they entered people's rooms.

- Staff received training on the MCA and DoLS, to keep their skills and knowledge in this area up to date.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the care and support they received and felt they were well treated.
- People told us they were supported well. One said there were "Amazing, friendly staff."
- We saw staff treated people with respect. They answered questions patiently and politely and spoke in a professional manner when they told us about people's needs and requirements.
- Feedback from relatives and friends included "Overall, we are always made welcome at Ivy Cottage, and treated with interest and respect" and "They are always very welcoming friendly respectful and kind, we feel at ease with them as we do when we visit our own family."

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

- People were involved in decision-making about their care and had opportunities to express their views. This included providing feedback about the suitability of prospective workers at the home during the staff interview process.
- Residents' meetings were held regularly. People told us they planned the menus and talked about what activities they would like to do as part of the meetings.
- Questionnaires were sent out by the provider, to ask about their experiences of using the service. The most recent were sent out in December 2018 and reflected positive outcomes for people who use the service.
- Advocacy services were accessible to people, if they needed them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and they were encouraged to be independent.
- People said the support they received helped them to be as independent as they could be.
- Healthwatch visited the service in June 2019 and awarded the service a five star rating as part of their 'Dignity in Care' visits. This is the highest rating they award. Their findings included "Very good rapport between staff and residents" and "Lots of support to enable residents to maximise their quality of life."
- Care plans and other records reflected a dignified approach, particularly to supporting people in managing behaviours.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and preferences.
- A relative told us "The standard of care in his daily life is very good indeed and we are very grateful that he has this level of daily support. Without it, his quality of life wouldn't be the same. As a family, we value that he has a place at Ivy Cottage and we value that he is as comfortable as he can be under the circumstances. The review meetings are valuable and the accompanying reports are detailed and provide a good update on his situation."
- Care plans were in place for each person. These identified people's needs in relation to a range of areas including protected characteristics under the Equality Act (2010), such as age, disability, ethnicity and gender.
- Care plans were reviewed regularly to ensure they reflected people's current circumstances.
- People felt the information they received from the service was clear and easy to understand.
- Reviews were held to check people received the support they required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of their initial and on-going care needs assessments. Individual communication passports were in place. These noted important information, such as things which upset people.
- Easy read and pictorial formats were used to make information more accessible. Photographs of staff were displayed in the hallway to easily identify them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in contact with their relatives and friends.
- People told us they could see friends and family when they wished. Care plans had been written to facilitate contact with people who were important to users of the service.
- People were supported with activities inside and outside the home. This included using local sports facilities, going to church and attending college and day opportunities. People said it was good living so close to the town as the shops and restaurants were nearby. They also said they enjoyed attending a local Gateway Club, where they could meet up with friends.

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

- Complaints procedures were in place including easy read versions.
  - No complaints were entered in the log book, which had been in place since 2017. We asked if this was accurate and were told there had not been any complaints or concerns.
  - People were asked if they had any complaints in residents' meetings, reviews or questionnaires.
  - None of the people we spoke with expressed any concerns about their care. They could all name someone they would go to if anything was troubling them and said they felt confident that person would support them.
  - A relative told us "I've not had a need to complain but I'd know to contact the manager if I needed to."
- Another relative said "No complaint has needed to be raised."

#### End of life care and support

- The service was not providing palliative care or end of life support at the time of our visit.
- Arrangements were being made to meet with one person and their family to record their advanced wishes for end of life support.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were cared for in a service which had a positive culture and provided person-centred care.
- The feedback we received about the service showed it provided effective and compassionate care to people and supported them to be as independent as they could be. For example, a relative commented "My (family member) is extremely happy there, he classes Ivy Cottage as his home and is always praising the staff."
- There was good teamwork at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The provider was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were cared for in a service where staff were clear about their roles and what was expected of them.
- There was a registered manager in post. They understood their responsibilities towards meeting the regulations. They had notified us about incidents which had occurred during, or as a result of, the provision of care and support to people. We could see from these notifications appropriate actions had been taken.
- Monitoring took place to ensure people received safe and effective care which met their needs. This included questionnaires, audits and service monitoring visits by the operations manager.
- Sensitive information was stored and handled in line with data security standards.
- The records we checked were in good order.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged and involved people who lived at the service, staff and the public.
- Staff knew how to raise any concerns about people's welfare. There was a procedure on how to raise whistleblowing concerns.
- People had been asked what they thought about the service they received.
- Staff were supported through regular supervision.
- There were good links with the local community.

Continuous learning and improving care; Working in partnership with others

- Improvements were made as a result of quality assurance processes and feedback.
- The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals and the local authority.