Reach Housing and Enablement Services Limited

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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

Overall summary

We carried out an announced inspection of the service on 27 August 2015.

Reach Housing and Enablement Services provides support and care for people with a learning disability, autism, communication difficulty and complex behavioural needs, enabling them to live independent lives in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 12 people.

Reach Housing and Enablement Services is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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. At the time of our inspection the service had a registered manager.

During our last inspection on 9 July 2014 we identified two breaches of the Regulations of the Health and Social Care Act 2008. This was in relation to assessing and monitoring of the quality of service provision and safeguarding people that used the service. The provider sent us an action plan detailing what action they would take to become compliant with these regulations. At this inspection we found the provider had made the required improvements. There were systems in place that monitored the quality and safety of the service. Additional audits and checks had been introduced and were working well. Staff had received further safeguarding training and additional systems had been introduced to monitor people's safety.

At this inspection people we spoke with including relatives told us they felt staff provided a safe service and people were cared for appropriately. This included sufficient staff that provided consistent and effective care and support.

The provider ensured there were sufficient staff employed and deployed appropriately. People received support to meet their individual needs. Safe recruitment checks were in place that ensured people were cared for by suitable staff.

Staff were appropriately supported, which consisted of formal and informal meetings to discuss and review their learning and development needs. Staff additionally received an induction and ongoing training.

CQC is required by law to monitor the operation of the Mental capacity Act 2005 (MCA.) This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly and a person's liberty and freedom is not unlawfully restricted. We found people's human right were protected because the MCA were understood by the registered manager and staff.

People were supported with their dietary and nutritional needs and supported to access both routine and specialist healthcare services.

Staff received appropriate accredited training in the use of physical interventions. Risk plans were in place and were regularly reviewed. Behavioural management strategies provided staff with information about how to reduce anxiety that may cause risky behaviour.

People that used the service including relatives told us that they found the staff to be caring and compassionate. Additionally, relatives said that their family member was supported to lead full and active lives. This included participating in a variety of activities, interests and hobbies. Staff used effective communication and they understood people needs and what was important to them.

People's support plans included information about what was important to them including preferences and routines. People and their relatives or representatives were involved in the development and review of support plans. Staff provided a service that was responsive to people's individual needs showing a person centred approach to care and support.

Relatives and staff were positive about the leadership of the service and said the registered manager was very supportive, approachable and knowledgeable about people's needs.

As part of the providers quality assurance checks they had been creative in how they gained feedback from people that used the service. People and staff were encouraged to be involved in the development of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Good

The provider had a safe recruitment process to ensure suitable staff were employed. Staff had received safeguarding training and knew how to recognise and respond to abuse correctly.

Risks associated to people's needs had been assessed and risk plans were regularly reviewed.

Staff followed processes that were in place to ensure medicines were handled and administered safely.

Is the service effective?
The service was effective

Good

People were appropriately supported with their dietary and nutritional needs. Staff supported people to maintain good health and access healthcare services including specialist healthcare support.

People received support from staff that were appropriately supported and trained and understood their healthcare needs.

The Mental Capacity Act 2005 was known and understood by the registered manager and staff meaning people's human rights were protected.

Is the service caring?
The service was caring

Good

People told us staff supported them appropriately and were kind and respectful.

People's individual needs were known by staff who provided care and support in a way that respected their individual wishes and preferences.

Staff used effective communication and information available for people was appropriately presented to meet people's communication needs.

Is the service responsive?
The service was responsive

Good

People were involved as fully as possible in contributing to the planning of their care and support. Preferences and what was important to them was known and understood.

People received opportunities to share their experience about the service including how to make a complaint.

Is the service well-led?
The service was well-led

Good

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

Summary of findings

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

Reach Housing & Enablement Services 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 27 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and supported living service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted two local authorities who funded some of the support people received for their feedback about the service.

At the provider's office we met with two people that used the service, they gave us some information about the care and support they received. We also spoke with a relative for their feedback. We looked at three people's care records and other documentation about how the service was managed. This included policies and procedures and information about staff training. We looked at the provider's quality assurance systems. We spoke with the registered manager, the administrator, independent living manager, quality assurance coordinator, three house managers, a supervisor and one support worker. We also gave other support workers the opportunity to participate in the inspection by leaving our contact details.

Additionally after the inspection we spoke with two relatives by telephone to gain their views and experience of the service.

Good

Is the service safe?

Our findings

At our last inspection we found that the provider his was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the registered manager and staff we spoke with told us of the action that had been taken to improve the safeguarding policies and procedures. All staff had received refresher training as part of on-going training and development. Including training in the Care Act about the changes in Safeguarding. Records viewed confirmed this. Systems and processes had been implemented to ensure people had the opportunity to share any issues or concerns that included anything of a safeguarding nature. Due to some people's communication needs observations of interactions between staff and people that used the service were completed by managers. This was to ensure people who were unable to verbalise their concerns received safe care. Additionally, safe and well visits by the management team were completed at people's houses.

We spoke with two people who used the service. Due to their communication needs their feedback about how safe they felt about the service they received was limited. However, they were supported by their care staff and were observed to be relaxed and at ease in the presence of staff. People's relatives and representatives we spoke with told us that they felt people were cared for safely by staff. Additionally, they said the service was safe due to how risks were assessed and managed. One representative said, "It's a great service, people are safe and the manager is constantly assessing people's needs to ensure people are safe but have an active and full life."

Staff we spoke with had a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. They told us that they had received safeguarding training that they found useful. Additionally, they said they felt confident that the registered manager would respond appropriately if concerns of a safeguarding nature were reported to them.

People's relatives and representatives told us they were involved in decisions about how risks were managed. One representative said, "I'm informed about any changes and involved in discussions and decisions about risks."

Relatives and representatives all said that risks were managed well because people's needs were constantly being reviewed and action was taken to manage and reduce any risks identified.

Staff told us that any risks associated to people's needs were assessed and a risk plan was developed. They said that they had access to sufficient information that described the action required to manage and minimise any potential risks. Additionally, they told us they were involved in regular reviews and discussions about how risks were managed. Some people sometimes exhibited behaviour that could put themselves or others at risk. Staff gave examples of how people were protected and their freedom respected. For example, some people enjoyed swimming but found the summer period difficult due to the pool being extra busy due to school holidays. Staff took this into consideration when they offered people choices of community activities. Some people received additional support from two staff to keep them safe when they participated in leisure and recreational activities.

Due to people's communication and complex needs, detailed risk plans were essential to ensure risks associated to people's needs were known and planned for. From the sample of care records we looked at we found staff had clear and detailed information about how to manage risks. We also saw examples of where healthcare professionals had been involved in the development and review of risk plans.

The provider had plans in place to direct staff on the action to take in the event of any unexpected emergency that affected the delivery of the service, or put people at risk.

We asked the two people we spoke with about the staff that supported them. People indicated how they felt by smiling and giving thumbs up indicating a good response. They also told us the names of some of the staff that supported them. People's relatives and representatives gave positive comments about the suitability of staff. One representative said, "Consistently and continuity is vital and this is provided by people having a set team of staff." Another representative said, "I'm involved in the selection and recruitment of staff for my relative. If I don't think they're suitable the manager won't appoint them." All confirmed that people's individual needs were met by a regular team of support workers who were competent and knowledgeable about people's needs and safety.

Good

Is the service safe?

Safe recruitment procedures were followed. Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people. This included checks on criminal records, references, employment history and proof of ID. The registered manager told us either the person that used the service or their representative were involved in the recruitment of staff. Additionally, they told us they matched and linked staff to people that used the service and how staff were introduced to people. They gave examples where staff shadowed experienced staff for weeks or months dependent on the person's needs, before they provided care. This was to ensure the person felt confident and risks were minimised.

People's representatives told us that people received their medicines on time and as prescribed by the GP.

Staff told us the procedures for administering, managing and storing of people's medicines. This included the training they had received on the safe administration and management of medicines. A house manager told us the system they used to check people had received their medicines correctly. In addition to their checks they told us a support worker did a second check. This demonstrated that there were robust systems in place to ensure people's safety with regard to their medicines.

We checked the training and competency records staff had received on the administrating of medicines. Additionally, we found the providers policy and procedure contained best practice guidance. From the sample of care record we looked at we saw medicine support plans and risk assessments had been completed and regularly reviewed. .

Good

Is the service effective?

Our findings

We spoke with two people that used the service. They told us that they were happy with the staff and that their needs were known and met by the staff that supported them. Additionally, relatives and representatives we spoke with were positive about the staff and felt they were knowledgeable and skilled in supporting their relative. One representative told us, "They [staff] understand [name] very well." Another said, "I know staff have lots of training, they're competent and knowledgeable. [Name] has complex needs and the staff support them so well."

We observed staff support the two people that we met with and found them to be effective in the support they provided. They showed they were knowledgeable about people's needs and clear about their role and responsibility. Additionally, they supported, encouraged and communicated well with the two people we spoke with and enabled them to participate in the discussion.

Staff we spoke with were positive about the support, training and development opportunities they received. One staff member told us, "I had an induction based on the common induction standards which is now the care certificate; I also had shadow shifts and have received on-going training." The Skills for Care Care Certificate is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff received an effective induction programme and had received appropriate training for the needs of the people that used the service. Records also confirmed staff received opportunities to discuss their work and review their performance.

The registered manager told us they considered staff's skills and personality when matching them up with people that used the service to make sure they were compatible. They explained that staff did shadow shifts with experienced staff and the duration of this depended on the needs of the individual person that used the service. The registered manager said this could be for several months due to the complex needs of some people. Staff and relatives we spoke with confirmed what we were told. This demonstrated how the service was effective and person centred in their approach.

The registered manager and staff we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. The Mental Capacity Act 2005 (MCA) which protects people who do not have mental capacity to make a specific decision themselves was adhered to. Where people lacked mental capacity to make specific decisions appropriate assessments and best interest decisions had been made and recorded. These showed how the decision was made, who was involved and that least restrictive practice had been considered.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to protect people where their liberty or freedom to undertake specific activities is restricted. Due to legislative changes in 2014 that affected people being supported to live in the community, the registered manager had taken appropriate action to ensure people's human rights were protected.

Due to the complex needs of people that used the service, people were at times behaviourally challenging and required support from staff to protect themselves and others from harm. We saw the service had provided staff with appropriate accredited training in the use of restraint and physical intervention. We also saw the service had a policy and procedure advising staff on the use of restraint with an emphasis that least restrictive practice should be used. This meant when restraint was required, staff had the necessary skills and experience to carry this out effectively.

People indicated staff supported them to eat and drink and maintain a balanced diet. This included being supported to plan, shop and cook meals. Relatives and representatives gave examples of how staff ensured people's dietary and nutritional needs were met. One representative said, "Staff are fantastic in supporting [name] with their diet, they have supported them to attend slimming world and they monitor their weight." Another told us, "Staff support [name] to eat healthily, they offer choices and advice."

Staff we spoke with told us they promoted and supported people with their eating and drinking. One staff member said, "We're aware of people's dietary and nutritional needs and support them to eat heartily." Another staff member told us how they supported and respected people's preference such choosing a vegetarian diet.

Good

Is the service effective?

From the sample of records we looked at we found people's dietary and nutritional needs had been assessed. Plans of care had been developed that provided staff with detailed information of how to support people.

The two people we spoke with told us the staff supported them to attend health appointments. This included attending doctors and dentist appointments and outpatient appointments to see specialist healthcare professionals such as a consultant psychiatrist. Relatives and representatives we spoke with said they found staff to be reactive and proactive to people's healthcare needs. Some people had limited verbal communication and relied on staff's observation and familiarity of their needs to know if they were experiencing pain or if there was a change in their health.

Staff told us people were supported with their healthcare needs, this included people having a 'Health Action Plan'. It has been recommended by the Government that a health action plan be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. We saw an example of a person's health action plan. In addition people had 'Hospital Passports'. This documents important information about someone with a learning disability, and is written mainly for the use of the staff within the hospitals. It contains information on, for example, how best to communicate with the person, how he or she shows pain, and the best way to give medication. This demonstrated the provider used best practice and guidance.

Good

Is the service caring?

Our findings

Relatives and representatives we spoke with made positive comments about the care and approach of staff. One representative told us, "The staff are very caring and lovely people." Another said, "The staff are very supportive to [name] and to us, they're absolutely brilliant and understand Autism so well."

We observed two people being supported by staff and found they treated them with care, kindness and respect. People looked relaxed and at ease in the company of staff and positive caring relationships had been developed. This was achieved by people being supported by a regular team of staff. Some people had communication needs and had limited verbal communication. Staff used effective communication skills to offer people choices. This included sensitivity to the language used and the amount of information given, to enable people to understand and process information. Staff were seen to give people time and space to express their needs and choices. This included picking up on non-verbal communication such as body language and gestures to understand.

Staff we spoke with demonstrated they had a good understanding of people's needs including their preferences, routines and what was important to them. Staff spoke with compassion about the people they supported. Staff gave examples of how they went the 'extra mile' to ensure people were well supported. For example, they told us how they covered additional shifts to cover holiday and sickness including covering at short notice. They said they did this to provide consistency and continuity which they described as important, due to the complex needs of some of the people they cared for. This showed staff had a concern for people's wellbeing and were responsive to people's individual needs.

Relatives and representatives told us that their family member was involved as fully as possible in discussions and decisions about their care and support. One representative said, "The staff involve [name] as much as possible, they get lots of choices." Another told us, "Where [name] can't express themselves, staff make decisions in their best interest or contact me." Relatives and representatives also told us that they and been involved in the planning of their family members care package, and where possible their relative involved as much as possible. One relative said, "I was initially very involved but as time has gone by, I've developed my trust in the staff and the service and have stepped back."

We noted that people and their relatives and representatives had information available that advised them of what they could expect from the service. This also included information about independent advocacy services. An advocate is an independent person that expresses a person's views and represents their interests. This information was presented in an appropriate format for people with communication needs. The registered manager told us that they had plans to develop an advocacy role within the organisation. We spoke with a member of staff after our visit who told us they and had been employed by the service to provide an advocacy service for people that used the service.

Staff spoken with were respectful of people's needs and described how they provided a sensitive and personalised approach to their role. Staff told us they enjoyed their work and showed commitment and a positive approach. One staff member said, "I love my job, my main priority is to provide people with an active and fulfilling life." Another staff member told us, "I've supported [name] for so many years I look upon them as a son."

Staff told us that people's independence was encouraged and respected. For example, a person with the support of staff told us about the domestic tasks they were involved in such as doing their laundry and cleaning.

Some people received 24 hour care, relatives and representatives told us that there were no restrictions on when they visited and that staff were welcoming, friendly and approachable. Some relatives told us how the staff supported their family member to maintain contact with them such as organising home visits.

People that used the service and staff could be assured that confidential information was appropriately and securely stored. Confidential and sensitive information was shared on a need to know basis.

Good

Is the service responsive?

Our findings

People received a service that was person centred and responsive to their needs. We spoke with two people that used the service and they told us about the activities that staff supported them with. This included swimming, horse-riding and bowling. Relatives and representatives we spoke with were positive that people were supported to lead an active life based on their needs, preferences and interests. One representative said, "They [name] are busier than me." Another told us, "[Name] leads a very active life, always out doing activities; staff are creative in their approach."

All relatives and representatives we spoke with talked about how staff were encouraged by the registered manager to constantly observe, assess and review people's needs. One representative said, "People's needs are constantly being discussed, staff are always seeking out new ways to support people." The registered manager told us that as people's needs changed, the staff's approach was reviewed and amended to meet the person's needs. For example, some people had behaviours and routines that were important but often changed or developed. Staff identified these changes quickly to enable them to adapt their approach and support.

From the sample of care files we looked at we found a detailed assessment was completed before people used the service. This is important to ensure that the service can meet people's needs. Person centred support plans and risk plans were then developed with the person being at the focus of decisions about how their needs were met. For example, people's preferences, what was important to them, routines and their interests were recorded. This information was used by staff to provide a responsive and person centred service. Staff told us that information was detailed and informative and enabled them to know what was important to the person and the support they required.

We found care records included detailed information about people's communication needs. This information provided staff with an understanding of how a person may communicate if they were happy, upset or in pain. This information was essential in ensuring the needs of people with limited verbal communication were understood by staff.

In addition to support plans and risk plans, people had person centred plans that identified the person's goals and aspirations. We saw examples of these plans that were reviewed annually with the person and their relatives, representative and other important people in their life. Where aspirations had been recognised, achievable goals were identified. An action plan was then developed to monitor how the goal was met. This showed the provider had a commitment in respecting and involving people in a say about what was important to them, and how they wished to live their life and be supported.

The service provided social opportunities for people to reduce the risk of self-isolation. This included social activities and clubs provided either at the providers office or in the community. Additionally, people were supported to have holidays either on their own with staff support or with other people that used the service. The two people we spoke with told us about the holidays they had been on and showed that this was an enjoyable and positive experience. Some people attended community day services, further education courses or had voluntary jobs that staff supported people to attend.

People had access to the provider's complaints procedure; we noted that this was presented in an appropriate format for people that had communication needs. It made it clear that people could complain to the manager, provider and staff, or, if they wanted to, take their complaints to outside agencies including the local authority. This meant people could raise their concerns both inside and outside the home if they felt they needed to. We spoke with two people and asked who they would speak with if they were unhappy about anything. People gave the name of staff that supported them or pointed to the staff that were supporting them.

Systems were in place for people to feedback their experiences of the care they received and raise any issues or concerns they may have. Relatives and representatives told us that they were aware of how to make a complaint and that they were confident that any concerns would be responded to. One representative told us that they had raised some concerns in the past with the registered manager who had responded and resolved the issue in a timely and satisfactory manner.

Good

Is the service well-led?

Our findings

At our last inspection we found that the provider was in breach of Regulation 10 of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had not implemented systems for monitoring and assessing the quality of the service provided.

At this inspection we found the registered manager had implemented systems and procedures that showed that the required improvements had been made. For example, regular meetings with people that used the service and staff were held and recorded to identify any issues or concerns. The director of the service and the supported living manager made themselves available to people to enable them to raise any issues or concerns. Staff were carefully matched to support people that used the service. On-going observational assessments of staff's practice happened to ensure that safe and best practice guidance were followed. Policies and procedures had also been reviewed and amended.

The provider had quality assurance systems in place that monitored quality and safety including outcomes. For example, this included regular checks on health and safety, medicines administration and management, risk assessments, support plans and daily records. We met with the quality assurance co-ordinator. They told us this was a new role which involved visiting people that used the service to ensure audit systems and processes used by staff were working well.

We looked at the processes in place for responding to incidents, accidents and complaints. Some people had specific needs with regard to their behaviour. When incidents had occurred detailed information was recorded. This enabled staff to easily analyse what had happened and to identify any triggers or patterns that they could take action about to reduce further reoccurrence. We saw examples of the action taken when concerns had been identified, this included contact with healthcare professionals for advice and guidance.

Relatives and representatives we spoke with talked positively about the culture and communication of the service and that people received a person centred service. One representative said, "It's an excellent service. Staff support [name] to live semi-independently. They give personal space, encouragement and respect how they're feeling." Another told us, "The staff are absolutely amazing and the manager is caring and supportive and always there for us."

Both relatives, representatives and staff spoke positively about the leadership of the service. They described the registered manager as, 'supportive, approachable, very knowledgeable about people's needs and always contactable'.

Since our last inspection the registered manager had introduced a 'Speak out Group' for people that used the service. This enabled people to come together to share their views about the service and raise any thoughts and ideas they had. Additionally, people had the directors telephone number and could contact them if they had any concerns. We saw the last meeting was held in August 2015. Items of discussion included information about the provider's complaint procedure, and information about the government and what CQC do and what this means for people. In addition, people that used the service and relatives and representatives received questionnaires to share their feedback about the service. Some people had communication needs and a 'My Feelings' pictorial questionnaire had been developed to enable people to have a say about the service they received. Feedback was analysed by the registered manager and where people had raised any issues action had been taken. This demonstrated the provider was creative in their approach to support people and others to share their feedback about the service they received. Additionally, people were involved in the development of the service.

Staff told us that they were well supported and that they felt able to raise any issues, concerns or suggestions. One staff member said, "We have regular team meetings that the manger attends. Good communication is vital and we have systems in place that make it happen." Another staff member gave an example of how staff had made some suggestions about how to work differently with a person who due to their Autism had become 'fixated' about something. The registered manager listened and supported the staff term to try out their suggestions which had a positive outcome for the person.

The provider had a whistleblowing policy that staff were aware of. Staff told us that they would not hesitate to use it

Good

Is the service well-led?

if required. One staff member said, “We work really well as a team but my focus and priority is the person I support, and if necessary would report any concerns about the care given by another member of staff.”

Staff had a clear understanding of the provider’s vision and values for the service. One staff member said, “We give people independence, life style choices and provide a safe environment.” Another staff member told us, “We encourage and support people to access their community. People are at the centre of everything we do.”

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.