

Within Reach Services Limited

Within Reach

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

Within Reach is a supported living service providing personal care to people who may live in single or shared occupancy households with their own tenancy agreements.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. We found that people received care which was focused on their support needs and in their best interest with the aim to achieve their personal goals and levels of independence. Staff supported people in a kind and friendly manner and ensured people's human rights and dignity was always protected. The values and culture of service was open, inclusive and empowered people to make choices about their lives and explore new opportunities.

People had been encouraged to try out new activities at their own pace and supported to become more independent in carrying out daily household tasks. Pictorial and photographic information showed people's interests, food choices and their achievements.

People had been comprehensively assessed to ensure the service could meet their needs. Information about how staff should support people and their likes and dislikes were in place. Risk management plans and how staff should respond to changes in people's needs had been identified and recorded.

People received their medicines as prescribed. Alternative strategies to support people were used before the administration of 'as required' medicines.

Suitable numbers of well recruited and trained staff were available to support people. Person specific training had assisted staff in understanding people's support requirements and their personal goals. People

were encouraged to have control and choice about their day. Photographic information helped them understand their activity schedule.

People were supported to eat a healthy balanced diet and access relevant health care services. We observed staff treating people with kindness and in a dignified and respectful manner.

Effective quality assurance systems were in place to manage and monitor the quality of care being delivered. The managers and seniors led by example and provided staff with support and guidance. Staff and people's relatives praised the effectiveness of the management team.

The provider valued feedback from staff, people, relatives and other stakeholders. They were open to learn and reflect on their practices to improve the service people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us in May 2020 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration in May 2020, therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Within Reach

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

The inspection team consisted of two inspectors.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 announced.

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 28 April 2021 and ended on 29 April 2021. We visited the office location on 28 April 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We visited one household which supported one person who was received personal care and spoke to two staff members who supported the person. We spoke with one person's relatives about their experience of the care provided. We also spoke with the provider, registered manager as well as an additional two staff members and received feedback from two professionals.

We reviewed a range of records including people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to reduce the risk of people being abused or harmed.
- Staff and managers had received the appropriate level of safeguarding for their role and understood their responsibility to report any concerns.
- Continual monitoring of people's well-being was managed through unannounced visits of the managers and family members which helped to ensure people remained safe and cared for equally and without discrimination.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks and needs had been comprehensively assessed and planned for. Staff had access to clear information about people's personal risks and how they should be supported. Guidance on the actions staff should take such as in an emergency or when there were changes in people's mental well-being and behaviours was in place.
- People's risk to themselves, others and those related to engaging in activities and being in the community such as road safety had been identified and were managed well. There was a balanced approach to managing people's risks and providing them with new opportunities.
- Positive behaviour support plans were in place which described how to support people such as using distraction or an alternative approach. Staff's understanding of people's specific support requirements, risks and medicines were assessed by managers.
- Staff reported any changes in people's well-being, accidents, incidents to the registered manager and families in a timely manner so immediate action could be taken.
- Staff and manager monitored and documented aspects of people's well-being and incidents to identify trends or concerns. Any lessons learnt were shared with the staff team to prevent incidents from reoccurring.

Staffing and recruitment

- People were supported by a stable and familiar staff team who had been trained to fully understand people's support requirements.
- A comprehensive system was used to roster staff and monitor their work schedules.
- Staff had been safely recruited. Employment and criminal checks had been carried out to ensure staff were of good character to work with people.
- Important attributes of staff were considered to ensure they would be suitable and compatible to support individual people such as good communicators.

Using medicines safely

- Safe medicines management systems were being used to ensure people received their daily and 'as required' medicines as prescribed. Staff had been trained and assessed as being competent in the safe management of people's medicines.
- Staff were committed to help people proactively reduce their dependency on anti-anxiety type medicines by using alternative strategies when people showed signs of becoming anxious.
- Clear direction and flow charts were in place to direct staff in how to administer people's medicines in an emergency such as when people experienced a seizure.

Preventing and controlling infection

- People were protected from the risk of infections. Staff had received additional training in relation to COVID-19 and were aware of their responsibilities and actions taken to protect people from the spread of infection such as wearing Personal protection equipment (PPE) and supporting people to wear masks in the community.
- Personalised COVID-19 risk assessments were in place for people and how they should be safely supported. The provider ensured staff were regularly being tested for COVID-19 and were encouraging staff to access the vaccination programme. Personal COVID-19 risks assessments for staff were being implemented to reflect staff's individual risks.
- The provider's infection prevention and control practices, policies and COVID-19 contingency plan was being continually reviewed and updated in line with government COVID-19 guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 physical, mental and social needs were holistically assessed before they were supported by the service to ensure their needs could be fully met. There was an individual approach on how people should be transitioned into the service depending on their personal needs.
- Relatives praised the ability of staff to support people with complex needs and effectively communicate and adapt their approach to help reduce unnecessary stress for people.
- The provider and staff's awareness and knowledge of current guidance when supporting people with learning disabilities and autism in the community was embedded in their practices.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training relevant to their role such as autism, epilepsy and supporting people to manage their emotions and behaviour.
- Staff were supported in their role through induction, training and supervision. behavioural needs. There was a positive approach in the training of staff to ensure they had the skills required to support people. Staff received mandatory training in relevant health and social care topics which was monitored by the registered manager.
- Where required, 'person specific training' had also been delivered to staff with the involvement of people's relatives and the managers. We were told this training assisted staff to understand the expected support requirements and goals for each person.

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

- Staff encouraged people to eat a healthy balanced diet which had resulted in positive outcomes for one person.
- People were supported by staff to plan, shop and prepare their meals using pictorial and clear verbal prompts.
- People's care plans detailed the support they required to eat and drink safely and their preferences in snacks, meals and drinks. Pictures of people's dietary preferences were displayed in people's kitchens and in their care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health action plans and hospital passports which described their ongoing health needs and their appointments with various health care services. Staff supported people to make and attend healthcare appointments to maintain their health and well-being and were following up on appointments which had

been cancelled during the COVID-19 pandemic.

- Staff worked closely with health care professionals for the benefit of people in the service and kept them informed about people's progress and any changes in their wellbeing.
- A health care professional and a relative both commented about the improvement in one person's health and weight loss since they had been supported by the service.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 provider and staff were working in line with the principles of the MCA 2005.
- From our observations, we saw, there was a consistent approach of staff actively engaging with people, offering them choice and respecting their decisions.
- The provider had ensured there was a multiagency approach when making best interest decisions on behalf of people such as the management of people's finances and health requirements.
- Where required, the registered manager had applied to the local authority for authorisation people's deprivation of liberty. The registered manager was monitoring people's care to ensure the least restrictive support was used whilst awaiting authorisation.
- However, whilst we found no impact on people, further improvement was needed in the assessment and outcomes of people's mental capacity and best interest decisions. This was discussed with the registered manager who recognised that further development was required in the provider's MCA and DoLs processes and was taking action.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- We observed staff treating people equally and speaking to them with genuine kindness and respect. Staff engaged with people at their own pace and provided them with clear directions or information in a manner that people could understand. Pictorial information had been made available to assist people in understanding their day such as meals and planned activities.
- The registered manager and senior staff monitored people's care and frequently spoke to family members to check their experiences of the approach of staff. A health care professional stated that they found staff very caring and polite.
- Relatives confirmed that the approach of all staff was consistently caring and respectful towards themselves and their family member. They praised the service and the friendly but professional manner of staff and the managers. They told us the provider had fully involved them in the care planning and support requirements of the family member. They said, "Within Reach have involved us every step of the way and they took everything we said on board and were open to everything."

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

- Staff spoke of people in a respectful manner using appropriate language. We observed and heard examples of how staff had supported people to make decisions about their care. Staff were aware of how people who had limited communication may express their views or dislikes.
- Staff supported and communicated with people in a manner that they understood. They were aware of people's verbal and non-verbal expressions to determine their views and wishes.
- Staff teams worked well together to ensure people received consistent, person-centred care and support at all times. They were knowledgeable about how to engage with people to help promote people's strengths and well-being and reduce people's anxieties.
- Staff described how they supported people with their daily activities and the adjustments they had made during the COVID-19 restrictions to ensure people still remained physically and mentally active.

Respecting and promoting people's privacy, dignity and independence

- The culture of the service was to promote people's independence and to encourage people to reach their potential and try new things such as new activities.
- Care plans promoted giving choice and described people's short and long term goals. People's personal achievements were photographed and documented and shared with people's families and health care professionals.
- People were encouraged to participate in activities of daily living such as meal preparation, laundry and shopping. Staff supported and prompted people according to their needs and pace to contribute towards

household chores and personal care tasks. A relative said, "We are very happy with the progress that [name] is making. He is doing a lot more for himself."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 a personalised service that was tailored to their needs from staff who knew them well. People had made significant progress in achieving their personal goals such as carrying out activities of interest in the community. Staff had taken a phased approach in introducing people to new activities and personal challenges.
- People's mental and physical wellbeing had subsequently improved as a result of the dynamic support and approach of staff. Relatives praised the approach of staff and stated they felt that their family member had 'developed far more than we expected'.
- Real time information such as photographs of people's meals and activities were displayed in their home to help remind people of the activities and meals planned for the day.
- Person centred care support plans had been developed which provided staff with the information they needed to support people. People's support plans also provided information of who and what was important to them, their preferred routines and photographic pictures of people carrying out activities and achieving their goals.
- Suitable accommodation has been found and adapted to meet people's needs. People were supported to keep their home clean and report any maintenance issues to the landlord.
- People's views about the service and their needs were gained by reviewing their support plans on a regular basis. This ensured up to date information was available and people's current needs were reflected accurately in their care records.

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 managed well through pictorial information and speaking to people in a manner that they understood. For example, the provider assisted people to understand the purpose of our visit to their home by providing them with a pictorial and photographic poster about the inspection.

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 follow their interests and take part in activities that were socially and culturally relevant and appropriate to them.
- Staff invested time to ensure people received the support they needed in achieving their goals and

overcoming their fears and any barriers to maintain or develop new interests.

- People were supported by staff to maintain close relationships with their families.

Improving care quality in response to complaints or concerns

- Suitable accommodation has been found and adapted to meet people's needs. People were supported to keep their home clean and report any maintenance issues to the landlord.

End of life care and support

- At the time of our inspection the provider was not supporting anyone with end of life care. They told us, they were working sensitively with people and their relatives to gain a better understanding of people's end of life care requirements and wishes.
- The registered manager stated, they would work closely with people, their relatives and relevant health care professionals and would provide the necessary training for staff if end of life care was required.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The provider promoted a positive culture across the service based on person centred values which promoted choice and inclusion and aimed to achieve positive outcomes for people.
- Relatives spoke fondly about the service and staff and added "It was clear that their [the provider] values are right." They were confident in the management of the service and confirmed that they had been fully involved in the care planning and review process especially during the COVID-19 pandemic and that communication from the service was excellent.

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

- Quality assurance checks were carried out across the service by staff, the registered manager and the provider to monitor the quality and ensure regulatory requirements were adhered to and make the necessary improvements where required.
- The systems used to manage, and monitor people's care and the management of the service was being continually evaluated by the provider. This ensured the governance processes would be effective before they expanded the service. The managers and staff demonstrated a willingness to learn and reflect to improve the service people received.
- During the inspection, we identified some areas where further improvements were needed to ensure there was a robust audit trail of the actions that managers had carried out such as following up on some recruitment checks, incidents and some medicine records and protocols. We found no negative impact on people and the registered manager took immediate action to address our feedback.
- Staff spoke positively about the provider and registered manager. They stated that they were well supported, offered continuous training and development and were able to approach the managers and senior staff at any time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's relatives told us they were continuously engaged with staff and had been fully involved in the planning of people's care delivery and reviewing their care needs. The preferences of people who had limited communication were continually being monitored to ensure their care was being provided in their best interest and to their liking.
- Staff were encouraged to engage and be involved in the management of the service and make

suggestions about people's care. This was facilitated through supervisions and staff meetings.

- We saw that the service worked in partnership with external agencies and health and social care professionals to maintain the health and wellbeing of people.

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; Continuous learning and improving care

- The provider and registered manager reviewed and reflected on all incidents to identify any trends or if further improvements were needed to the quality of people's care. They openly informed relevant agencies and relatives of any incidents and shared learning and changes in people's support requirements with staff and updated people's care plans.