

# Rehabilitation Education And Community Homes Limited

## Reach Bierton Road

### 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

The inspection took place on the 8 and 9 October 2018. It was an unannounced visit to the service. This was a comprehensive inspection to review the rating and improvements within the service.

22 Bierton Road 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 accommodates eight people in one adapted building. At the time of our inspection there were eight people living in the home. The service is registered to support people with a range of needs such as learning disabilities, autism, mental health, physical disabilities and drug and alcohol misuse.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen, as set out in the Registering the Right Support CQC policy.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection the service was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well-led to at least good. At this inspection we found improvements had been made to meet the relevant regulations. As a result, the service was providing safe, effective, caring, responsive care in a service that was well-led.

People and their relatives were happy with the care provided. They felt people were safe and were appropriately supported. They had positive relationships with staff and felt people were treated like family members. They described the service as "home from home." Professionals were happy with the way the home was managed. They felt communication with them was good and people's needs were met.

People were safeguarded from abuse. Risks to them were identified and managed. Accident and incidents were responded to and appropriate action taken.

People's medicine was safely managed. They had care plans in place which provided guidance to staff on the support they required. Their health and nutritional needs were identified and met. They had access to

day centres and leisure activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's communication needs were identified and met. Staff worked to the principles of the Mental Capacity Act (MCA) 2005 to further safeguard people.

People were provided with equipment to promote their safety. Equipment such as moving and handling and fire safety equipment was suitably maintained and serviced. The home was homely and a refurbishment plan was in place. The provider was considering what changes were required to the environment to enable them to meet people's changing needs.

Staff were suitably recruited, inducted, trained and supported in their roles. The service had a consistent staff team who knew people well. They had positive relationships with people and were kind and caring in their engagement with them. The required staffing levels were maintained. However, some staff were not working to the organisation's guidance on extra hours. This was addressed and systems put in place to monitor and prevent reoccurrence.

The provider had systems in place to audit the service and get feedback to improve practice. Records were suitably maintained and accessible.

The registered manager and deputy manager were positive role models to staff. They worked alongside staff and promoted team working and open communication. The management team were described as approachable, accessible and acted on issues raised.

## 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.

People were safeguarded from abuse and risks were managed.

People's medicines were managed appropriately.

People were supported by sufficient numbers of staff; however, staff were not working to the organisation's guidance on working extra shifts and hours.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were suitably inducted, trained and supervised.

People's health and nutritional needs were met.

People were supported and enabled to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were complied with.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy and dignity was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which were person centred and outlined the support they required.

People had access to day centres, clubs and community

activities were promoted.

People's communication needs were identified and they were provided with information on how to raise concerns.

### **Is the service well-led?**

The service was well led.

People were supported by a service that was managed and audited to promote a safe environment.

People and their relatives were given the opportunity to give feedback on the service to bring about improvements.

People's records were suitably maintained, accessible and up to date.

**Good** ●

# Reach Bierton Road

## Detailed findings

### Background to this inspection

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

This inspection took place on 8 and 9 October 2018. The inspection was unannounced and was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the home. After the inspection we contacted health care professionals involved with the service to obtain their views about the care provided.

During the inspection we spoke with four people who used the service, the registered manager, deputy manager and four care staff. We spoke with three relatives by telephone after the inspection.

We looked at a number of records relating to individuals care and the running of the home. These included care plans and medicine records for three people, four staff recruitment and supervision files, accident/incident reports and audits. We observed staff practices and walked around the home to review the environment people lived in.

We asked the provider to send further documents after the inspection. The provider sent us documents which we used as additional evidence.

## Is the service safe?

### Our findings

People told us they felt safe. A person commented "Knowing staff are around makes me feel safe." Relatives told us they believed the service provided safe care. They felt the continuity in the staff team promoted this. A relative commented "[Family member's name] is happy and if they are happy I am happy." Another relative told us their family member was provided with equipment such as bed rails to promote their safety.

At the previous inspection in September 2017, the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because accidents, incidents, medicines and risks to people were not managed to promote safe care and treatment. The provider sent us an action plan telling us what measures they had put in place to promote safe care and treatment.

At the previous inspection a person had a suspected choking incident but the risks around that were not identified and managed. At this inspection we found risks to people were identified and management plans were in place to manage risks. These included risks associated with behaviours that challenged, choking, seizures, medical conditions, moving and handling and life skills. Risk assessments were kept under review and updated in response to changes in individuals. Staff were aware of risks to people and the intervention required to minimise any potential risks.

At the previous inspection accident and incidents were not appropriately managed and they were filed without manager oversight or action. At this inspection we found improvements had been made to the way accident and incidents were managed. Staff were clear of their responsibilities for recording and reporting accidents and incidents. The registered manager reviewed and signed off all accident and incidents reports and actions were put in place to prevent reoccurrence where possible. These were reported to the organisation each month which further highlighted any trends in accident and incidents that needed to be addressed.

At the previous inspection medicines were not kept secure, handwritten medicines recorded on medicine records were not clear, guidance was not provided for all as required medicines and thickeners were not given as prescribed. At this inspection we found improvements had been made to the management of medicines. Medicines were stored appropriately and kept secure. Records were maintained of medicines received into the home and returned to the pharmacy. Medicine administration records were printed and showed no gaps in administration. Protocols and guidance were in place for medicines which were to be given when required, and signed by the GP. The service had a person who required a thickener in their drinks. Guidance was provided on how this should be prepared and staff spoken with, were aware of the guidance and the required consistency of the person's drink. Staff were trained in medicine administration and were assessed annually to ensure they remained competent in medicine practices.

Systems were in place to safeguard people. Staff were trained in safeguarding. Information on safeguarding was available on notice boards throughout the home and accessible to people and staff. Staff were aware of their responsibilities to report poor practice to safeguard people.

The home had an established staff team which meant people were supported by staff who were familiar to them. The service had one staff vacancy which they had recently recruited into. Three staff were provided on each day time shift. Two staff were provided at night, one whom slept in on the premises to provide support to the other staff member. On call support was provided by the registered manager or deputy manager. The provider had guidance in place on the working time regulations which outlined that staff must not work more than 72 hours in a week and no more than two long days in succession. We reviewed the rotas. The rotas showed some staff were not working to the guidance and this had gone unnoticed. The operations manager told us the organisation had invested in a software package to manage the rotas, annual leave and salaries. It was meant to highlight staff who were scheduled to work over their hours or too many days in succession, but it had not done that. The registered manager agreed to manually check the rotas a week in advance to ensure staff worked to the guidance.

Systems were in place to promote safe recruitment practices. Staff completed an application form and attended an interview. Their files contained a recent photograph, application form, health declaration, record of interview and references. Records showed that a check had been made with the Disclosure and Barring Service (criminal records check) to make sure the staff members were suitable to work with vulnerable adults. The provider had processes in place for managing disciplinary issues and for enabling staff to raise any grievances they had. We saw issues raised by staff were addressed.

The service had a fire risk assessment in place. This was reviewed in September 2018. People's files included a Personal Emergency Evacuation Plan (PEEP) which provided guidance on how people were to be evacuated in the event of a fire. The fire alarm system was serviced and maintained. Daily, weekly and monthly checks of fire doors, fire equipment and emergency lighting were carried out. Fire drills took place. The last recorded fire drill had taken place on the 6 September 2018.

The service had an environmental risk assessment in place which outlined risks to people, staff and visitors. This was reviewed in April 2018. We observed a free standing electrical heater was used in a person's bedrooms. There was no risk assessment to address potential risk of its use. The registered manager confirmed after the inspection this had been implemented. Health and safety checks took place, which promoted a safe environment for people. Food, fridges, window restrictors and water temperature checks took place and records were maintained. The gas safety, water supply, electrical appliances and fixed lighting were regularly serviced. The home had access to maintenance support. Records were maintained of items reported to be repaired and replaced.

Staff were trained in fire safety, first aid and health and safety. They were aware of their responsibilities in the event of a fire or other emergency. A first aid box and an emergency grab bag was available to staff. It included copies of individuals PEEPS, a floor plan and contact numbers of relevant people involved with the service. This ensured staff had the required information available to them to respond appropriately in an emergency. The service had a contingency plan in place in the event of a disaster at the home.

Staff were trained in infection control. They were provided with gloves to prevent cross infection. The service had a nominated infection control lead and information on who that was, was displayed and accessible. Staff were responsible for cleaning of the home. Cleaning schedules were in place which outlined tasks to be done and when. These were dated and signed off when completed. There was a build-up of dirt on the floor around the cooker, dishwasher and skirting boards were dusty and stained. The registered manager agreed for those areas to be cleaned and monitored.

## Is the service effective?

### Our findings

People told us they were involved in their care. We observed staff consulted with them on their day to care. People felt staff had the skills and training to support them. A person commented "They are all very good and know exactly how to support me." Relatives felt staff had the skills to support their family members. A relative commented "Staff are all very skilled and the manager and deputy manager are always on hand to guide and offer advice when needed."

A professional involved with the home commented "Staff have remained very level headed when faced with a recent challenging situation and in my opinion, they reacted well and they were fair in their response to the situation."

Staff spoken with confirmed they had been inducted and had access to regular training. They confirmed they were clear of their roles and responsibilities. The provider required new staff to complete the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. A certificate was on staff files to confirm the Care Certificate had been completed and signed off. Staff were trained in topics the provider considered mandatory such as safeguarding, fire safety and food hygiene. Alongside this staff had access to specialist training such as learning disabilities, autism, epilepsy and dementia. A training matrix was in place, which showed the training that had taken place and highlighted when updates were due. The registered manager regularly reviewed the understanding of staff of the training they had completed and a record was made on their supervision files to evidence that.

Staff told us they felt supported and had access to regular one to one supervision. The staff files viewed showed staff were supervised, supported and annual appraisals took place.

The home had systems in place to promote communication within the team. Handover meetings took place and a shift planner was in use. This outlined the staff on duty, the shift leader, tasks to be completed and who was delegated for tasks and supporting individuals with their care, appointments and activities. The home had a communication book in use where staff were informed of key changes within the service. This prompted them to refer to individuals care plans and risk assessments. Monthly team meetings took place to keep staff updated on key issues within the service. Staff were expected to sign to say they had read and understood revised documentation, guidance and policies. Staff told us they felt well informed and worked well as a team.

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. Staff were trained in the Mental Capacity Act 2005 (MCA) and the majority of them demonstrated a good understanding of it. Mental capacity assessments were carried out in relation to specific decisions for example use of lap belts and bed rails. These showed relevant professionals and family members were

involved in best interest decision meetings, either through face to face involvement, telephone or email correspondence.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the Local Authority for people who required it. A record was maintained of DoLS requests made and approved. Staff had been trained in DoLS and were aware which people had restrictions placed on them and why.

The service had a new admission since the previous inspection. This was an emergency admission which meant the organisation was unable to carry out their own assessment prior to the admission. However, they were provided with key information on the person prior to admission and had worked closely with the funding authority to ensure the person's needs were known and met. The person had settled in well and described the service as "The best place they had ever lived."

Professionals told us the service had positive relationships with them. They described individual staff as "Professional and quick to contact the relevant professional or the safeguarding lead as appropriate." They commented [ Staff member's name] has ensured she has gained knowledge of the difficulties my service user has experienced and found ways in which to help and reassure her to try to improve her situation." Another professional told us " The provider is consistent in keeping me informed of significant events which affect my service user."

People's care plans included a health action plan which outlined their health needs and the support required. People had access to a GP, dentists, opticians and professionals from the Community Learning Disability team. A detailed record was maintained of the outcome of appointments and any subsequent follow up. One person's needs had changed. The service was proactive in making the appropriate referrals to get equipment to promote the person's safety and well-being. Each person had a hospital passport in place which outlined individual's needs and key people involved with individuals. This ensured key information was available in the event of a person needing a hospital admission. Relatives told us they were informed of changes in their family member's health needs. A relative commented "Staff are quick to notice when something is wrong and seek medical advice."

People told us they liked the meals. They said they could also have alternatives to what was on the menu if they wanted. People's care plans outlined nutritional risks and the support they required with their meals. The menu plan was agreed with people and a pictorial copy of the week's menu was on display. Staff were responsible for cooking the meal. They were aware of people's likes, dislikes, specialist diets and risks. Records were maintained of meals eaten and people who required it had their fluid and weight monitored. We observed a meal time. We saw people were supported appropriately and an alternative meal choice was given to a person who did not eat what was initially provided.

The service was leased. The staff had made improvements to make it homely. Areas of the home had been decorated and items replaced. A redecoration and refurbishment plan was in place. Staff told us they thought the service needed updating and modernisation to enable them to accommodate changes in people's needs. The provider confirmed they were reviewing options available, to enable them to continue to meet people's needs.

# Is the service caring?

## Our findings

People told us staff were caring. A person commented. "Yes, staff are nice and they all seem to care." Relatives described staff as "kind, caring, friendly, fantastic, always welcoming and supportive of people." A relative described staff as using appropriate touch to guide and reassure people. They commented "I see staff take people by the hand and reassure them." Another relative commented "Staff do an excellent job and we feel very fortunate to have [family member's name] live there. Relatives felt their family members were treated like a family member and that the service was "home from home. "

A professional involved with the home commented "Staff are helpful and polite and seem to have a good relationship with the residents. They help to reassure the residents and they are thoughtful in their interactions with them." Another professional commented "When I visited I got a strong feel that they really care for the individuals. The staff know individuals well and had warm relationships."

Throughout the inspection we observed positive engagement between staff and the people they supported. Staff were kind, gentle, patient and engaging. They provided people with good eye contact and used appropriate touch to provide reassurance and encouragement. They responded promptly to people being upset, distressed and provided reassurance and distraction. People were pleased to see staff members and rushed to greet them and talk to them when they arrived for duty.

People's privacy and dignity was promoted. Staff were observed knocking on people's bedroom doors prior to entering. People's bedrooms were personalised and reflective of their likes and interests. People who required it were provided with protective clothing during meals. Staff called people by their first names and were discreet when talking to people about their personal care.

People's care plans outlined their involvement in life skills to promote their independence. Some people chose to be involved in chores, whilst others choose not to engage. A relative told us how their family member was actively involved in the cooking, washing up and laying tables. They felt their family member got a lot of value from doing that.

Advocates support people to have their voice heard on issues that are important to them. The registered manager was aware of how to access advocates for individuals. An advocate was involved with one person.

The service had a staff member who was identified as the "Dignity Champion." Their role was to work with staff in consistently promoting people's dignity. We saw they acted as a positive role model to staff in all their engagements with people.

The provider had policies, guidance and systems in place to promote people's confidentiality in line with the data protection act. The provider was aware of the General Data Protection Regulation (GDPR) and people's records were kept secure.

## Is the service responsive?

### Our findings

People told us staff gave them assistance when they needed it. Relatives felt the service was responsive. A relative commented "Staff notices changes in [family members name] and always take the right course of action." Another relative commented "[staff members name] is forward thinking, proactive and put things in place before needed."

Staff were trained in equality and diversity. The provider had a policy in place to promote staff to work in line with the Equality Act 2010. During the inspection we observed staff treated people with disabilities and behaviours that challenged equally and fairly. They were responsive to changes in individuals and provided distraction and support to prevent a situation escalating.

People had care plans in place. They outlined the support people required in all aspects of their life. Care plans were detailed and specific as to the care to be given. They were updated in response to changes in individuals. A professional involved with the home told us they found the care plans to be clear and detailed.

People had regular reviews with their funding authorities. The service prepared an update on the person in preparation for their review. People and their relatives were involved in their reviews and their views and feedback was taken into consideration. A relative commented "[Family member's name] has an annual review and we are always invited to that and given the opportunity to give our feedback."

A professional involved with the service commented "The staff members who attend the reviews have always been pleasant. There appears to be consistency in the staff team and they remain from one year to the next. The support staff appear to have a good understanding and knowledge of the service user and during reviews always discuss achievements, future wishes and goals." They went on to say "When in meetings the staff always appear forthcoming and open to comments made by family and myself. When actions are asked or further information required then this has always been sought."

A keyworker is a named member of staff who supports the person to coordinate their care. People had a named keyworker. Staff were aware of their role and responsibilities of the role. People and their relatives were positive about the support and relationship they had with their keyworker. A relative commented "All the staff are very good but [family member's name] keyworker is amazing, she genuinely does seem to care a lot about [family member's name]."

People's care plans outlined what was important to them. People were supported to make choices in relation to their day to day life at the home such as activities, meals and drinks. People were also advised and provided with the information against making risky choices and decisions. Where a person made a risky decision, this was respected, with records maintained to show the person had been informed of the implications of their actions.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal

requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's care plans outlined their communication needs and the support required to promote their understanding and access to information. Staff had a good awareness of people's communication needs and responded appropriately to them.

People were provided with written information in an easy read format and pictures to promote their understanding of procedures such as reporting concerns, complaints and safeguarding.

People told us they had access to activities and outlined for us their weekly schedule. Relatives were happy with the activities provided. Two relatives told us their family member's involvement in activities had increased which they were happy about. A relative commented "[Family member's name] is doing so much more and they are much happier and confident in themselves."

A professional commented that they had observed during the visit that people were sat watching television and were not involved in helping staff with day to day tasks. However, they acknowledged this may happen at other times of the day. They went on to say, "My service user has been offered and assisted to undertake many varied activities when she has wished to engage."

Another professional commented "The staff team do support my service user to engage in stimulating activities which are in accordance with their likes and dislikes, as well as taking into account their needs and abilities. At the last review attended, a range of community activities had been accessed such as meals out at restaurants, regular meet ups with family, in house activities, attending local groups and clubs, outings to the cinema and exercise classes, trips to the theatre and a holiday with peers. In my opinion there really was a wide range of community involvement and participation. "

People had individual programmes of activities. These included attendances at college, day centres, clubs as well as leisure activities. The service had people with mixed abilities and therefore for some people their involvement in activities was limited. The registered manager was keen to develop activities, especially in-house activities to cater for people who spent more time at the service.

People told us they would talk to staff or their relative if they had any worries or concerns about their care. A person commented "If anything was worrying me I would talk to my keyworker, but I can talk to any staff member as know they would report it to the manager or deputy manager. "

Relatives told us they felt able to raise issues and that any issues they had raised were addressed. A relative commented "I have never had to make a complaint and all issues no matter how minor is dealt with." Information on how to make a complaint was displayed on notice boards in the home. This was in a user-friendly format and accessible to people. The registered manager had a system in place to log complaints. No complaints had been made during the period under review.

Some people had an end of life care plans in place. This had been discussed with the person's next of kin and a funeral plan agreed. People who required it had a "Do Not Attempt Resuscitation" (DNAR) order in place. This was accessible and made known to staff.

## Is the service well-led?

### Our findings

At the previous inspection in September 2017, the service was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). This was because they failed to make the required notifications to us. At this inspection we found this requirement had been met and the registered manager and staff team were clear of what needed to be reported.

At the previous inspection in September 2017, the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because records were not suitably maintained and the provider's audits were not effective in picking up the issues we had identified.

At this inspection we found improvements were made to records. Records were secure, well organised, information was easily accessible and they were kept up to date and reviewed.

The provider had systems in place to audit the service. Monthly health and safety, infection control, food and hygiene, finances, mattresses and medicine audits were completed. Actions from these audits were recorded and signed off when completed. Care plan audits were due to commence. Alongside, this the provider carried out monthly monitoring visits of the service. A comprehensive report on the visit was completed and actions reviewed with the registered manager at subsequent visits and supervisions.

An external contractor had carried out a health and safety audit of the service in July 2018. They had made a number of recommendations, which included improvements to the fire door guards, environmental and fire risk assessments. There were no indications those recommendations had been acted on. The operations manager told us the organisation had challenged the contractor's Health and Safety report as they had been given inconsistent messages across their services. They provided us with evidence to support that and discussions were still ongoing to reach a resolution. They had arranged for a fire officer to visit the service to get their expert advice on fire safety issues raised by the external contractor.

Staff felt the home was well managed. They described the registered manager and deputy manager as approachable and accessible. Staff told us they felt listened to and issues they raised were acted on. They told us the management team encouraged and enabled them to have the information, guidance and training to do their job. Staff felt that since the previous inspection communication had improved. A staff member commented "We as a staff team have been upskilled and everyone is much clearer about what is expected from them."

A professional commented "They are good communicators, professional and approachable."

Relatives felt the service was well-managed. They felt the registered manager and deputy manager were approachable and responsive to them. A relative commented "I find it easy to talk to management and they always do what they say they are going to do."

The registered manager had recently completed the Level 5 Diploma in Leadership for Health and Social

Care. They felt they had grown in confidence over the previous year and were committed to developing the service further to benefit people.

Systems were in place to get feedback on the service. Monthly resident and staff meetings took place. People and their families had access to reviews of their care which further enabled them to give feedback on the service. An annual survey of people, relatives, professionals and staff was carried in, January 2018. The results were all positive, with some suggestions for improvement around in-house activities, empowering people more and improving communication. We saw progress had been made in making those improvements.