

Rehability UK Community Ltd

Rehability UK Berkshire

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

This inspection took place on 17 July 2017 and was announced. Reability UK is a supported living service and provides support to 15 people who live in their own flats. There is an office on the same site as the flats from where the service is managed. At the time of the inspection four of the 15 people were receiving the regulated activity of personal care.

The service had a registered manager. However, they were currently managing another of the provider's services and were not present during the inspection. Another manager had been appointed and was managing the day to day running of the service. They had applied to become the 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.

People were safe. Systems were in place to assess and manage risks to people, visitors and staff. Health and safety checks were conducted to ensure the safety of the premises and the environment. Staff knew how to safeguard people and report any concerns.

A robust recruitment procedure was in place and helped to ensure suitable staff were employed at the service to support people. People received their medicines safely and when they required them. There were sufficient staff to meet people's needs. Staff received training and were supported in their role by regular one to one supervision meetings. Annual appraisals were conducted and included opportunities for staff to discuss their future development needs. Team meetings were held regularly for staff to discuss matters relevant to the service and the people they supported.

Staff gained people's consent before providing support and care. People's right to make decisions was protected and when necessary decisions were made in their best interests.

People were supported to remain as healthy as possible. Healthcare advice was sought and followed appropriately. Regular reviews of people's health and wellbeing were undertaken.

People were supported to maintain a healthy diet. Staff supported them to choose and purchase a variety of nutritional foods. When necessary people's nutritional intake was monitored to ensure they had sufficient to eat and drink.

People were treated with kindness, dignity and respect. They and their relatives were involved in planning and reviewing decisions about their care. Staff were kept up to date with information related to the changing needs of people they supported.

There were positive interactions between people and staff. People were relaxed in the company of staff who we saw were able to interpret people's needs through an understanding of their personal communication methods.

People were supported in a variety of activities that were available for people to take part in. These were based on their personal preferences and assessed needs.

Feedback was invited from people, relatives and professionals to help assess the quality of the service and assist in its development. A complaints procedure was available which people and their relatives were aware of.

We found an open culture in the service. Staff and relatives thought the service was well-led and managed. Staff were comfortable to approach the manager for advice and guidance. They felt they worked together as a team for the benefit of the people they supported.

The quality of the service was monitored by the manager and provider through a system of audits and reviews.

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.

Risks to people's safety were assessed and managed. Staff were knowledgeable on how to safeguard people.

Staff were recruited using a robust procedure and there were sufficient numbers of them to support people safely.

Medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received induction, training and assessment to help ensure they had skills and knowledge to support people effectively.

Staff were supported through regular supervision and team meetings. Advice and guidance was readily available from the manager.

People received effective healthcare and saw professionals when appropriate. The service supported people to follow up any health concerns.

People were supported to eat and drink in sufficient quantities to maintain their wellbeing.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and respect. They were encouraged and supported to maintain their independence.

People were shown respect. Their privacy and dignity was maintained and they were involved in planning their support as much as possible.

Staff knew people's individual needs and preferences well.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed and they were supported with an individualised approach relevant to their needs.

People and where appropriate their relatives were involved in planning and reviewing the support provided.

People benefitted from an individualised programme of activities based on their interests and needs.

Information on how to make a complaint or raise a concern was available.

Is the service well-led?

Good ●

The service was well-led

There was an open and welcoming atmosphere in the service.

Staff and relatives told us they found the manager approachable and supportive.

The quality of the service was monitored by the manager and provider.

Staff had opportunities to discuss how the service could be improved and raise concerns if necessary.

Rehability UK Berkshire

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 17 July 2017 and was announced. The provider was given 48 hours notice because the location was a supported living service and we needed to be sure someone was available to speak with us. The inspection was carried out by 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We looked at the information we held about the service including notifications. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they are required to tell us about by law. Notifications had been submitted in a timely manner when necessary.

We contacted the quality and performance team at the local authority and requested feedback from two other professionals with knowledge of the service. No concerns were raised with regard to the service.

People were unable to speak with us but we made general observations of them interacting with staff and taking part in activities. We also spoke with two relatives of people using the service and four members of staff including the manager and three care staff. We reviewed three people's support plans and four staff files including recruitment records. We reviewed staff duty rotas, quality assurance surveys, audits and a selection of other documents relating to the management of the service.

Is the service safe?

Our findings

People were unable to tell us if they felt safe living at Rehability UK. However, we observed they were relaxed in the company of staff and appeared to feel secure in their environment. We saw people smiled and engaged with the staff supporting them indicating they felt safe in their presence. Relatives told us they felt their family member was safe and they were happy that support was provided in a safe way. One said "I have no concerns about safety."

Risks to people's safety had been identified and assessed. Plans to manage and lower risks were incorporated into people's care plans providing information and guidance to staff. Risks were reviewed regularly and staff confirmed they reported any changes in people's well-being or behaviour so that alterations could be made to the risk management plans when necessary.

The staff team were knowledgeable with regard to keeping people as safe as possible from any form of abuse or poor care. They received training to provide them with the skills to identify and report concerns about safeguarding people and information was displayed in the office for quick reference. Staff told us they had never had any cause for concern and were confident that the manager would take immediate action to ensure any safeguarding concerns were dealt with promptly. They were aware of the whistle blowing policy and told us they would not hesitate to report poor practice immediately. One member of staff told us the manager would not tolerate poor practice and added, "[Name] is firm and fair, she checks and picks up anything she feels is not quite right. Everything is dealt with straight away." Staff were aware they could report issues to other authorities such as the local authority or the Care Quality Commission if action was not taken by the service.

Rotas showed there were sufficient staff on duty at all times to meet the needs of people who used the service. This was confirmed in discussions with staff. One member of staff told us the manager was "proactive" in recruiting staff and explained new staff were being recruited in readiness for a new tenant moving into the service. They also added, "We have our own 'bank staff' who can cover for holidays or staff sickness." There were facilities within the service where staff stayed overnight providing additional support if required. An on call rota provided a system whereby staff could seek advice from senior staff outside of office hours.

Robust recruitment procedures meant that staff had the necessary skills and were of appropriate character to work with vulnerable people. They completed an application form and provided two references which were checked. They also underwent background checks by the Disclosure and Barring service (DBS). DBS checks provide information about any criminal history and whether people are barred from working with vulnerable groups of people.

The service used a monitored dosage system (MDS) to help them administer medicines safely. An MDS is prepared by a pharmacy and each dose of medicine is sealed it into a blister pack. A senior care worker had the responsibility for ordering and monitoring medicines, they explained and showed us the procedures they undertook each month to ensure medicines were managed safely. We saw the medicines

administration records (MARs) were signed accurately and showed that people had received the correct amount of medicine at the right times. We noted these records were audited each month. Any gaps in signatures or miscounting of remaining medicines were identified and discussed immediately with the relevant staff member. Where people had been prescribed medicines to be taken when required (PRN), such as pain relief, an individual protocol was in place to guide staff as to when and why this medicine should be given.

Staff received appropriate training in the safe administration of medicines from both the provider and the community pharmacist. Their knowledge and competency was checked and tested regularly. However, this was not recorded formally. The manager and senior care worker responsible for medicines agreed to arrange for these checks to be recorded in future.

We saw there were systems in place for ensuring the environment was safe, these included safety checks on electrical and fire safety equipment and the monitoring of water temperatures. Fire drills were carried out to practice evacuation and where appropriate individual personal emergency evacuation plans were in place.

Is the service effective?

Our findings

People received effective support from staff who had received training, attended regular one to one supervision meetings and underwent annual appraisals. The manager told us they wanted the staff to feel confident when supporting people and valued in the role they performed. They said, "Just like I challenge staff when I see things I don't like they need to be praised for doing a good job." They went on to explain how they had introduced an employee of the month system to recognise and value staff. We also saw how from time to time small rewards such as cinema vouchers were awarded to staff for, "Going above and beyond expectations."

Staff felt well supported and told us they could go to the manager and were confident they would receive the support they required. One said, "[Name] will listen and support you with anything even if it's not about work. She will always try to help." Another commented "It's good to have the manager here on site, you can ask for advice and communication is much better. She understands what's going on".

Staff received an induction when they began work at the service. This helped to ensure they were orientated to the environment they were working in. They spent time working alongside experienced members of staff to gain the knowledge they needed to support people effectively and get to know people's preferences and routines. We observed staff employing their skills when supporting people and saw how they worked as a team. Staff told us they felt the training had given them the skills and confidence to support people effectively. One commented, "[Manager's name] makes sure we have the training we need, if she sees we are struggling with something she organises a training session to help us, for example we recently had report writing training."

Records confirmed staff received a range of training considered essential by the provider and in line with the care certificate standards. Training was also provided in specific areas related to the conditions of people who used the service such as psychoses, epilepsy, diabetes and managing anxious and distressed behaviours. In addition, staff were encouraged to take recognised qualifications in health and social care. Each staff member had the opportunity to discuss their training and development during one to one supervision and appraisals. Through these meetings the manager had identified training needs and we saw they were exploring a variety of different courses to assist the staff to develop further.

A number of staff had worked at the service for some time and told us this consistency was important to the people they supported who liked routine and were happier and more contented having familiar people around them. A relative commented on their family member being supported by the same key worker since they moved to the service. They attributed their family member's contentment to this consistency of support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Authorisation for depriving people of their liberty in a supported living service has to be sought through the Court of Protection by the local authority.

We checked whether the service was working within the principles of the MCA. At the time of the inspection it had not been necessary to make any applications to deprive people of their liberty. Staff asked for people's permission before showing us around the flats they lived in and they gave their consent. We observed staff providing people with choices such as where they wanted to go or what they wanted to eat. People's ability to make decisions was assessed and recorded in their care plan as was how they communicated this to staff. Where people were unable to make more complex decisions such as those relating to invasive medical or dental treatment, records showed an assessment of their capacity to make those decisions had been undertaken. This was followed by a best interests meeting held with relevant professionals and relatives where applicable.

People were supported to access routine medical support from healthcare professionals such as the GP, dentists and opticians. More specialist support, such as that from neurologists was arranged when necessary. Records showed people were supported to attend medical appointments as and when necessary and they had annual reviews of their general health and specific needs. The manager told us if a person required hospital admission their individual support hours would be used to provide staff to be with them at all times during their stay. We saw how one such stay was being planned during the inspection for a person who required some hospital treatment.

Nutritional needs had been assessed and were well managed. People were fully involved, where possible, in the planning of the food they purchased, prepared and ate in order to remain healthy. When necessary dietitians had been involved in assessing people's nutritional needs and people were supported to follow the advice given. The speech and language therapy team had provided advice to avoid choking for one person and we saw their food was appropriately prepared to make it easy for them to swallow safely. It was clear that food played a significant part in some people's lives and could provoke some distressing and anxious behaviours. We observed staff supported people to manage these behaviours and maintain as healthy a diet as possible. People's weight was recorded monthly and was monitored for variation.

People moved around their flats independently and we observed how they enjoyed the communal garden space. They made full use of the trampoline and garden equipment clearly appreciating time outdoors.

Is the service caring?

Our findings

People appeared relaxed and calm, we saw them smiling and laughing as they went about their daily activities. Relatives commented on how their family members were happy and told us they felt staff were caring, one said, "I see a lot of the staff, they are happy, have the right level of knowledge and experience and they are kind and considerate." They then described how they had watched staff working with their family member and said they had found their approach, "Very touching". Another relative commented, "The consistency of staff and the number of years they have worked with [Name] gives me comfort and reassurance."

There was a positive rapport between people and the staff members supporting them. Staff used appropriate communication methods with people who were unable to communicate verbally. We saw people's care plans recorded how to communicate effectively with them. They gave extremely clear directions to staff with regard to what certain noises, gestures or body language may mean. For example, one person's plan described how they may drop their head down to indicate they did not want what was being offered. This meant staff were able to interpret people's needs and wants easily and provide appropriate support. People interacted with staff without hesitation and some actively sought their company. When people were unable to do this independently, staff approached them to engage them in conversation or activity.

Staff spoke with people respectfully and their approach to them made it clear how well they knew people. Staff respected people's privacy and dignity and were able to describe how they encouraged people to also maintain their own dignity. They ensured doors and curtains were closed while people received personal care. One member of staff explained how they encouraged one person to wrap a towel around their waist when leaving the shower. The manager was excellent at promoting dignity for all and was a dignity champion, taking particular interest and mentoring staff in all aspects of dignity. The service had received the local authority's dignity charter. This had involved carrying out a self-audit on their approach to dignity and undergoing an independent assessment.

Staff had detailed knowledge of the people living in the service. They told us what people liked to do and the type and amount of support they needed. They were familiar with people's history and the relationships that were important to them. We observed many positive interactions. Staff displayed kindness and patience with people while supporting them with practical tasks and activities. People's wish to spend time alone was respected and staff were aware of the signs that may indicate a person wanted personal space. For example, one person was known to turn their head to the wall if they wished to be left alone.

People were helped to maintain relationships with their families and other people who were important to them. Relatives reported they felt involved in their family member's life and told us they were kept informed about their well-being. Each person was encouraged to be as independent as possible and they were supported to develop skills to increase their independence. Support plans provided guidance to staff on each person's abilities and how best to support and maintain their independence. For example, one person's file detailed how they could wash their body but required support to put wash cream on the

flannel.

Is the service responsive?

Our findings

People received personalised care and support at the service. Before a service was provided to people a full assessment of their needs was undertaken. This included people's personal preferences, their lifestyle choices and their preferred routines. This information was used to prepare a support plan that outlined their specific needs and provided clear guidance for staff to follow. People were involved in planning their care and whenever possible relatives and other professionals had also been involved. Each person had a dedicated key worker who worked closely with them and oversaw their care. Reviews were undertaken on a regular basis, at least annually or more frequently if people's needs changed in any way. For example, during the inspection we saw one person's care plan was under continuous review due to their changing health needs. Relatives and other key people were involved in and contributed towards these reviews. Records showed people had received care that was responsive to their needs.

Information about changes to people's needs was shared and exchanged at handovers and team meetings. This ensured staff were able to support people with their current needs in the most responsive way. Staff worked closely with the other health and social care professionals, for example, we saw one person had suffered a decline in mobility and had health concerns. The support team had worked closely with an occupational therapist and the speech and language therapy team to meet the person's changing needs.

People were involved in various activities either in their home environment or in the local community. Each person had a timetable of activities which took place on certain days, such as going to the day centre, using a sensory room, aromatherapy sessions or visiting friends and family. On the day of the inspection people went out for a walk to the local park and as it was a nice day enjoyed a picnic. The manager told us that they had recently been able to secure the use of a vehicle which meant more spontaneous activities could now take place. We saw how this had made a significant impact one person's life. They had previously been reluctant to go out but since having the vehicle they were now keen to go out for rides. We observed they looked very happy when going out for a drive during the inspection. Activities were also organised to promote social interaction for people living at the service. Barbeques and discos were examples of such activities where people could mix and get to know each other. Staff planned holidays with people and accompanied them when appropriate.

The service had a complaints policy and procedure which detailed who to contact and timescales to respond and investigate any complaints. However, we noted the policy did not give details of the Local Government Ombudsman (LGO). The LGO is where people refer their complaint to if unsatisfied with the response from the provider. The manager agreed to review and amend the policy with relevant details. Records showed there had been two formal complaints received about the service in the last year. These had been taken seriously, investigated and addressed. The service had received nine compliments in the same time period thanking staff for the support they had provided.

The views of people and their relatives were sought regularly. People met with their key workers to discuss their week and talk about the support they have received. Additionally, regular surveys of relatives' views were undertaken. The manager told us gaining the views of people and their relatives as well as from other

professionals when possible enabled them to assess the service and look for ways to improve.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post however, they were not present during the inspection and had handed the day to day running of the service over to another manager. This manager was present and assisted us with the inspection. They had applied to register with the Care Quality Commission to become the registered manager.

We received many positive comments about the manager and the difference they had made since being in post. One staff member said, "[Name] is a very good leader." Then added, "Leadership is not just one person, it's team work, it's all of us working together to make this a better place." Another said, "Many good things have happened since [Name] has come, she supports us well." Staff told us they worked well together as a team. One said, "There have been so many improvements over the last year and now we are a team."

People benefitted from being supported by a service that had an open and friendly culture. We saw people approached the manager and staff in a relaxed manner, sought advice from them and enjoyed their company. Staff told us there was always an open door to the manager and gave examples such as, "[Name] is always there, listens and acts on any concerns." "Communication is good and [Name] understands what's going on. There's definitely an open door policy."

Staff had a good understanding of the values and aims of the service and felt they were put into practice. We saw the values, ethos and policies were discussed at staff meetings. The manager told us it was important that staff felt valued. They added, "It is important to be firm but fair, give praise when it's due and address issues when they arise." Staff we spoke with confirmed this was the approach taken by the manager and told us they were respected for this.

Links to the community were maintained through regular outings to a variety of places including, churches, social groups, sports facilities and shops. An open day had been organised for the month following the inspection. This aimed to include members of the local community as well as relatives and stakeholders.

We saw there were audits and checks carried out for areas such as medicines, care files, the environment and safety issues. The results of these audits were fed into a weekly manager's report and submitted to the provider. The audits helped to improve the quality of the service and make it a safe place for people through the development of an action plan.

The provider held regular managers' meetings which provided managers with the opportunity to discuss best practice and developments. They were able to share experiences and become familiar with changes taking place including legislation and policy.