

Cintre

# Cintre Reachout

## 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 the 19 and 20 January 2016. The inspection was announced, which meant the provider knew we would be visiting. This was because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. The last full inspection took place in June 2015 and, at that time, one breach of the Health and Social Care (Regulated Activities) Regulations 2014 was found in relation to management of medicines. This breach was followed up as part of our inspection.

Cintre Reachout provides care and support to people, mostly young adults, in their own homes. The service currently provides support to 46 people.

A registered manager was in post at the time of inspection. 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 our last inspection we found the provider was not making suitable arrangements for the proper safe management of medicines. We found sufficient improvements had been made.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for them.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

People were supported to maintain good health and were encouraged to access external health care professionals when required.

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. People were involved in the planning of their care and support.

People received effective care from the staff that supported them. Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an in-depth understanding of the needs and preferences of the people they supported.

There was a positive culture within the service between the people, the staff and the registered manager. There were systems in place to assess, monitor and improve the quality and safety of the service.

## 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.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People were supported to maintain good health and were supported to access external health care professionals when required.

### Is the service caring?

Good ●

The service was caring.

Staff were caring towards people and there was a good relationship between people and staff.

Staff were very knowledgeable about people's preferences and needs.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

People received good care that was personal to them and staff

assisted them with the things they made the choices to do.

People had access to a wide range of individualised, meaningful activities.

The provider had systems in place to receive and monitor any complaints that were made.

**Is the service well-led?**

**Good** ●

The service was well-led.

Staff felt well supported by the registered manager.

People were encouraged to provide feedback on their experience of the service.

To ensure continuous improvement the registered manager conducted regular quality assessment audits and implemented plans of action.

# Cintre Reachout

## **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 the 19 and 20 January 2016. The inspection was announced, which meant the provider knew we would be visiting. This was because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. The last full inspection took place in June 2015 and, at that time, one breach of the Health and Social Care (Regulated Activities) Regulations 2014 was found in relation to management of medicines.

This inspection was carried out by one inspector.

During the inspection we spoke with three members of staff, the chief executive and the registered manager. We visited two people who used the service at their home. One person came to speak to us at the provider's office.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

# Is the service safe?

## Our findings

People told us they felt safe when they were being supported by the staff. If required they had access to a 24hr on-call service. One person told us that they had rung the service out of hours because they were anxious and needed to speak to someone. People had also signed a non-engagement agreement. This is an agreement that the service will follow to check the safety of the person after a certain period of non-engagement.

At our previous inspection we found that the provider was not making suitable arrangements for the proper and safe management of medicines. There was a lack of information about the management of medicines and they did not have a medication policy. At this inspection we found that sufficient improvements had been made.

We were told by the registered manager that staff do not currently prompt or administer peoples' medicines. People managed their own medicines. There was a medication policy which stated that if a person required support with medicine management as part of their care package a risk assessment would be carried out identifying the support required. It also stated that a session write-up with the medication administration detail would be created at each visit. The registered manager was aware of the need that staff must accurately record the medicines that they have prompted the person to take, as well as the medicines staff have given. Staff have received medication training.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Recruitment files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. Staff comments included; "There have been ups and down. At the moment it's good. The clients' safety is important. Everyone pitches in. We do a lot of sharing and recently we got a few new team members"; and "The team is really good and effective. We have enough staff to cover peoples' needs."

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us that they would follow their safeguarding protocol and report the matter to a senior manager to take forward. Staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise

concerns in this way.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as risks towards others, finance, mental health and neglect. Assessments were reviewed regularly and updated, when required. Within the person's records, appropriate support and guidance for staff was recorded. Examples included how to support a person with their financial management. Preventative and protective measures were provided, such as the need to assist the person to budget effectively and ensure they have enough money to cover their basic needs. The person had also agreed to show a member of staff their post to ensure they were fully aware of their financial situation.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, possible triggers and action taken. The recorded incidents and accidents were reviewed by the registered manager. This analysis enabled them to implement strategies to reduce the risk of the incident occurring again.



# Is the service effective?

## Our findings

People told us they received the support they required to meet their needs. Comments included; "They help me with everything. They help me with finance and bills. I communicate with them a lot. I enjoy the support and I need it. I like to stay with people I know to build up an understanding. It's a positive experience. I wouldn't survive without them. What we've got works"; "They help me with my health as I forget to eat sometimes. I'm looking to eat more healthily"; and "If I didn't receive support from Cintre I wouldn't know what to do."

People received support in a number of areas of their lives. There was information in people's files to highlight any particular needs. This included support with personal care needs and enabling the person's independence, as far as possible. Where one person was at risk of self-neglect this included prompting the person regarding their personal care and laundry.

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. The provider ensured that new staff completed an induction training programme which prepared them for their role. The induction training period included training specific to the new staff members role and to the people they would be supporting. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in person-centred care, fire safety, first aid and food hygiene had been completed. The service has worked closely with an external body to design training to meet peoples' needs. Additional training specific to the needs of people who used the service has been undertaken by staff, such as understanding and supporting people with an autism spectrum disorder, mental health awareness and epilepsy awareness. Staff spoke positively about the training they received and felt they were able to provide good care as a result of the training. One member of staff told us; "I receive sufficient training. We have personal development plans. Training is encouraged."

Staff told us that in the main they felt well supported and received regular performance supervision. Supervision is where staff meet one to one with their line manager. Staff records demonstrated that staff received supervision. Issues discussed included; service users; workload; training and safeguarding.

Staff completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and understood the importance of promoting choice and empowerment to people when supporting them. People they provided support to were able to consent to the support they received. People had signed their support plans which confirmed their agreement to the level of support provided.

With support from staff people managed their own dietary needs and catered for themselves. People were encouraged to eat healthily. One person required support with their diabetes and needed reminding what foods should be avoided and what foods are beneficial. One member of staff told us; "We shop for healthier

foods. We look at what the person buys and ask questions in a motivational way. The service user owns the idea and the solution. We cook with people and enhance their life skills."

People were supported to maintain good health and were encouraged to access external health care professionals when required. This included making contact with the GP, the mental health team, the community psychiatric nurse and the Bristol Autistic Spectrum Service.

## Is the service caring?

### Our findings

The service was caring. People experienced positive, kind and caring relationships with staff. People's comments included; "It's really good. Most of the staff are understanding. I have a good bond with the registered manager. They're helpful. I go to places where I wouldn't go to before to help with my anxiety. I enjoy their support and company. Sometimes I don't understand things and she [support worker] explains things"; "They're nice and helpful. I feel safe and I would recommend them to people. I know the carers and had consistent carers. I know the manager and she's nice"; "I get on well with them. I trust her [support worker]. It takes time to build a relationship. I trust her and I find it difficult to trust people."

Good relationships had been established between staff and the people they provided care for. Staff spoke about people in a meaningful way and enabled their independence. The service had set up a Service User Forum (SUF) which provided a platform for people to discuss their experiences of the service and issues of their choice. With staff support people set the agenda, arranged external speakers and took the minutes of the meeting. Issues discussed at the most recent meeting included activities for the month and their interests. A member of staff told us; "The service users decide on what they want to talk about. We give ownership to the group. The service users support each other, promote independence and problem solving." One person told us; "I attend the SUF. We discuss activities and get people together. It's good to meet people and make friends."

Support plans contained detailed, personal information about people's on-going support and development needs. This ensured staff could understand and meet people's needs in a caring way. For example to enable one person's independence staff provided support with their debts, assisted with appointments, provided advice on general hygiene and helped with their job search. The person's support worker worked collaboratively with the person and they agreed an action plan of how best to proceed to achieve better money management. One member of staff told us; "We truly focus on service user's needs. It is service user led and we are given freedom to work with people." One person told us; "I get the support I need. My skills have enhanced and my confidence has grown a little bit. I'm happy with Cintre. I'm listened to."

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs such the person's preferred routines. When staff spoke about the people they supported they expressed dedication towards the people they supported. One member of staff told us; "We're flexible and are person-centred. We are about the individual. We're good at listening to clients, hands-on. We offer support. We're professional and we care and we're engaged." Staff were well-respected by people. One person told us; "I feel listened to. Otherwise the relationship wouldn't last. I know I can ask any question and I'll be helped." People were supported with activities, food and a lifestyle that respected their choices and preferences.

# Is the service responsive?

## Our findings

The service was responsive to people's needs. People's needs were met by a staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. People told us they were content with the support they received. One person told us; "It's a line of contact that helps me. I wouldn't survive without them."

An initial assessment is conducted with the person and is focused on what they feel their needs are. The registered manager told us they try to match the person with a member of staff who have common interests and match the person's personality. The service seeks the person's preferences of who they would like to work with, such as a male or female member of staff. The person can also request a change of staff support and the service will do their best to accommodate their request.

Care plans were reviewed formally once a year and if people's care needs changed. Staff responded to any identified issues by amending plans of care, changing activity programmes and referring the person to external health and care specialists, as necessary. The service had referred people to relevant organisations such as the community learning disabilities team, occupational therapist and the mental health team.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred activities were identified. People and their relatives (where requested) had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. The emphasis of the service was being 'user-led.' Each person's care plan included personal profiles which included how best to support them. Staff enhanced peoples' independence and daily living skills. An example of this included where a person was at risk of isolation. Staff supported the person encouraging them to leave their flat and go shopping. Their support sessions were used to discuss their feelings and how best to deal with their isolation and lack of social contact.

Care plans highlighted the person's personal goals. People undertook activities personal to them. People in the service were supported in what they wanted to do. People had access to a wide range of individualised, meaningful activities. This included; relaxation classes, horse riding, volunteering and going to the gym. One person told us; "We have reviews. There's something constantly to do. I have to be active. I need to get things done and use my support hours fully. I plan my support and they listen to what I want. They're very good and we do as much as we can in the space of time we have. I go to singing lessons, yoga, horse-riding and socialising." Another person told us; "If I didn't have support I wouldn't know what to do. They're helpful. They help me with the post and go to places where I wouldn't go to before. I go to relaxation classes to help with my anxiety. I go to the gym to help me lose weight."

The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints file. During 2016 they received one formal. The complaint was dealt with in accordance with their complaints policy and the matter was fully investigated by the registered manager. We viewed a number of compliments about the service. Comments included; "I would like to thank you for being there for

me as well as [person's name]. You have been visiting us for four years and I won't forget your kindness"; and "We feel the service we receive is second to none in the care industry. We have nothing but praise for the way in which our relative is helped and supported and would not know where to turn if we didn't have such a good service."

## Is the service well-led?

### Our findings

The service was well-led. There was a positive culture within the service between the people, the staff and the registered manager. Comments included; "The registered manager is always around. I bring new ideas. I want to make the service effective and give people the opportunity to move on. My ideas are encouraged"; "The registered manager is open and you can approach them about working relationships with clients. They're very open and responsive"; "The door is always open. It's nice to feel appreciated"; "The registered manager is a fantastic lady. Her support over the years has been phenomenal"; and "The registered manager is really good and so is the service. This service embodies peoples' needs. The team are good at reflecting that."

Staff were confident and knowledgeable of all aspects of the service. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns. Regular staff meetings were held and agenda items included people they support, safeguarding, key-working and on-call arrangements. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as trying new activities. These actions were actively supported by the registered manager.

Through regular care plan reviews people were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people to discuss issues that were important to them and proposed actions. People were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals. The people we spoke with spoke positively about their experience of the service and how their confidence and skills had been enhanced.

People, relatives and staff views were also sought through an annual survey. People felt they were treated fairly regardless of age, race or gender and had equal access to services and activities. The area identified which required further development was staffing. Since the survey the service has recruited more staff. Comments included; "All the staff involved in our relative's care, are understanding, patient and do an excellent job"; "Cintre and I have worked together well to make my life easier. I have recommended Cintre to others. I think Cintre are brilliant. Their support and friendship is brilliant. They make a real difference to my lifestyle and my independence."

There were systems in place to monitor the quality and safety of the service provided. This included a programme of audits. The registered manager reviewed service user transition and notable issues, internal operations, staffing, care plans and training. An improvement plan had been formulated with timelines. The registered manager provided a new risk assessment and risk management plan which they have recently reviewed and intend to implement.

The registered manager was aware of their responsibilities in line with legislation. We saw that notifications were made when required, so that CQC were kept informed of important information about the running of

the service. We also observed that their rating from their previous inspection was on display.