

# Croftlands Trust

# Botcherby Ave

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on the 25th September and the 1st October, it was unannounced.

Botcherby Ave is a Croftlands Trust project situated to the east of Carlisle town centre in the Botcherby housing estate. It provides supported living for up to 17 people with mental health issues. The project comprises of single room bedsits and multi room flats which are owned by a housing association.

The manager of the service was new in post and told us the provider (Croftlands Trust) was in the process of re-structuring the way it managed its multiple services. Once the restructure was completed Botcherby Ave will be allocated 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.

The service had sufficient appropriately recruited staff available to support people.

As part of their recruitment process the service carried out appropriate background checks on new staff.

Staff were aware of how to identify and report abuse.

# Summary of findings

Staff had received basic social care training but not all staff had regular training updates. In addition training was required that was specific to the service provided at Botcherby Ave.

The manager had plans in place to ensure that all staff received regular supervision and appraisal.

People who needed support with nutrition and hydration received it.

People told us that staff were caring and treated them with dignity and respect.

Care plans were written in a straightforward manner and based on thorough assessments. They contained sufficient information to enable people to be supported correctly.

The manager had clear standards and was capable of demonstrating to staff as to what these were and supporting them to achieve them. There was a quality assurance system in place at the service.

**We have made a recommendation that the service review their training programme to ensure that all staff are appropriately trained to respond to the needs of the people who use the service.**

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were aware of how to recognise and report concerns about vulnerable people.

There were sufficient staff to provide support to people.

Appropriate risk assessments were carried out.

Good



### Is the service effective?

The service was not consistently effective.

Staff records showed that staff had not always repeated mandatory training in a timely manner. However the manager had plans in place to ensure that this was improved upon.

The service worked in conjunction with other health and social care providers.

People received adequate support with nutrition where necessary.

Requires improvement



### Is the service caring?

The service was caring.

People told us that staff were caring.

People told us that staff treated them with dignity and respect.

There were plans and procedures in place to ensure that people's privacy was protected.

Good



### Is the service responsive?

The service was responsive.

Care plans were based on robust assessments

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Good



### Is the service well-led?

The service was well led.

The manager had clear ideas about the future of the service particularly around staff development.

Staff told us they felt supported by their manager.

There was a quality assurance system in use.

Good



# Botcherby Ave

## 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 checked 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 25th September and the 1st of October and was unannounced.

The inspection was carried out by an adult social care inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with two of the people who used the service. We also spoke with six staff including the manager, a senior manager and support workers.

We looked at three records of written care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

# Is the service safe?

## Our findings

We spoke with people who used the service and asked them if they felt safe when receiving a service from Botcherby Ave. Everyone we spoke with agreed that they did. One person spoke about the sufficiency of staff and said, “There is more staff now.”

During our inspection we noted that there was a minimum of two staff at Botcherby Ave. In addition the manager was present and on one of the days an extra member of staff arrived to support people as they went out into the community. We observed staff working in a calm and unhurried manner, at no point did we see people having to wait an unreasonable amount of time to speak with staff. One person told us, “I ring the buzzer or they come and see me.” People who used the service made us aware that staffing had improved under the new manager.

We spoke with the manager and asked how they ensured there were sufficient staff to meet people’s needs. They explained that staffing levels were based on people’s needs. We saw written documentation that confirmed this. We judged there were sufficient staff to meet people’s needs in a timely manner.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns about them. If staff were

concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We reviewed recruitment procedures in the service. The service provided assurances that all candidates for jobs completed an application form and underwent a formal interview with senior staff present. If they were successful criminal records checks were carried out and references sought. The manager was able to show us documents that confirmed this.

We looked at how the service managed medicines. We saw that there were systems in place to ensure that medicines were stored safely, ordered correctly and disposed of properly. The majority of people who used this service looked after their own medication. The service was aware on the different levels of support that people required and their medicine support plans correctly reflected this.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example people had plans in place that outlined what to do if their mental health deteriorated. These crisis and contingency plans contained information for staff so that they could support people properly and inform other health and social care agencies as appropriate. We noted that the manager was reviewing these plans to ensure they were sufficiently robust.

# Is the service effective?

## Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person commented, “I reckon so, my key worker helped me understand how unwell I was.” Another said, “They are a big help.”

We spoke with staff and asked them if they felt well supported and correctly trained. All staff told us that they were supported by their manager. However they acknowledged that it would be helpful if they received training more specific to their role.

We looked at staff training records. We saw that some had completed regular mandatory training whereas others had not. We noted that some specific role based training was available such as supporting people with alcohol dependency. However we could not find evidence of training on important mental health issues such as supporting people with a personality disorder. We spoke with both manager and a member of the provider’s senior management team. They informed us they were aware that training in Botcherby Ave was not sufficient. They were able to demonstrate there were plans in place to improve this which included specific role based training. We judged that this area of the service required improvement.

**We recommend that the service ensure that all staff training is regularly updated and staff have appropriate additional training specific to their role.**

We looked at supervision and appraisal records for staff. We saw that the new manager was ensuring that supervision and appraisal were carried out as per the provider’s policy.

We examined how the service supported people to make their own decisions. People we spoke with lived as independently as possible in their own homes and were keen to remain there during their recovery with the support of the service. We saw that the service supported people in making their own decisions whilst encouraging them to move forward with their recovery.

We looked at how staff supported people to take adequate nutrition and hydration. Support varied from supporting people to cook their own meals to monitoring people who had been deemed to be at risk of malnutrition. Not everybody who used the service required this support. Information about people’s nutritional intake was documented by staff on a daily basis.

We saw from the written records the service regularly involved other health and social care professionals in people’s care. This included members of the local community mental health team as well as specialists in counselling and substance misuse.

# Is the service caring?

## Our findings

We spoke with people who used the service and asked them if they thought the service provided good care. One person told us, “I trust my key worker I tell her how I genuinely feel.” The added, “She [the keyworker] sticks by me, she does not give up.” Another person who used the service said, “I have come a long way, I have got well here.”

We observed staff supporting people in a kind and caring way. Staff told us that they always ensured that people were given enough support particularly in times of crisis. We saw written daily records of care that confirmed this.

Staff worked hard to build positive caring relationships with people. There was a key worker system in place that ensured that people were able to safely disclose personal information about themselves to an identified member of staff. This meant that people did not have to repeat sensitive, or difficult to discuss, information to multiple members of staff.

We saw that people were encouraged to express their views about their care as part of the recovery process. Staff used this information to ensure that people were supported in a manner of their choosing.

The service ensured that people lived as independently as possible. This was because the service was designed to ensure that people lived safely and independently in their own tenancy. As part of the recovery model of care the people were encouraged and supported to seek tenancies out of Botcherby Avenue.

People told us that staff respected their rights to privacy and dignity. We observed staff ensuring that people were able to have private conversations with them if they chose to do so.

We noted that the service had robust policies that referred to upholding people’s privacy and dignity. These policies were linked with staff training and referred to in the staff handbook. In addition the service had policies in place relating to equality and diversity, this helped to ensure people were not discriminated against.

# Is the service responsive?

## Our findings

We asked people if they knew how to raise concerns about the service they received. People told us that they felt comfortable telling someone if they were unhappy about Botcherby Ave. One person told us, “I know who to tell and I’d tell them straight away.”

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

At the time of our inspection the service had no outstanding formal complaints. The manager explained that she generally attempted to resolve complaints on an informal basis.

We looked at the written records of care for people who used the service. We saw evidence that indicated the

service had carried out assessments to establish people’s needs. People were assessed as to whether they needed support in all aspects of their life. The service used a recovery based model of care in which people were asked about their aspirations for the future.

The assessments were used to formulate care plans. For example if someone wished to access educational courses the staff looked at what was available for them in their local area and what skills were required to access courses.

We looked at the standard of care plans in the service. We found that they were subject to a review by the manager who was keen to ensure that they were all clear and straightforward. In addition the service was starting to use an electronic system. We found evidence that the service was formulating clear and concise care plans that were easy to understand. Staff had written daily notes that corresponded with people’s plans of care.

People who used the service had access to their care plans as a copy was kept in their homes. Reviews of care plans were carried out regularly and involved the person receiving support. Their relatives and other health and social care professionals were invited to these reviews.



# Is the service well-led?

## Our findings

When we spoke with people who used the service it they did not raise any issues to how the service was led. One person commented, “I really like and respect the manager.”

The manager of this service had been in position for approximately 6 months. We found evidence to indicate that she was making improvements to the service. For example she had taken on some key worker responsibility in order to demonstrate the standard that she wished staff to work to. We noted that the support plans she had written as exemplars to staff were of a high standard.

We asked the manager what her vision was for the future of the service. She told us, “I want to have a meaningful service.” She went on to say that she wanted to invest in her staff and equip them with the necessary competencies and skills required to support people appropriately. We were shown examples of people’s supervision records and records of other discussions with their manager. We saw that the manager was working hard to encourage people to identify and overcome barriers to their continued professional development.

When we spoke with staff they were complimentary of the manager’s style and told us that they liked working for the service.

At the time of our inspection we were told that the management structure of the service was under review. However there was a clear management structure in place for this service. The manager reported to an area manager who visited the service monthly and was in regular telephone contact.

We saw evidence that questionnaires were sent to people who used the service. They were designed to ascertain whether people were satisfied with the service they received. The returned questionnaires were analysed and action plans created.

Audits and checks were undertaken regularly. These included paperwork audits, training audit and spot checks on the staff’s performance. The outcomes of audits were analysed by the manager of the service who then used them to improve the way the service was run.

The provider measured the quality of the service by using key performance indicators (KPI). For example the manager regularly reported how many people had progressed through the service successfully. This information was discussed by the senior management team at board level. This meant that the provider was aware of the quality of service being provided at Botcherby Ave.