

Cintre Community Limited

Cintre Reachout

Inspection report

2nd Floor, Shore House, 68 Westbury Hill,
Westbury-on-Trym, Bristol, BS9 3AA
Tel: 0117 9244654
Website: <http://cintre.org/>

Date of inspection visit: 27 May 2015 and 2 June 2015
Date of publication: 15/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 27 May 2015 and 2 June 2015. 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.

There was a registered manager in post. 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.

Cintre Reachout provides care and support to people, mostly young adults, in their own homes. This was the first inspection of Cintre Reachout at this location. The service had previously been based at another location in Bristol.

People said they were happy with the care and support they received. One person, for example, said the support "gave them confidence." People told us they felt safe when staff visited them and provided their support.

Summary of findings

For the most part, procedures were in place to ensure people received a safe service. However, support with medicines was not clearly recorded; there was no policy to help ensure there was a safe and consistent approach from staff.

Staff talked to people about how to keep safe; risks to people were being assessed and plans put in place to reduce these. People's rights were protected because staff understood their responsibilities in relation to the Mental Capacity Act 2005.

People told us they had good relationships with staff. For example, one person said the staff were "good company" and they were "well matched" with the staff who visited them.

Checks were carried out on staff to confirm they were suitable to be working with the people who used the service. Staff received training and support which helped them to do their jobs well.

Overall, people benefited from a well run service. People felt the service was meeting their needs. As part of a holistic approach, people also had the opportunity to develop new skills and to take part in social activities they enjoyed.

We found one breach of the regulations during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

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 not safe in all aspects. A lack of consistent records and a planned approach meant there was a risk the arrangements for supporting people with medicines would not be safe.

People told us they felt safe when staff visited them. Staff received training so they would recognise abuse and know how to report any concerns they had about people.

Procedures were in place to ensure risks to people's safety were assessed and action was taken to reduce these.

Requires Improvement



Is the service effective?

The service was effective. Staff received training and support which helped them to do their jobs well. People's rights were protected because staff understood their responsibilities in relation to the Mental Capacity Act 2005.

People had individual plans which set out the care and support that had been agreed. People received support with obtaining other services they needed in relation to their health and care.

Good



Is the service caring?

The service was caring. People said they had good relationships with the staff. They told us they were well matched with the staff who visited them to provide support.

Staff had got to know as individuals and aimed to support people in a holistic way which promoted their independence.

People were given the opportunity to take part in activities in addition to the day to day care support they received. This enhanced people's wellbeing and helped to reduce the risk of social isolation

Good



Is the service responsive?

The service was responsive. People received care and support which met their needs. They talked to staff about their goals and any changes in the support they received.

Procedures were being followed to ensure that any untoward incidents affecting people were followed up appropriately.

People felt able to raise any concerns and were being asked for their views about the service.

Good



Is the service well-led?

The service was well led. The service was meeting people's needs and staff felt well supported.

Good



Summary of findings

There were arrangements in place for checking standards and to identify where action may need to be taken.

The registered manager had identified ways the service could be improved and developed further; plans were in place for implementing these.

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 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.

Prior to our inspection we reviewed the information and notifications we had received about the service. A notification is information about important events which the provider is required to tell us about by law.

During our visits to the Cintre Reachout office we met with the registered manager and with the organisation's chief executive officer. We spoke with three staff members and with the deputy manager (referred to as 'staff' throughout this report). We looked at policies and procedures and a number of records. These included two people's care records, staff members' employment records, quality assurance reports and other records relating to the running of the service.

On the first day of the inspection we were invited to attend a meeting of a 'Service User Forum' (SUF) that had been set up by the provider. The SUF provided people with the opportunity to pass on their views about the service. After the meeting we spoke individually with three people who used the service.

Is the service safe?

Our findings

People told us they felt safe when staff visited and provided them with support. They said staff talked to them about how to keep safe when at home and when out in the community. People's care records showed risks in their daily lives had been discussed with them. Where risks had been identified, these had been assessed and information recorded. This was so staff would be aware of the risks and what to do to ensure people's safety.

The registered manager told us staff did not administer medicines to people; they said support was limited to checking with the person that they had taken their medicines. This helped to ensure the person did not come to harm if they had not remembered themselves. However, the records did not give a good picture of the arrangements being made for medicines. In one person's care records we read that they needed support to take their medicines in the mornings. The person's plan did not describe how this support was provided. Daily reports showed that staff were prompting the person to take their medicines each day although this was not recorded consistently. There was a lack of information about the management of medicines in general. Staff told us they were not familiar with the provider's policy on medicines and the registered manager said they did not have one.

This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had an understanding of safeguarding and their role in following up any concerns about people being at risk of harm. They said they had received training in safeguarding and there was a written procedure to follow. In the minutes

of staff meetings we read that safeguarding was discussed on a regular basis. This helped to ensure all staff were aware of the type of incidents that can arise and they responded to these in a consistent way.

People told us they were able to speak with one of the staff or management team if they had a concern. The registered manager said there was an on-call system in place; this meant people could talk to one of the staff or management team outside office hours. Notifications we have received from the service showed that people had reported incidents to staff where there was a risk of harm. These had then been followed up with other agencies in order to reduce the risk and to prevent a reoccurrence.

People told us they were supported by staff they were familiar with and who had got to know them well. They found this reassuring and it was easier to talk about any concerns they may have. Staff said they were in the role of keyworker to a number of people; this meant they provided most, if not all, the support that people needed during the week. The registered manager told us bank staff were available to provide people with support if their keyworker or another staff member was not available. Feedback from people and the staff indicated there were enough staff to ensure that visits were undertaken as planned and people received a safe service.

Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been made, for example in order to confirm an applicant's identity and their employment history.

Is the service effective?

Our findings

People said the service was meeting their needs and they were happy with the support they received. One person commented “It gives you confidence” when talking about their support.

People told us they received support from staff in different areas of their lives. This included prompting about personal care; however a lot of support related to matters such as relationships, dealing with finances and managing day to day affairs.

People said staff did what was agreed when they visited and were competent in how they provided support. One person described their keyworker as “fantastic” and told us they had got to know each other well.

Staff members said they were well supported in their work. Training was described as “very good” and staff said that requests for further training were well received. We were told the training covered a range of subjects relating to health and safety, as well as other subjects concerning care and people’s health needs. One staff member said they supported a person with epilepsy and they had received training about this. We heard that training in diabetes had been arranged as this had been identified as a training need for certain staff.

Staff said they attended supervision meetings with their manager. The meetings provided staff with individual time to discuss their professional development and any concerns they may have about their work. Staff meetings were being held on average twice a month. These provided the opportunity for staff to discuss a range of issues and to keep up to date with information about the people who used the service.

Records and the feedback we received from the registered manager showed a structured approach to supporting staff. There was a plan for monthly supervision meetings; a

detailed template had been produced for recording the outcome of each meeting. A resource manager kept an overview of the provision of training across the provider’s services including Cintre Reachout. This included identifying when staff were due to receive further training. A staff member told us that refresher training was arranged and this helped them to maintain their knowledge of the subject.

We spoke with staff who were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare. Staff said the people they visited were able to consent to the support they received. This was reflected in the records we saw; people had signed their support plans to confirm their agreement to them.

People’s plans set out the support they required in order to meet their personal care needs. This included, for example, support with the shower and with having a shave. There was information about what the person could do for themselves; the plans also identified the need for staff to check with the person whether certain tasks had been undertaken, and to prompt them if not. This approach promoted the person’s independence whilst also helping to ensure they maintained their personal care routine.

People received assistance with preparing food and drinks. Information about this was recorded in people’s support plans. The registered manager told us staff were not supporting anyone who had to take their food and fluids by non-oral means.

People received support with obtaining other services they needed in relation to their health and care. This was documented in people’s records. A staff member told us an important part of their job was to “signpost” people to the other services they needed to stay healthy and to be able to live independently.

Is the service caring?

Our findings

People spoke positively about the staff who visited them. They told us the staff were friendly and helpful. People mentioned qualities in the staff they particularly liked, such as staff who shared the same interests and were easy to get on with. One person said their keyworker was “good company” and they were “well matched”.

The feedback we received showed that good relationships had been established between staff and the people they provided care to. People said they usually saw the same staff, except at times of holiday or sickness. They appreciated this continuity and the consistency of support it provided.

Staff told us the matching process formed part of the initial assessment when people started to receive a service. The assessment also included taking people’s views into account, for example about the gender of staff and any cultural and diverse needs. People’s records showed that culture was also being considered in terms of the likelihood of a person experiencing discrimination. Assessments had been undertaken to identify any risks to people and the action that could be taken to reduce these.

People’s records included a lot of information about their personal circumstances and how they wished to be supported. The information had been added to over time and helped to give a good picture of people’s preferred routines and their interests and the things they did not like. This helped to ensure people received support from staff in the way they wanted and which fitted in with their lifestyle.

Staff spoke respectfully about the people they supported. They described a personalised and holistic approach when talking about their roles and support for people. This was seen in the services being offered to people in addition to the support provided by staff on a day to day basis. The registered manager, for example, told us about the opportunities for people to attend training events and to use a computer at the Cintre Reachout office.

The provider had set up a Service User Forum (SUF); this was a means for people to take part in a range of activities which were not part of their everyday care and support arrangements. At the meeting we attended, people decided on social events they would like to take part in and how these would be funded. The SUF also benefited people by giving them the opportunity to develop new skills and to take responsibility, for example by being in the role of treasurer or by chairing the meeting.

One person told us they had “Got more friends” since starting to receive support from Cintre Reachout. Another person commented that the SUF was “Quite a social thing.” Overall, the SUF helped to enhance people’s wellbeing and reduce the risks of social isolation. The meetings of the SUF were also an opportunity for people to pass on their views about Cintre Reachout and to discuss matters relating to the service. Information relating to the SUF had been produced in a pictorial format which helped people to understand it.

Some people chose not to attend the SUF meetings and the provider had other means in place for obtaining their feedback. These included the use of surveys and interviews to gain people’s views about the service. An external organisation co-ordinated the arrangements; this meant that people could pass on their views to a third party who were independent of the service.

The registered manager told us the organisation used different ways of gaining feedback. Some people, for example, provided information by email and other people were met with on an individual basis. The results had been analysed and a plan had been drawn up in response to people’s feedback. A staff member we spoke with was proud of the positive feedback people had given about the staff who provided their support.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. They said they could talk to staff about their support and any changes they wanted to be made. One person told us they had been given a folder, which they described as an “action plan of things to achieve.” They told us this included a list of the goals they had agreed. Another person said they were working on specific goals and they felt their confidence was increasing as a result of the support they received.

One person said they liked the service because it provided support which was varied to meet their needs at the time. Staff told us they aimed to provide a service that was responsive and flexible to take account of people’s individual circumstances. We were told an example of this was the support and advice people received about sexuality and maintaining healthy relationships. This had been arranged using a specialist agency in response to a need that had been identified.

Staff said in the role of keyworker they regularly met with people to talk about their needs and new things they wanted to do. They told us formal review meetings were held at least once a year but could be arranged more often in response to a particular concern. A staff member said the reviews often focused on the level of support people needed to maintain their independence in a safe way. We were told of times when a person’s support had increased as a result; also when a person had been able to manage with a reduced number of hours.

Daily reports were written by staff about people’s care and support. Staff said the reports helped to keep them up to date with people’s needs, for example when they were visiting people after not having provided their support for a few days. The reports provided a summary of people’s day

to day support. Other records were maintained in relation to people’s healthcare, for example when people were supported with making or attending GP appointments. This meant relevant information was available when people’s needs were being reviewed and the outcome of their support was evaluated.

Reports and guidance had been produced to ensure that events and incidents affecting people were followed up appropriately. We saw contingency plans had been produced which set out the action to take, for example if the person was involved in an accident. Incidents involving people had been documented to provide a record of what had happened and the action taken to help prevent a reoccurrence. We saw from the minutes of meetings that information was being shared between staff and learning points arising from incidents were discussed.

Staff said that the regular team meetings were a useful way of keeping up to date with changes in people’s needs. This helped to ensure that staff had good information when they visited people who they were less familiar with. The minutes showed that people’s care and welfare were being discussed at the meetings and any new risks or concerns highlighted. Staff told us that information was also shared more frequently at handover meetings when staff changed during the day.

People said they knew who to speak to if they had any concerns or complaints. We were told about meetings when people met with their key worker and could raise any matters they were concerned about. People had been given information about making a complaint and who they could contact for advice. We saw that the registered manager kept a record of the complaints raised with the service and the action taken in response to these. Letters had been sent to complainants to confirm the outcome and further steps that could be taken.

Is the service well-led?

Our findings

Cintre Reachout was run from the provider's offices in Bristol. A deputy manager provided support to the registered manager with the day to day running of the service. Office based staff had specific responsibilities, for example in relation to the recruitment and training of staff.

People's feedback indicated they were receiving a well run service. We heard from people that the service was meeting their needs and they had good relationships with the staff and management team. One person commented "I'd talk to the manager if there was a problem, but I don't have any."

Staff told us they were well supported in their work. We heard that the work felt "manageable", with good training and supervision provided. One staff member said there was a "thoroughness" in how the service was being organised. The registered manager was described as "very approachable". Another staff member commented "Its not very often they say they can't talk and the deputy manager is the same."

Staff told us they felt able to discuss any issues with their manager or with the provider. They said there was a policy on whistleblowing. They knew this meant reporting any concerns they had about poor practice or wrong doing at work. One staff member described the culture as one of being able to "express concerns". We also heard that it "felt safe" to raise concerns.

Staff understood how their work contributed to the quality of service people received. They were consistent in how they described the aims and values of the service and applied these in their support for people. We were told, for example, there was a "commitment to people" and a focus on enabling people to live as independently as possible.

The provider had produced a policy on quality assurance. This set out a range of actions being taken to check standards and to identify where improvements may be

needed. The registered manager, for example, undertook a number of audits. A representative of the provider also looked at different aspects of the service during a monthly check. We saw a report had been completed of a check made in April 2015.

The registered manager collated feedback about the service and produced regular reports which were received by the organisation's board of trustees. This meant the provider was being kept up to date with the day to day running of the service and could decide on any actions that needed to be taken. The chair of the trustees had been invited to the meeting of the Service User Forum which took place on 27 May 2015. This provided people with the opportunity to raise any issues directly with a trustee; the trustee was able to gain knowledge of how well the service was meeting people's needs. This helped to ensure the service developed in ways which took account of people's views and priorities.

Improvement plans had been produced based on the outcome of audits and feedback received about the service. The registered manager was clear about their priorities since coming into post. These had focused on team building and on developing a consistent approach to supporting staff. Different ways of obtaining people's views had also been established to ensure good feedback was obtained about the service. Our findings showed that there had been positive developments in these areas.

The registered manager had also identified where improvements could be made and the service developed. They had plans to introduce a system of 'spot checks' relating to people's care and support visits. Aspects of the record keeping were also to receive attention. Other developments were related to changes in national guidance and practice guidelines. For example, a staff induction programme had been produced which the registered manager told us was consistent with the requirements of the Care Certificate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person was not making suitable arrangements for the proper and safe management of medicines.</p>