Cartref Homes UK Limited

Ulcomb House

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

We inspected this home on 16 February 2016. This was an unannounced inspection.

Ulcomb House is registered to provide care and support for up to five people who have learning disabilities and or Autism. People were supported to learn life skills to increase their independence and confidence. At the time of our inspection, there were four people living at Ulcomb House. The people had different levels of independence, and required specific individual support.

There was a registered manager at the home. 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 protected against the risk of abuse; they felt safe and staff recognised the signs of abuse to look for. Staff understood their role and responsibilities in reporting any concerns and were confident that any concerns would be taken seriously by the registered manager.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's physical and social needs with details of how the risks could be minimised. This enabled the staff to take immediate action to reduce or prevent harm to people.

There were sufficient numbers of suitably trained staff to meet people's needs and promote people's safety. Staff were aware of their roles and responsibilities and the lines of accountability within the home. Staff received regular supervision and had an annual appraisal with staff meetings three times a year.

The registered manager followed safe recruitment practices to ensure staff were suitable to work with vulnerable people. Staff told us the management was approachable, very open, and supportive. Staff morale was good and staff talked positively about their roles within the home.

Staff were kind and respectful, and were aware of how to respect people's privacy and dignity. We observed that staff had formed very positive relationships with the people. We heard that people were encouraged to make their own choices and decisions, which were respected by staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People who had been assessed as lacking capacity to make decisions for themselves, staff made sure their best interests were taken into account. Staff received training in the Mental Capacity Act 2015 and DoLS to enable them to understand the need for referrals and their responsibilities around best interest decisions.

There was a policy and procedure for the ordering, storage, administration and the return of medicines to the pharmacy. These were followed by staff to ensure people received their medicines safely. People had good access to health and social care professionals when required.

People were very much involved in the care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans.

People were encouraged and supported to pursue activities inside and outside of the home. Staff made people aware of what events were happening within the local community. People were also encouraged to keep active and continue learning.

Health action plans were in place and people had their physical and mental health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals. This ensured they received treatment and support as required.

Residents meetings took place on a regular basis. Minutes were recorded and any actions required were documented and acted on. People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

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.

The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were treated with respect and helped to maintain their independence. People actively made decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced with the individual identifying how support needed to be provided. These plans were tailored to meet each individual requirement and reviewed on a regular basis.

People were involved in a wide range of everyday activities to develop the skills needed to live independently.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one supervisions and staff meetings.

There were comprehensive and effective systems in place to monitor and improve the quality of the service provided.

Ulcomb House

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 16 February 2016 and was unannounced.

Our inspection team consisted of one inspector.

Before the inspection, we looked at the PIR (Pre-inspection review), previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

During our inspection, we spoke with two people residing at the home however they were not able to respond fully to our questions although they appeared to understand more than they could communicate in return. We spoke with three families to understand the service from their point of view. We also spoke with three support workers, the registered manager and the managing director and registered nominated individual.

We observed people's care and support in communal areas during our visit, to help us to understand the experiences people had. We looked at people's records. These included three people's records, care plans, daily care notes, risk assessments, and behavioural records. We sampled a number of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

Good

Is the service safe?

Our findings

The people who lived at Ulcomb House could not tell us if they felt safe. We spoke with people's family and they said that they believed staff did their best to keep their relative safe. One parent told us that they were concerned when first looking at the home for their son. They were concerned about the main road outside as they did not have good road sense. They told us "the staff have bent over backwards to put extra security in place to reassure me that my son would be safe living at the home". The families all told us that they are kept fully informed of any incidents that occur or when people have not been well. Another relative told us "My son was recently unwell and staff followed the care plan to the letter, calling medical assistance and keeping him safe until they arrived. I was notified straight away and kept informed of progress. I am very pleased with the way staff keeps my son safe".

People were protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's support needs and possible risks that had been identified. Through talking with the staff, we found they knew the people living at the home well, and had also understood risks relating to people's individual care and support needs. People were being supported in accordance with their risk management plans. Staff discussed the risk assessments with us and outlined how and why measures were in place. For example, one person needs two staff when out in the community to keep them safe. Staff spoken with were all aware of the persons needs and why safety could be an issue when out in the community. In this way staff had the information so they could keep people safe.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as adults that needed support to live in the community would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the registered manager confirmed this. People could be confident that they were supported by staff who were not known to have abused people in the past. The registered manager had a disciplinary procedure and other policies relating to staff employment in place to deal with any staffing issues effectively.

Staff told us that they had received safeguarding training and this was confirmed by the training matrix kept by the organisation. The staff members were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions should that occur. They said they trusted the registered manager to respond appropriately to any concerns. The staff understood what was meant by whistle blowing, and said they felt confident in whistleblowing (telling someone) if they had any concerns about the way people were being treated by another staff member. The home had up to date safeguarding and whistleblowing policies in place that had been reviewed. We saw that these policies clearly detailed the information and action staff should take to protect people in their care. They also had an up to date copy of the safeguarding protocols supplied by the local authority this tells staff what abuse is and how staff should report this to the local authority the responsible body. Therefore staff knew how to report abuse and keep people safe if they believed abuse might be taking place.

Through our observations and discussions with family and staff members, we found there were enough staff with the right experience and training to meet the needs of the people. We were aware that on the day of our visit the registered manager had needed to cover a member of staff because staff were on annual leave /maternity leave and then someone had rung in sick. We saw that the rota had been covered and everyone in the home continued with their planned activities .We looked at records such as the rotas and the training matrix; these confirmed training had been made available to meet the specific needs of the people who lived in the home. This showed staff were being given the skills and knowledge they needed to provide the specific and safe support for the people residing in the home.

Staff who administered medicines had received training and their competency had been checked. Staff had a good understanding of the medicines systems in place. A policy was in place to guide staff through ordering, administering, storing and disposal of any unwanted medicines. Medicines were booked into the home by staff and this was done consistently with the homes policies. The medicines were stored in a cupboard, the room temperature is checked daily, and medicines are audited weekly. The registered manager showed us that a new medicine cabinet has been ordered to make sure that they meet the storage regulations, as at the moment they do not have storage suitable for controlled medication. People were receiving their medication as prescribed.

The registered manager has introduced PEEP's a (Personal Emergency Evacuation Plan) for each person. This details what staff will need to do if they need to assist people to leave the home in an emergency to keep them safe. Taking in to consideration some people diagnosis of autism, it is important the staff remain calm and practises have taken place so the people know what to do should the situation arise.

Good

Is the service effective?

Our findings

People we met were not able communicate fully how well, staff met the care and support needs, but they did intimate that they were happy with staff. We also spoke with people's family and two of these who have a very close relationship with the home were happy to talk to us about how their relatives received the care and support as they required. They told us that they believed the staff had the skills and understanding they needed to care of their relative. One relative said "The staff have a very good understanding of my son and how to meet his needs. They have been trained to care for him when he is not well and how to keep him calm in situations he is not happy about".

Staff told us that when they go on training they are encouraged to talk about what they have learned. The registered manager told us that the training people had received were discussed during supervision. Staff were required to undertake training to carry out their roles safely. We found this included training on subjects such as safeguarding vulnerable adults, first aid, fire, health and safety, nutrition, infection control and medicines administration. Training is also refreshed to keep staff knowledge current. Staff also received training about specific conditions that people may be suffering from, for example autism, epileptics', and diabetes. Staff therefore had the skills and knowledge to improve the care and support they provided to protect peoples' wellbeing and safety.

Staff told us the registered manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they completed monthly supervision with all staff. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff explained that at their supervision they talked about any training or issues they had encountered since the last meeting. These were discussed along with future training and development needs.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. All staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. Registered manager explained how they supported people to understand information to enable them to make decisions. Registered manager said they broke the task up into small pieces. For example, if someone required assistance with personal care, they first started by asking and prompting the person to wash their face. People were prompted and reminded about advocacy services within their 'service user agreement'. This meant that if people needed help to make a decision, there was information available to enable them to find appropriate support. The care files all followed the principles of the MCA, in that they followed the assumption that people had capacity. There were three capacity assessments which evidenced that these people's did not have capacity in relation to making some kinds of decisions . We were also aware that an application had been made for one person to have their medication put in their food, this is called covert medicating. This must be decided at a best interest meeting, currently the persons GP had authorised and the family were happy for this.

People were involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within peoples care records and support planning documents. We saw in people's care and support plans details of the support each individual had agreed with staff at the home. In the support plan file, there was information such as their personal information, their family, their hobbies and health needs. The plan has been converted into pictures to help people understand what they have asked in the way of support. People and their family were involved in planning what support they wanted and needed. Staff keyworkers go through the plan each month, talking to the person they are especially responsible for. For example, they talk about what they have done that month and what they would like to be able to do in the future. One person's parent said "I know the keyworker goes through the pictures in the care plan and talk about things like where they have been, and whether they would be happy do it again". Staff in this way made sure that people were fully involved in the planning their own support and goals for the future.

Staff worked with health professionals who supported the people who lived at the home. They also supported people to attend appointments and make sure their other physical health needs were met. People could see a GP when they wanted or needed to. People had health action plans in place. These plans provided advice and health awareness information which supported peoples' health and wellbeing. These had been reviewed at least six months or when there had been a significant change.

People had individual health assessments within the care plans and the records were seen of hospital and GP visits. At the moment people are not able to access the GP on their own, so staff monitors their health and make appointments when required. One family member told us that staff know her son well and they make sure when medical intervention is needed they make the necessary arrangements. Care plans recorded these visits and any instructions for staff to follow when required to maintain peoples' health and well-being. The care plans were regularly reviewed and updated in line with the person's changing circumstances. Not all people enjoyed their visits to the doctor, staff did their best to encourage people to visit the doctor if they had medical issues. For example, one plan seen stated that a person required extra staff when visiting the GP for example as they do not like waiting and will often try to leave shortly after having entered the GP's room, so one extra member of staff would conduct the rest of the appointment with the GP and note anything the GP has suggested.

People were supported to have enough to eat and drink. During our inspection, we saw that the people were supported to access drinks when they wanted them, and at meals times. At lunch time, people were encouraged to choose what they wanted to eat and to help prepare something for their selves if able. One staff member said they discussed healthy eating during informal discussions with people. This had resulted in people making better choices when choosing what to eat and buy when shopping for food. Staff member said "We encourage a good choice of meals and we support people to shop and look after themselves with exercise even if that is just parking further away from where we are going"." Another staff member told us" Although we do encourage people to eat the right thing not everyone is open so easily to suggestions. For example we care for one person who has a very limited menu, even down to the packaging of a product. They liked one fruit juice, but when the manufacturer changed the packaging they would not drink it, it took a lot of time to get them to accept the juice with a different label." In this way staff work hard to encourage healthy eating and teach people about a healthy diet.

Staff gained people consent and people were fully involved in all aspects of planning their day. Staff had a good understanding of each person's likes and dislikes and the things that they wanted to learn or achieve. They understood people's identified risks and what they needed to do to reduce or prevent harm. Staff encouraged and enabled people to make their own choices and express their wishes and individuality. Staff also showed they recognise people individually, for one person for example routine is extremely important.

Staff knew that changes can result in the person showing behaviours that may challenge. We saw plans around this persons routines had been comprehensively recorded to prevent the risk of them hurting themselves or others.

Good

Is the service caring?

Our findings

We saw that people were cared for and the staff were all very supportive. People were not able to verbalise well their feeling or experiences, therefore we spoke to their families. Two parents who visit their sons regularly said that staff work with them to care for their sons. One parent told us "I am very happy with the way staff care for my son. I have been extremely impressed with his keyworker, he has become very close to them". They also said "Because he likes them it means he does not like to do things that may upset this person and although he likes other staff to, the keyworker is the person who can encourage him to go to appointments, for example the dentist. Another parent said "I am so pleased with the way staff work with me to look after my son. I know they treat him with respect, and he is at the centre of his care. I know he is well cared for because he never minds going back to the home after his visit to me".

Staff were observed to be caring and supportive. The people living in the home were comfortable and relaxed around the staff. This created an atmosphere where people were happy and if they weren't happy they express this to staff.

People were encouraged to be independent and to have as much choice over their day to day life as possible. Staff told us that they encouraged and enabled people to be involved in making the decisions about how the home was run. We observed the staff providing information regarding events and talking about the experiences they had shared. They talked about positive things people learned and how well they were doing regarding any goals that had been agreed. We observed that people were given time to make decisions, they were not rushed but encouraged to think about their answers. Staff were heard discussing and guiding people to make appropriate choices but at the same time respecting their choice once made. Staff made sure that people living in the home were able to make decisions however limited.

Staff told us that people's relatives were encouraged to visit and made welcome when they did. Arrangements were also made for people to visit their family and continue regular contact. There was one person using the service who was encouraged to use a computer pad to see and talk to the parents every Wednesday. The staff working at the service encouraged this interaction as a way of them keeping in contact even though they go and stay with their parents every fortnight. Their parents said they like this regular contact and it gives them a chance to reassure him.

The staff we spoke with demonstrated a good understanding of the meaning of dignity and how this could be achieved whilst supporting the people in and outside the home. We observed staff interacting with people in a respectful way, they gave people time to respond and talk to people in private when necessary to protect their dignity. Staff also knew how to respect people's confidentiality. We saw that all confidential information was kept secure in the staff office.

Good

Is the service responsive?

Our findings

The relatives we spoke with told us that the staff knew exactly how to support their family member. Staff when necessary knew when to intervene at just the right moment. They felt staff helped people to be as independent as possible. Relatives told us that they knew to complain, however they found because they worked so closely with staff any issues are discussed and sorted out before they become a problem.

Picture complaint procedure was also available on the notice board for the people to see. This was discussed during the monthly review with people keyworkers' to ensure people know how to make a complaint if they wished too. The complaints policy and procedure seen on file clearly informed people how and who to make a complaint to. They also included giving people timescales for action. The complaint log showed that there had not been any complaints in the year.

Care records contained a record of people's assessments, care preferences, behavioural charts and reviews. On one file we saw that they used a Lalemand Behaviour scale to identify what the person's behaviour is communicating. The Lalemand Behavior Scale is a secondary prevention strategy used to recognise and diffuse episodes of challenging behavior. It showed examples of what the person may start doing i.e. being disruptive, destructive, grabbing clothes, and licking. This behaviour could lead to a dangerous outcome which had been identified such as pushing people down the stairs, it tells staff to use NAPPI techniques to guide them away to things they like to do which has a calming influence on him, such as cutting the grass, going out to the cinema, bowling etc. NAPPI is a Non–Abusive Psychological and Physical Intervention program for staff in managing behaviors that may challenge them. Triggers for the persons unwanted behaviour were listed along with the response staff should use, we saw these used, they attempted to kick a member of staff, they were asked by the staff member what their feet were used feet for, they said walking, and moved their feet away.

Staff understood people's needs and knew how to respond to issues in a consistent way. For example, one person has a bed time routine; it detailed what staff needed to do each night when they went to bed. This included what staff should say to ensure the person is able to relax and sleep well. Staff also recorded people's behaviour and any intervention staff had taken when people exhibited inappropriate behaviour. This again showed staff were able to provide a consistent response when people displayed similar behaviours.

People had a very detailed assessment of their needs, which highlighted the support they required. The assessment had led to a range of support plans being developed. We saw the daily notes written by staff over each 24 hour period. These records showed what choices each person had made regarding what they wanted to do or where they wanted to go. Any issues that had risen and any action that had been necessary.

People's care records were updated regularly with them to reflect any changes in their needs. Staff told us that people had been involved in their care/support plan, and that they talked with people about plan every month. For example we saw a change made recently, one person is now learning about their medicines and

is working towards being able to self-medicate. This ensured that staff had up dated information and they could respond appropriately to people's changing needs. For example, we saw one plan had been updated when they had agreed to learn how to manage their own medication. The plan showed that each stage would be encouraged and they would work towards this at their own speed.

The provider sought people and family views about the quality of the service provision by using annual questionnaire. This was also sent to staff, health and social care professionals. The staff told us that completed surveys were sent to head office to be evaluated and the results were used to inform improvement plans for the development of the service. The results were not available when we visited, but surveys were still being returned. Relatives spoken with confirmed that they had been asked to complete a questionnaire.

Good

Is the service well-led?

Our findings

The relatives whose family lived at the home were extremely complimentary about the staff who worked there. They told us that they thought the home was well run and completely met their family needs. One relative said I have every confidence in the way the home was run, communication between the staff and with the manager is excellent. Another relative said that they believed the home to be well run and also confirmed that communication was very good.

We saw people had regular meetings; the last two were in April and October 2015. They talked about an incentive scheme that had been introduced around positive behaviour for two people. The minutes told how the two of the people at the home said they were enjoying this, both saying they liked the charts they were filling in, they liked knowing that were getting chooser to their goal People were asked if here was anything they wanted to complain about ,did they know where to find the information about making a complaint, people pointed to the notice board where this was kept. The meals where discussed and we could see that staff were encouraging people to make healthy options. One person was now enjoying fresh fruit as a choice instead of pudding, and had asked if grapes could be included. They also talked about a fundraising event they decided to arranging a Mad Hatters tea party. People suggested this included bingo, hook the duck and Karaoke. Staff suggested a colouring competition. One person asked if it would be possible to invite people who had moved on from the home to supported living.

Staff told us that the registered manager was easy to talk to about their issues and concerns that may arise. They said that they found the registered manager very supportive and understanding. We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Staff knew the ethos of the home, they explained the importance of people being able to live in a comfortable, safe, and homely environment. That each person should have the support needed for them to grow and become as independent as they can. With people making informed choices and understanding the risks associated with daily life. Staff through one to one support made people take responsibility for their behaviour and their lives. For example, one person we saw at our last visit over a year ago is now being supported in their own home. One staff member said "We try to work in a way, that supports the person to do things with graduated support, so they still feel supported while reaching their goals". Our observations during the inspection and review of the files seen showed that people benefited from the staff following the ethos of the home.

We saw meeting minutes from the last staff meeting 22 October 2015, staff were asked to look at the Christmas rota and the key shifts that would need to be filled. Staff were shown how to use the central heating boiler in the home to make sure the home stayed at a good temperature. They talked about new mobile phones for people to have when they are out and about should anything arise and they need to get hold of people in an emergency. It was decided the shift leader would check these back in. The registered manager reminded staff about filling time sheets. They also had the opportunity to talk about things that

had gone well and make suggests about changes that could improve the lives of the people they cared for. In this way the staff were asked for their views and were listened to becoming an integral part of the running of the home.

The registered manager understood the principles of good quality assurance and used these principles to critically review the home. We found that the provider had effective systems in place for monitoring the home, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as medication, infection control, learning and development for staff and peoples finances. We also saw on file that staff took regular recordings of fridge and freezer temps. Cleaning schedules were completed and the staff made sure that areas of the home were cleaned on a rota basis. In this way the staff and the registered manager were making sure quality audits added to the quality of the service overall.

Necessary checks had been undertaken, such as PAT (portable appliance testing), there were in date electrical and gas certificate. There was a fire risk assessment in place. Fire alarms and emergency lighting had been checked and regularly serviced. The staff explained that where issues were found during the audits the registered manager would produce an action plan, which clearly detailed what needed to be done and when action had been taken by.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent future accidents. Staff told us what incidents they would record and that these would be checked by the manager. One staff described what accidents would also need to be sent the Health and Safety Executive on the RIDDOR form. We saw completed forms and these detailed what had happened and the action taken by staff.

We saw the quality report written by the managing director who visits monthly. It showed what they had reviewed and who they had spoken with in the home. In his February visit they spoke to four people and three staff. He noted that there were regular resident meetings, individually for review PCP they said that these were extremely detailed, shows through gathering of evidence. That people were not admitted without a comprehensive assessment. They also made sure when a person is passed on to another service all possible information is made available. They also talked about recent surveys being very positive about the staff and the home. The health and safety person makes sure that any issues are actioned and there were good levels of audits which had been followed up with repairs and refurbishment. The managing director also made suggestions re-minor revisions to triggers in behaviour guidelines, as terms used sometimes describe the function of behaviour rather than the antecedent trigger. Another action recommended was for the registered manager to remove tags on stair carpet, and for them to enter complaints audit each month on to the complaints log, which they now do.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. We saw from our records that notifications had been sent in to tell us about incidents as required. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

We saw that some polies and procedures were out of date in the file, however we were shown that the new policies were available on the computer system and the registered manager started to replace these during our visit.