Cintre Community Limited

Cintre House

Inspection report

54 St John's Road
Clifton
Bristol
BS8 2HG

Tel: 01179738546
Website: www.cintre.org

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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 12 February 2016 and was unannounced. When the service was last inspected in August 2013 there were no breaches of the legal requirements identified.

Cintre House is registered to provide accommodation and personal care for up to seven people. At the time of our inspection there were six people living at the service. Cintre support people with a diagnosis of mental health and learning difficulties.

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.

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 manageable to meets people's needs safely. Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. Staff had not been supported by a regular supervision programme. The deputy manager has recently re-introduced a regular programme of supervision and they have been booked with staff members.

People were supported with their medicines by staff and they had their medicines when they needed them.

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 had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

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. People and their representatives were involved in the planning of their care and support. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

People's needs were met by a small 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.

There were effective 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.

People were protected against the risks associated with medicines because there were arrangements in place to manage medicines.

Is the service effective?

Good

The service was effective.

Staff received appropriate support through training programme. Owing to personnel changes staff had not been supported by a regular supervision programme. The deputy manager has recently re-introduced a regular programme of supervision.

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

People's healthcare needs were met and the service had obtained support and guidance where 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 demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences.

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.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

Is the service well-led?

Good

The service was well-led.

Staff generally felt well supported by their manager. Most staff members confirmed that they would approach the manager if they had any concerns.

To ensure continuous improvement the manager conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

Cintre 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 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.

The inspection took place on 12 February and was unannounced. The last inspection of this service was in August 2013 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with four members of staff and the deputy manager. We also spoke with four people who lived at the service. Following our inspection we spoke with four relatives.

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.

Good

Is the service safe?

Our findings

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. We observed that there were sufficient staff to help people when needed, such as joining them to go out and when medication was required. In the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff or bank staff. We did note in the records that one person instead of two people worked the night cover. However, the deputy manager advised that this was a one-off exceptional circumstance and the member of staff had access to a duty manager, if required. One member of staff told us; "Staffing levels are maintained generally at the correct level. I always believe that staffing levels are maintained to a safe level."

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 and refresher training had been booked. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us that they would follow their safeguarding protocol and report the matter to a senior manager to take forward. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission. The safeguarding policies and contact numbers were available on the staff notice board.

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.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. The deputy manager told us that the checks were initially conducted by the service and the staff files were held in head office. These 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.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Staff had received training in medication and training for new and existing staff had been booked for 26 February. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded on each person's record. People's care records included a medication profile with information about their individual circumstance and the medicines they were prescribed. The main assistance provided by staff was to prompt people to ensure they had taken their medication at the correct time. People were receiving their medicines in line with their prescriptions. There were suitable arrangements for the storage of medicines in the service and medicine administration records for people had been completed accurately. Where medication errors had occurred we noted that full details of the errors were recorded and appropriate actions were taken to rectify the mistake.

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 medication, physical health, finance and dietary needs. Assessments were reviewed regularly and updated, when required. Within the person's records, appropriate support and guidance for staff was recorded. Examples included of how to keep a person safe if they refused to take their medication. A description of the hazard and likely consequences were identified. Preventative and protective measure instructions were provided, such as the need to be sympathetic and offer support and flexibility around taking the medication. Staff were also provided with clear instructions of what to do and who to contact if the medication was refused within a stated time period.

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, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the registered manager. They reviewed the incidents and accidents and identify any emerging themes and lessons learnt. This analysis enabled them to implement strategies to reduce the risk of the incident occurring again.

People were cared for in a safe, clean and hygienic environment. People mainly undertook their own laundry and cleaning chores on their 'room days.' The rooms throughout the service were well-maintained. The carpets had recently been replaced and the house had been deep-cleaned. Regular equipment and maintenance checks were undertaken. Where actions were required they were taken forward within a reasonable time limit.

Good

Is the service effective?

Our findings

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. We saw information in people's support plans about their mental health and Deprivation of Liberty Safeguards (DoLS). We noted that one application under DoLS had been made. A member of staff told us that they had yet to receive a response from the local authority. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. The deputy manager demonstrated an understanding of the procedures which needed to be followed to apply for a deprivation of liberty, if further applications were required.

We made observations of people being offered choices during the inspection, for example food and activities options were offered. Depending on the specific issues such as medication reviews and placement reviews decision making agreements involved the appropriate health professionals, staff and family members. Where requested we found that the service would communicate with the family about incidents or decisions that affected their relative. One relative told us; "I get involved with care planning reviews and get invited to meetings. I have a good relationship with the key worker. They update me and explain what's going on."

Where needed people had the support of Independent Mental Capacity Advocates (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

Staff completed Mental Capacity Act 2005 (MCA) and DoLS training and understood the importance of promoting choice and empowerment to people when supporting them. The service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. One member of staff commented; "We give people space and enable independence. People's views are encouraged." Throughout the day we observed people coming and going and doing things of their own choice.

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. The deputy manager told us the induction included essential training such as first aid, health and safety and infection control. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. 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. Training was

completed in essential matters to ensure staff and people at the home were safe. For example, training in person-centred awareness, fire safety, and breakaway intervention training had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. The training matrix identified the training that required up-dating and needed to be booked. Additional training specific to the needs of people who used the service had been provided for staff, such as mental health and autism spectrum training had been undertaken by staff. We noted that a two day mental health training session had been booked for all staff to attend in February.

Owing to personnel changes staff had not been supported by a regular supervision programme. The deputy manager has recently re-introduced a regular programme of supervision and they have been booked with staff members. The recent supervisions covered topics such as record keeping, review of objectives, the people that staff support, contribution to the team and organisation, what was working well and not so well. Conducting regular supervisions will ensure that staff competence levels are maintained to the expected standard and training needs are acted upon. One member of staff told us; "Supervisions were not held regularly but a new programme has been put in place."

People's nutrition and hydration needs were met. One person suffered from a medical condition where it was necessary to ensure that their food and fluid was monitored and recorded on the menu sheet and snack chart. No-one had specific dietary requirements but people through their own choice had tried different diets. People tended to help themselves to a variety of cereals, porridge and eggs for breakfast. Lunch choices included cold meats, cheeses and salmon. People were offered a choice of a main meal for dinner and alternatives would be offered if someone requested something different. People were encouraged to eat healthily but if they wanted to eat different food staff members respected their decision. One person thought the food was "amazing."

Good

Is the service caring?

Our findings

People and relatives in the main spoke positively about the staff and told us they were caring. Some relatives felt more was needed to motivate people but thought the staff were good. People's comments included; "[staff member's name] is brilliant, amazing. They help me with my anxiety. When I'm unhappy I can talk to the staff"; "I do feel safe. I love it here. Although the level of communication could be improved." Relatives comments included; "[person's name] in himself seems to be settled and reasonably happy. Staff are very caring. [person's name] does spend a lot of time in bed any their stimulation could be enhanced"; "On the whole the staff are very good they could encourage him to do more. If he's encouraged he will do things"; "[person's name] is happier than he's ever been. Staff are understanding and encourage a level of independence but are aware of his vulnerability" and; "The calibre of staff is very high, all of them are friendly, outgoing, helpful, considerate and very professional in their dealings with residents and family members."

Staff we spoke with aware of the issues of confidentiality and of the need not to disclose people's details to people not connected to the person. One person had expressed a concern that they had overheard a meeting. They told us that they informed the registered manager in order for them to take forward and be aware that conversations could be heard in the meeting room.

Our observations showed that good relationships had been established between staff and the people they provided care for. We observed numerous positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing and asking how people were feeling. Staff continually offered support to people with their plans. Staff at people's request went out with them for coffee. Some people just did their own thing and did not need the support of staff members when they went out. When a person told staff they were feeling unwell they provided reassurance and asked about his welfare throughout the day. In some cases people just didn't want to do much during the day. Although people were encouraged to go out staff respected their decision not to do so and did not push the person. One member of staff told us; "We give people space but if we think they are anxious we will check on them."

Care 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, following a health care professional's advice regarding one person's behaviour and for the protection of others staff had to set clear boundaries around physical touch and challenge inappropriate comments.

One member of staff told us about their keyworker responsibilities. The staff member told us that acted as a support buddy to their allocated person by sorting out any problems they may have. They held regular meetings with the person and ensured their care and welfare needs were met. They also got to know the person's relatives and acted as their first point of contact.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. The level of detail provided by staff members was reflected in the person's

care plans. When they spoke about the people they cared for they expressed dedication towards the people they cared for.

People were provided with activities, food and a lifestyle that respected their choices and preferences. People kept their own personal belongings where they wished to and have their rooms furnished to their own individual taste.

Good

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small 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. We observed that people appeared content living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. People with the help of their key worker identified outcomes to meet their own needs. Care plans were reviewed formally review 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 consulting external health and care specialists, as necessary. Where required we found that the service accessed care coordinators, psychiatrists, advocates and the community mental health team.

An example of this included where a person was at risk of being violent and expressing challenging behaviour. A best interest meeting was held with interested parties which included a specialist counsellor and strategies were agreed to alleviate the risk. Their behaviours were assessed and staff logged all behaviours and these were regularly reviewed. This meant that patterns of behaviour were monitored and the service assessed what was working well and not so well. Clear staff instructions were provided regarding the historical context of their behaviour, potential triggers, how to set boundaries and how to handle the challenging behaviour. All staff we spoke with demonstrated a clear understanding of the person's needs and how to respond to their behaviour. The records indicated and staff confirmed that the level of such behaviour had reduced.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines 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. Each person's care plan included personal profiles which included what was important to the person and how best to support them.

The emphasis of the service was being "user-led" and enabling independence as far as possible. Where one person had difficulty accessing the bathroom due to a health issue the service facilitated the installation of a wet room which now provides functionality and non-intrusive personal care resulting in the person coping on their own. A staff member also told us about a person who had previously been house bound before joining the service. They were previously not enabled to take any risks by themselves. With staff assistance they overcame this by detailing bus routes, documenting stops and timings. They now travel alone.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. People undertook activities personal to them. People in the service were supported in what they wanted to do. Although relatives thought some people could be encouraged to be more active the activities recorded were their chosen preferences. This demonstrated that the service gave personalised

care. One relative told us; "[person's name] is getting on really well. Better then I hoped for. He's got a little job. He engages in lots of activities. He attends an acting group and enjoys this. He enjoys going to the local pub and buys a meal. His passion is music and he goes to see live acts. They enable him to do things he really enjoys."

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. Relatives regularly visited the service and people often went home to stay with their relatives. Relatives all spoke positively about their relationship with the service.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints file. Where issues of concern were identified they were taken forward and actioned. An on-going complaint received by the service was recorded and clearly documented. This ensured there was a clear audit trail of how the complaint was being dealt with. People said they knew how to complain and would approach staff members if they had any concerns.

Good

Is the service well-led?

Our findings

In the main staff and relatives described the registered manager as supportive and approachable. Most staff members confirmed that they would approach the manager if they had any concerns. One staff member told us; "[register manager's name] does his job and does it well. He is approachable and people friendly." One relative told us; "The manager, is an exceptional individual who I think very highly of. The house and the wider organisation is very fortunate to have him on the team." Exceptions were expressed by staff members; "I would like more support on [person's name] mental health needs. There is not a collaborative team approach and this lets the service user's down. There is not enough of a stimulating environment".

Regular staff meetings were held and agenda items included people they support, key working, new staff and rotas. Staff we spoke with now felt supported with their training and supervision programme. Before the appointment of the deputy manager the regularity of supervisions had lapsed. The position had been recognised by the service and rectified by the implementation of a 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 or approaching health professionals where specialist input was needed.

Systems were in place to ensure that the staff team communicated effectively throughout their shifts. Communication books were in place for the staff team as well as one for each of the individuals they supported. We saw that staff detailed the necessary information such as appointments and activities. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book for the service and the individuals.

The service is managed by a board of trustees. The trustees are responsible for the management and administration of the service. They meet regularly to discuss the operation of the service and identify actions that need to be taken forward. To ensure they were kept up-to-date with all aspects of the operation the registered manager was required to provide on their service delivery. We noted that the trustees would forward an action plan to address any outstanding issues. A progress report would be provided by the registered manager at the next meeting. Filling vacant positions has been the active priority and ensuring continuity and cover arrangements for shifts during annual leave periods.

Through regular care plan and keyworker meetings people and their representatives 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 and their representatives to discuss issues that were important to them and proposed actions. People and their representatives 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. One relative told us that they had received a lot of support from the service regarding their relative's medical condition as they have previously felt let down by health professionals. They told us; "Cintre House is outstanding compared to other supported housing set ups I've seen. The quality of the accommodation is good, the support provided by the staff is good and the overall ethos of the organisation is open minded, progressive and genuinely concerned with the well-being of the residents above all else."

The regular house meetings also provided a forum for people to express their views. We found that issues identified by the people had been taken forward by the service, such as the choice of re-decoration and the review of kitchen rules.

To ensure continuous improvement the manager conducted regular compliance audits. They reviewed issues such as; service delivery, finances, care plans, medication and health and safety. The audits identified good practice and areas where improvements were required. Examples of this included the need to refine the risk assessments to ensure that each risk is recorded separately and the form is more structured.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. A housing, health and safety audit ensured home cleanliness and suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.