

Cartref Homes UK Limited

Cartref House

Inspection report

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Date of inspection visit:
17 May 2018

Date of publication:
28 June 2018

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

The inspection took place on 17 May 2018 and was unannounced.

Cartref House is care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cartref House provides accommodation and or personal care for up to six people with a learning disability, physical and sensory needs, including autistic spectrum disorder. The accommodation is provided in a three-storey house with access to garden areas. At the time of our inspection six people were living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 15 March 2016, we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

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.

People continued to receive safe care; risks associated with people's care and support were managed safely and relatives were confident their family members were safe and well cared for.

There were systems in place to keep people safe from abuse or harm.

People received their medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines.

There were sufficient numbers of staff to support people safely. There were suitable arrangements to prevent and control infection.

People continued to be effectively supported by staff who were trained and supported to meet their specific needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had sufficient amounts to eat and drink and were supported to access other health professionals to manage their day to day health needs.

People were supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support.

The accommodation was designed, adapted and decorated to meet people's needs and expectations.

People's needs continued to be met by staff who were kind and respectful. People's privacy and dignity were promoted at all times.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

The service was responsive to people's communication needs in a person-centred way.

People's care plans contained information about their personal preferences and focussed on individual needs. People and those closest to them were involved in regular reviews to ensure the support provided continued to meet their needs.

Staff were supported through supervision and meetings which took place on a regular basis. Staff said they felt supported by the registered manager.

People's feedback was sought and used to improve the care provided.

There was an accessible complaints policy in place and people knew how to make a complaint.

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 CQC.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|----------------------------------------------------------------|---------------|
| Is the service safe? The service remains Good. | Good ● |
| Is the service effective? The service remains Good. | Good ● |
| Is the service caring? The service remains Good. | Good ● |
| Is the service responsive? The service remains Good. | Good ● |
| Is the service well-led? The service remains Good. | Good ● |

Cartref 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.

This inspection took place on 17 May 2018 and was unannounced. The inspection visit was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with five people about what it was like to live at the home. After the inspection, we spoke with one relative over the telephone to gain their feedback on the service. We spoke with four staff members which included the registered manager, deputy manager and support workers. We spent time observing how people's care and support was delivered in communal areas and observed the dining experience at lunchtime.

We looked at three people's records to see how their care and treatment was planned and delivered. We reviewed two staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records relating to the running of the service including staff training records, quality assurance audits, complaints, accidents and incident records.

We contacted health and social care professionals including Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. We did not receive any information of concern.

We asked the registered manager to send additional information after the inspection visit. The information we requested was sent to CQC in a timely manner.

Is the service safe?

Our findings

People continued to experience safe care and treatment at Cartref House. One person told us, "I feel safe here. When I get upset, staff come and talk to me and we start afresh." A relative said, "[Person] is happy and safe living at Cartref House."

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the registered manager knew how to report safeguarding issues correctly. Records showed that staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. The registered manager discussed safeguarding at staff and supervision meetings to maintain awareness amongst staff. Information about keeping people safe, raising concerns and whistleblowing was freely accessible to people using the service, staff and visitors.

The registered manager had suitable systems in place to assist people to manage their personal spending money. This included staff keeping an accurate record of any money deposited with them for safe keeping. There was a record of transactions and receipts were retained for any purchases. This was signed by staff when the money was withdrawn. The system ensured people's money was kept safely. Records evidenced that people had access to finances when they required such as purchasing goods from a local shop.

Risks to people's safety were assessed and managed to reduce risks. There were risk management plans in place for people's health and wellbeing needs in the home environment and when they were out. Staff minimised the restrictions on people's choice and freedom as much as possible, for example people were free to go out and move around the home as they wished. Staff knew people well and worked with them to support them to manage any behaviour that may challenge themselves and others. Staff told us and records confirmed that when incidents associated with challenging behaviour occurred, staff documented what had happened to try and identify what had caused the incident to minimise the risk of reoccurrence.

People's medicines were managed safely in order for them to receive effective treatment. People received their medicines when needed and in their preferred way. People we spoke with were happy with how staff supported them with their medicines. One person said, "I keep a week's supply in my medicine cabinet, staff observe me pop the medicine and we both sign the MAR (medicine administration record) sheet." Another person told us, "Staff check to see if I have taken my medicine." Staff had received training and their competencies were tested annually. There were audits in place which ensured any shortfalls were quickly addressed.

There were sufficient staff to keep people safe and ensure they lived full, active lives. Staffing levels were based on people's dependency levels and were kept under review to ensure people received the support they needed for their daily routine and preferred activities. The provider had suitable systems in place to ensure staff were suitable to work with people. These included conduct in previous employment and Disclosure and Barring Service (DBS) checks. These checks identified if potential staff were of good character

and were suitable for their role.

Accidents and incidents were recorded and considered by the staff team and monitored by the registered manager to reduce the possibility of reoccurrence. This showed us the provider had systems in place to review when things go wrong to ensure that lessons were learnt. Staff told us they had the opportunity to share learning through daily handover meetings and staff meetings.

There were a range of checks in place to ensure the environment and equipment in the service was safe. These included a fire risk assessment, the testing of the fire alarm system, personal emergency evacuation plans, water temperature checks and regular servicing and checks on equipment. Fire drills were held for people and staff to ensure they were aware of what to do in an emergency. There was also a business continuity plan for unforeseen emergencies such as a power failure or severe weather conditions.

People were protected by the prevention and control of infection. The service was clean and personal protective equipment was available for staff and people to use when needed. We saw that staff had received training and followed clear policies and procedures to maintain good standards of cleanliness and hygiene in the service.

The premises were maintained to a good standard and there was a maintenance programme in place. For example, we saw that part of the communal area was recently redecorated. However, on the day of the inspection, we noted that one of the bathrooms was in need of repair as parts of the wall and ceiling were covered in mould. The registered manager informed us that they had raised this with the provider and this was due to be refurbished.

We recommend that this is included in their on-going programme of maintenance and is refurbished.

Is the service effective?

Our findings

Staff continued to have appropriate skills, knowledge, experience and support necessary for them to provide effective care to people using the service. One person told us, "They [staff] do a really good job, they look after us and know what we need." Another person said, "Staff do all they can to support me."

People told us that their care needs were met by the service. They had assessments of their care and support needs carried out prior to them moving to the service to ensure that their needs could be appropriately met by staff. Personalised care plans considered people's needs, choices, views and preferences. People told us they had been involved in planning their care and support and they regularly spoke with staff to review if these were still relevant to their needs. People had access to their care plans which was saved on a memory stick for them to view on their laptop or listen to. One person told us, "I find this helpful and easy. It works for me."

Staff told us they had received appropriate training to enable them to carry out their job role. Staff had an induction and completed a range of training relevant to working in a caring environment. This was updated on a regular basis and provided to meet people's individual needs. One member of staff said, "We have face-to-face training." People and their relative told us they thought staff were well trained and had the right skills to support them. A relative told us, "You can't fault the staff, they do a great job." Staff also said that they had regular supervisions and were supported well by the registered manager. They found consistent support enabled them to carry out their roles well.

People were supported to have enough to eat and drink to maintain good health. At lunchtime, people came in and made their lunches when they wanted to. They all chose what they wanted to eat and were offered support where required, for example, with cutting food or helping to hold bottles to pour out squashes. People were complimentary about the quality of the food and were happy that they were involved in preparing and cooking the food. One person said, "It's really nice. I cook my own food. The Sunday roast is lovely lamb, beef, pork, gammon or chicken and we have 'Yorkshires'." People told us they enjoyed the food and were encouraged to make healthy choices. One person told us they were supported to attend weight watcher's by the registered manager, which gave them confidence. One person said, "I have a menu which I do every Monday for the week. The staff help me decide what to have. If I decide to have scramble eggs I have to work out how many points." People had been offered the opportunity to have their weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. The registered manager and staff worked well with other health services to make sure that people could access the medical treatment they required. Records confirmed that people had received the support they needed to see their doctor and other healthcare professionals such as psychiatrists, specialist nurses, dentists, opticians and dieticians. This meant that people maintained their wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so or themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was meeting the requirements of the MCA 2005. Staff had received training in MCA 2005 and DoLS and understood their responsibility to make sure people were involved in decisions about their care. When people were unable to make certain decisions, staff involved relevant people and professionals when needed, and recorded their actions and assessments appropriately. Decisions made in people's best interest were assessed and recorded appropriately. When people were deprived of their liberty in their best interests, the registered manager had made the necessary applications to the local authority and notified us when approvals had been received. This meant that people's rights were protected.

People told us staff always asked for their consent before providing any support. One person said, "Staff ask me first before doing anything." We noted in the care records we looked at that people had signed consent forms in relation to their care and treatment.

People were encouraged to personalise their rooms and photographs showing people enjoying activities were displayed in the communal areas. People told us they had a choice of having a double bed if they wanted to and had a key to their room. People had participated in redecorating the communal areas in the service, which contributed to making it a homely environment. People had access to a secure garden, which they made use of in warmer weather. This meant people had access to safe, outside space for activities or to see visitors privately. We saw one person hanging their clothes on the line in the garden.

Is the service caring?

Our findings

People using the service told us that the staff treated them with care, respect and kindness. One person said, "They are all caring. They all help you and talk to you if you have problems." People said they liked the staff and they looked relaxed and happy in the company of staff. A relative told us, "All the staff are kind and caring. [Person] is very happy there."

Staff knew people well and treated them as individuals. Staff used various methods to support people to communicate their needs, for example staff used Makaton, which is a system which uses signs and pictures. All staff received training in how to use Makaton. People were provided with information in ways that helped them to make decisions about their care, for example in a pictorial format. They were also supported to access advocacy services, which help people to enable them explore and voice their opinions. This showed that people were supported to have as much choice and control over their lives as possible.

People were supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. A relative told us that the registered manager encouraged their involvement by keeping in touch with them on a regular basis.

People were encouraged to live an ordinary and least restrictive life as possible. They were encouraged to participate in some household tasks such as cleaning their rooms and we saw people cleared their things away after eating. One person told us, "I clean up my room and the corridor. I also sweep outside the front."

People's care records included an assessment of their needs in relation to equality and diversity. The provider looked at ways to meet people's cultural and religious needs. Staff understood the importance of maintaining people's privacy and human rights. People were free to choose where they spent their time, such as in their own room or in communal areas and they could move freely around the service. One person said, "I can go in the garden. I am a smoker. I can smoke when I like." Another person said, "It is better than my other previous placements. I get more freedom here. I don't think they could do anything better." Throughout the day, staff demonstrated they respected people's privacy and dignity. They announced their arrival when coming on shift and knocked on people's bedroom doors before entering. One person told us, "Staff knock on the door before they come in."

People were supported to maintain important relationships and have visitors whenever they wished. One person was looking forward to going out and visiting their mum in the evening. Other people told us they go and visit their relatives over weekends. A relative told us they were made welcome at the service and felt involved in their family member's care. They said, "We always feel welcome. The service has a friendly and homely atmosphere to it." One person told us that they had developed friendships with people who lived in a neighbouring service also owned by the provider and were free to socialise together.

Staff were aware of confidentiality regarding information sharing. People's confidential information and records were stored appropriately and securely in the office.

Is the service responsive?

Our findings

The service provided to people was flexible and staff responded to people's needs. Each person had detailed care plans in place that identified how their assessed needs were to be met. These also included information on their background, hobbies and interests and likes and dislikes. A relative said, "[Person] has made friends and does activities which he chooses and enjoy."

The registered manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. The service was working according to the framework.

Staff knew people well and understood their individual needs and preferences. Care plans included detailed assessments, and took into account people's physical, mental, emotional and social needs. Some parts of the care plans presented information using pictures so that they were more accessible to the people concerned. Care plans were regularly reviewed and updated if any changes had been identified. A relative told us they were invited to attend review meetings and were kept informed about their family member's changing needs. Relevant health and social care professionals were involved where required. Health professionals' advice was listened to and acted upon by staff. There was a keyworker system in place which enabled people to have a named member of staff they met with on a regularly basis to talk about all aspects of their support, such as activities they had taken part in, their wellbeing and important relationships.

People received care and support that was planned and centred on their individual and specific needs. Care plans were focussed on the individual's strength, for example, 'I take pride in my appearance, I am able to recognise when I feel unwell and I know my diagnosis and limits.' Care plans were sufficiently detailed to guide staff on the nature and level of care and support they needed, and in a way people preferred.

The registered manager and staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance and recognising the importance of appropriately supporting people who choose gay, lesbian and bisexual lifestyles. The registered manager and staff were supporting people to seek out and attend gay bars and people had received relationship therapy as per their request.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff was aware of any changes to people's care needs and to ensure a consistent approach. A handover meeting is where important information is shared between the staff during shift changeovers.

People's activities programmes were designed to meet their specific needs and they were encouraged to take part in activities they enjoyed, for example, arts and crafts, shopping, bingo clubs, listening to music

and attending concerts. These were provided within and outside of the service, reflecting people's interests. One person told us, "I go bingo on Tuesday, down town on Friday and I do catering when staff have training; I do their sandwiches." Another person said, "If it is a nice sunny day I go to the beach. Sometimes we walk to the local shop to get an ice cream and drink."

The service had a complaints procedure which was accessible by people, their relatives and others interested in the service. People were encouraged to raise any concerns and complaints in sessions with their key worker or during meetings. A relative told us that if required, they would raise any concern or complaint and were fully confident this would be acted on. The provider had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

The service continued to be well-led. People told us the registered manager was friendly, approachable and always there to talk to. The relative we spoke with was complimentary about the management. They said, "Management is visible; there is always someone you can talk to."

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by a deputy manager and team leader in the day to day management of the service. Staff told us that the registered manager was respected and valued their involvement and feedback. The registered manager was described by staff as supportive and positive. The registered manager had an emphasis on the wellbeing and retention of staff. A relative said, "The service is very welcoming. We always feel welcomed when we drop [person]."

The registered manager and staff worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Care records showed evidence of professionals working together. For example, GP and consultant psychologist. Regular medical reviews took place to ensure people's current and changing needs were being met.

People told us the service was well managed, and that all staff were approachable and helpful. People said, "Staff help us with our emotions or problems" and "[Registered manager] listens to us." There was a positive culture within the service which promoted a person-centred approach, openness, and inclusive working with people using the service and their relatives. The television remained turned off throughout the inspection and people did not want it on either. There was no background noise present. Staff engaged with people and clearly understood them and how to respond to them.

People, staff and relatives were asked for their feedback through surveys, questionnaires and reviews. People were complimentary about the quality of the service and this was reflected in the positive feedback they provided. They felt consulted about developments and management of the service during meetings. One person told us, "We were asked about the decoration of the service and we all helped." People felt listened to. One person said, "I asked to have my own supply of toilet paper in my room as there is sometimes none in the toilet (other people use it all)."

There were systems in place to help staff to be clear about their responsibilities. This included having a senior member of staff who was in charge of each shift. There was an on-call system in place, where a senior member of staff was available to give advice and assistance to staff during out of office hours, should this be needed. Staff told us that they had regular staff meetings, where they had the opportunity to have open and honest discussions and share learning when things were working well or when things had gone wrong or

could be improved.

Staff remained motivated. The provider had initiatives such as employee of the month, a monthly lottery scheme and annual amenity funds, which was available for team building activities, such as Christmas meals. Staff had regular supervision meetings which gave them an opportunity to discuss how they were feeling and any training needs. This helped to ensure that staff were suitably supported to care for people in the right way.

The provider had effective systems to assess and monitor the quality of the service. The registered manager completed regular audits and took appropriate action to rectify any shortfalls in a timely way. The director worked closely with the registered manager, supporting them and providing a thorough oversight of these processes. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. This ensured that the provider continually improved the quality of care provided to people using the service.

The registered manager understood the requirements of registration with us. They reported significant events to us, such as DoLS applications and safety incidents, in accordance with the requirements of registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the service and on their website.