

Cintre

# Cintre House

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Cintre is a residential care home for up to seven people with mental health needs. Some people may also have learning difficulties. There were five people living in the home at the time of our inspection.

At our last inspection 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.

The individual domain Effective was rated Good at our last inspection but at this inspection it was rated Requires Improvement. This is because we found that although staff and the registered manager understood the principles of the Mental Capacity Act 2005 (MCA), some improvement was required in the recording of decision making and gaining consent. We have recommended that the service reviews its practices to ensure they are fully complying with the requirements of the Act.

The service was safe. People told us they felt safe and that there was always staff available if they needed them. People received safe support with their medicines, these procedures had recently been reviewed following some administration errors identified by the registered manager.

People were supported by staff who were kind and caring. It was evident that positive relationships had been built between people and staff. Staff treated people with dignity and respect

The service was responsive to people's needs. Staff understood people well and knew the signs to look for that people's mental health might be deteriorating. People were able to follow their own hobbies and interests.

The service was well led. There was a registered manager in place supported by a deputy. Staff told us senior staff within the organisation were approachable and they felt able to raise concerns and voice their opinions.

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

We always ask the following five questions of services.

### Is the service safe?

The service remained Good.

Good ●

### Is the service effective?

The service was Good at our last inspection and Requires Improvement at this inspection. This was because records did not show that the service were fully compliant with the MCA.

Requires Improvement ●

### Is the service caring?

The service remained Good.

Good ●

### Is the service responsive?

The service remained Good.

Good ●

### Is the service well-led?

The service remained Good.

Good ●

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## **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 15 May 2018 and was unannounced.

The inspection was undertaken by two Adult Social Care Inspectors. Prior to the inspection we gathered information available to us including the PIR. The Provider Information Return is a form completed by the provider to tell us how they are running the service and any improvements they plan to make. We also reviewed notifications; these are information about specific events the provider is required to tell us about by law.

We spoke with two people using the service and one relative. We gave opportunity for all of the people using the service to speak with us but some people declined. We spoke with two members of staff as well as the registered manager. We looked at records for three people, as well as other records relating to the running of the home such as audit, complaints and medicines records.

## Is the service safe?

### Our findings

The service was safe. People told us they felt safe and well supported. They also told us that there were always staff available if they needed someone to speak with. We saw that people appeared content and at ease with the staff supporting them.

Systems were in place to minimise the risk of employing unsuitable staff. Disclosure and Barring Service (DBS) checks were carried out on newly recruited staff. These checks identify any convictions a person had and whether they are barred from working with vulnerable adults. References were also checked from previous employers

Staff were confident about safeguarding vulnerable adults. They confirmed they had received training in the topic and knew what to do if they had concerns. Staff were confident that their concerns would be listened to; they identified signs of abuse such as physical marks or bruises on the skin or a decline in a person's mood and general wellbeing.

There were risk assessments in place so that there was consistent guidance for staff to follow when providing care and support. These were reviewed regularly to ensure they were up to date and reflected the person's current needs. For example we saw one risk assessment for a person travelling in the car. Measures in place, included ensuring the person was seated at the back of the care to ensure they couldn't distract the person driving.

People's medicines were stored safely in a locked cupboard so that they were only accessible to people authorised to do so. Most medicines were delivered from the pharmacy in a blister pack, with medicines organised in to the days and times they were due to be given. Some people had PRN 'as required' medicines prescribed and stock checks of these were made so to help monitor that people were receiving their medicines as prescribed. The registered manager told us how they had made changes to the administration process recently in response to some errors that had occurred. They told us that all medicines were now administered in a small office to reduce distractions for staff.

There were arrangements in place to ensure people were safe in emergencies. One person we spoke with confirmed they had been involved in a fire drill and told us where they had to go if the fire alarm sounded. There was a fire risk assessment in place and fire equipment was checked regularly. Accidents and incidents were recorded and viewed by the registered manager. Action was taken to prevent reoccurrence.

## Is the service effective?

### Our findings

There was an understanding of the principles of the Mental Capacity Act 2005 (MCA) amongst staff; they were able to tell us about key principles of the legislation and how they put it in to practice with the people they supported. We also saw how the service sought consent for day to day issues such as the use of photographs. However, we did identify some areas where it wasn't clear that the service had fully implemented the MCA. In one case, a significant decision had been made in relation to a person's support. The registered manager showed us email communications demonstrating that the issue had been discussed with relevant professionals. However, there wasn't a clear overall record of how the service had made the decision and taken in to account the views of the person concerned. We also noted that CCTV was in use in communal areas. It wasn't clear from records whether this had been discussed with people in the home and their views sought. The registered manager showed us a letter they were due to give to people explaining new legislation around data protection and how this applied to CCTV use. This would help people understand issues relating to their privacy. However the CCTV had been in place for some time prior to this.

We recommend the service review processes and procedures relating to consent and the MCA to ensure they are fully embedded in to practice.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was one person in the home who had a DoLS authorisation in place. This documentation had been completed recently and the registered manager was aware that they needed to send CQC a notification.

Staff were positive about the training and support they received. They told us it covered key topic such as safeguarding vulnerable adults, Mental Capacity Act and supporting people with mental health needs. Staff confirmed they had opportunity to meet their line manager formally to discuss their performance and development but also felt comfortable and able seeking support at any time. Newly recruited staff completed the Care Certificate. This is a Nationally Recognised qualification that provides staff with the skills required to work in the care sector.

Issues relating to culture and identity were identified and support provided. For example, one person was being supported in their choice to not follow the usual dietary norms associated with their family religion. It was also clear from people's records that staff identified from where possible relationships were developing between people in the home. This was discussed with the individuals concerned so that appropriate support could be provided.

The service worked with health and social care professionals where necessary to meet people's needs. We saw records to demonstrate for example that the support of a specialist had been sought to manage aspects of one person's behaviours.

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring. People spoke positively about staff and told us they got on well. One relative told us how much better their relative had been since moving to the service.

Throughout the day we saw staff speaking with people in a caring and respectful manner. Staff used appropriate humour and 'banter' to encourage and motivate people. We saw staff engaging with people, sitting outside playing card games for example. Staff respected people's individual space, by knocking on doors before entering. Staff were aware of people's dignity; reminding them to close the door for example when using the bathrooms. The registered manager also told us how they stock toiletries for people to use in case they ever ran out of their own.

People were encouraged to be independent as far as they were able and effort was made to support people with their long term aims. For example, one person told us they were hoping to live independently in the future. Within the home, they had facilities to support them with this goal. They had their own flat with washing machine and facilities to make tea, coffee and snacks. An evening meal was provided by the home but staff told us how some people occasionally made their own and they were supported to do this.

## Is the service responsive?

### Our findings

The service was responsive to people's individual needs. Staff understood people's individual needs and preferences well and supported them in following their chosen activities and hobbies. One person told us about the musical activities they enjoyed and another told us they often went out to play football.

There were communal areas in the home where people were able to meet family and spend time together. We saw one person and their family playing pool together in one of the lounges. Staff also told us about a cooking event that was taking place that evening for vegetarian week.

The service had demonstrated a highly personalised approach for one person in particular. This individual concerned had a long term aim of living independently but whilst they had some support needs still, difficulty had been found in identifying the right provision for them. In response to this, the registered manager had tailor made a package of care for them. A new flat had been created for them by adapting the existing building to meet their needs. The person declined to speak with us during the inspection but the registered manager told us this arrangement had worked well for them.

People had clear support plans in place. These outlined people's needs and how they would be met. There was information included about people's mental health conditions and signs that their mental health may be deteriorating. This helped staff identify at an early stage when someone might be becoming ill and employ strategies to support them. Staff were knowledgeable about the people they supported, providing examples of behaviours that might suggest deterioration in their health. Plans were person centred in nature and recognised the aspects of people's lives that were unique to them. For example in one person's plan we read about the phrases they used when talking and what they meant in different contexts.

People and their relatives told us they had no complaints but would be happy to raise issues with staff or the registered manager if they needed to. There was a process in place to manage and respond to complaints.

## Is the service well-led?

### Our findings

The service was well led. There was a registered manager in place supported by a deputy manager. Staff were positive about working for the organisation and felt there was good teamwork within the staff team. All felt that senior staff were approachable. We saw how the registered manager was visible within the service, talking and interacting with people throughout the day. This helped ensure they were familiar with people and what was going on in the home.

We saw how the Chief Executive of the organisation was involved with the service; on the day of the inspection they arrived at the home with supplies for an event that evening. We saw how they knew people in the home by name and people responded, clearly knowing who the Chief Executive was and chatting with them about what they were doing.

There was an open and transparent culture within the home where staff felt able to voice their opinions or concerns. It was clear that where problems with the service had occurred, this was used as a learning opportunity and processes changed. For example, some concerns had arisen in relation to medicine administration. As a result, changes to the process had been made to minimise the risk of errors recurring. We also discussed with the registered manager concerns that had been reported prior to the inspection in relation to employment issues for a particular member of staff. The registered manager told us how they had learnt from this situation (which occurred prior to them being in post). For example, we were told that there was a greater emphasis on carrying out exit interviews for staff choosing to leave the organisation.

The registered manager had a system for monitoring the quality of the service provided. This included a monthly audit of the home. However this was under review because the provider had just employed a new member of staff with responsibility for quality and compliance who would be reviewing and establishing consistent procedures across all the provider's services. We discussed with the registered manager how it might be useful to carry out more detailed audits of certain areas such as infection control, to ensure they would identify any issues.