

Cartref Homes UK Limited

Whiteleaf Cottage

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	

Overall summary

We inspected this home on 9 September 2015. This was an unannounced inspection.

Whiteleaf Cottage is registered to provide accommodation and personal care for five persons who have a learning difficulty and or Autism. The people needed support to understand their particular conditions; identify triggers for unwanted behaviours and learn life skills to increase their independence. At the time of our inspection, there were four people who lived in the home. The people were fairly independent, but 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.

Summary of findings

People were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

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 and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable 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 attended regular supervision, had an annual appraisal and regular team meetings.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role at the home. 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.

We observed that staff had developed very positive relationships with the people who used the service. Staff were kind and respectful, and were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff. They found staff provided really helpful advice.

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 and made sure their best interests were taken into account. Staff were still supporting people to make choices and also 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.

The systems for the management of medicines were followed by staff and 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 is happening in the local community, such as festivals that they wish to attend. People were also encouraged to keep active and continue learning. For example, one person likes to help out the local church.

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. Those people who were able make their own appointments with their GP attend unsupported were encouraged to do so.

Staff meetings and 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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.

Good



Is the service effective?

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.

Good



Is the service caring?

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.

Good



Is the service responsive?

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.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

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 meetings and staff meetings.

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

Whiteleaf Cottage

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 9 September 2015 and was unannounced.

Our inspection team consisted of an inspector and one expert-by-experience who carried out interviews with people using the service. Our expert by experience had experience of using health services including hospital inpatient and outpatient clinics, care for people with learning difficulties and autism.

Before the inspection we looked at 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 three people residing at the home and five support workers. We also spoke with the registered manager by phone. Other health and social care professionals who have a connection with the people living in the home. These included local authority care manager and commissioners of services.

We observed people's care and support in communal areas throughout 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.

Is the service safe?

Our findings

The people who lived at Whiteleaf Cottage told us that they felt well supported and safe.

Staff told us that they had received safeguarding training in the last year and this was confirmed by the training matrix kept by the home. 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 worries. The home had up to date safeguarding and whistleblowing policies in place that had been reviewed in the six months. 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. Staff knew how to report abuse and keep people safe if believed abuse might be taking place.

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. The 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 often becomes challenging half an hour before bed time. Staff were able to tell us how they calm the situation and prevent this from happening.

The management of risk was discussed with the people using the service. People told us that staff spoke to them about taking risks and what could happen. One person said "I have been angry lately and this has affected others. I have been given more support due to this being a stressful time in my life. The staff have looked after me and made sure I understand what I have done and how what I do

affects others." One member of staff told us "We offer feedback and write notes to support people; we encourage and talk with them to consider how to manage their emotions and behaviour." People were being helped to understand what risks are and how to reduce any harm to themselves or others.

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 weren't known to have abused people in the past. The provider had a disciplinary procedure and other policies relating to staff employment.

Through our observations and discussions with the people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people. 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 we spoke with 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. This resulted in people receiving their medication as prescribed

There was a plan staff would use in the event of an emergency. This included arrangements for people to be evacuated which was clearly documented in their care folders. There was also a policy and procedure for emergencies outside of normal hours, or at weekends or bank holidays.

Is the service effective?

Our findings

People told us that their needs were well addressed by trained staff. One person said, “Whenever I ask questions they know the answers, they tell me when they go on training; they certainly know how to look after me”.

Staff told us that when they go on training they are encouraged to talk about what they have learnt and put it into practice when they return to work. For example one staff member told us “I have recently started my Care Certificate and I really enjoy it. I have learnt a lot so far and I can apply what I have learned here. I have a mentor who supports my training and this is regular and consistent.” 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. We saw on the training matrix that training is also refreshed to keep staff knowledge current. Staff had the skills and knowledge to improve the care and support they provided to protect peoples’ wellbeing and safety.

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. People told us that they were involved in planning what support they wanted and needed. They said that staff go through the plan each month. They looked at what had been achieved and talk about what had not gone as well. One person said “We have a book we fill in, we put in there what we have done and how we feel, we can write what we like in there. I write down if I am not happy and why that is, but I’m Ok most of the time”. In this way staff 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 monthly 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. Staff told us that three people currently living in the home could access the GP on their own. 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. The plan changes plus the handover of information between shifts ensured staff provided care and support appropriately.

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.

People were supported to have enough to eat and drink. During our inspection, we saw that the people helped themselves to drinks and offered drinks to others. At lunch time, people were encouraged to choose what they wanted to eat and to prepare this for themselves. 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 buy. Another member of staff discussed how different themed meals were developed with the people. We saw this was highlighted on the noticeboard, one person told us that they had tried Chinese, Indian and Spanish meals. Another person said “We have a good choice of meals and staff support us to shop and look after ourselves by sharing ideas on what is bought.” Another person told us “We all together picked the plums off the plum tree as we all help to look after the garden. We have made plum crumble, plum chutney and are waiting for the apples to start falling off, so we can cook them.” In this way staff were able to encourage healthy eating and teach people new skills.

Staff gained people consent and people were fully involved in all aspects of planning their day. Staff had a good

Is the service effective?

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. For example one person told us "I trust the staff as they talk to me and help me to do things I like to do. I went recently to Brands Hatch to see the Superbikes and I like to keep busy, so the staff have helped me do window cleaning and help at the local church." The person showed us a T-Shirt they themselves made to wear to undertake the window cleaning. Staff encouraged and enabled people to make their own choices and express their wishes and individuality.

The notice board which was present was well maintained and had relevant information including content on the Mental Capacity Act which was communicated in an easy read form. There were also photos of trips people had been on and events which were coming up, plus relevant information for engaging the local area such as local bus timetables.

Is the service caring?

Our findings

People told us that they felt well cared for and the staff were all very supportive. One person commented on the ease of talking to staff about things personal to them. They said, “the staff have looked after me, I get upset about my mum, who isn’t here anymore. I miss her and the staff have helped me take flowers to her memorial, I was able to say a few words to her. I was also able to take photos of the flowers and this makes me feel better.” Staff knew people they were supporting very well. They had good insight into the people’s individual interests and preferences. We asked people if staff always asked them what they wanted to do each day, one said “The staff know that reading helps me and I want to improve my reading as it is something I want to do. I have got a certificate from the Library up the road” People told us that they were able to discuss and make choices which promoted their self-confidence and independence. This showed the support staff offered to enable people using the service to follow their own interests.

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 to speak up and express themselves.

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 them to be involved in making the decisions about how the home was run. We observed the staff providing information regarding events and experiences they had shared. They talked about positive things learned through the event or experience which the people could then comment and reflect on. 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 opportunities regarding a person’s support and the wider social opportunities, the person was fully involved in this two way discussion. Staff made sure that people living in the home were able to make informed decisions.

Although we saw the staff concentrated on individual support we observed that staff also encouraged share

activities within the home. For example one person told us “The staff work hard and are always available to talk to and spend a lot of time sharing the day with us. We watched the England football game on television all together during the evening and also work together in the garden.” Staff said that as with any group of people living together they don’t always get on. A staff member said “we are here to defuse situations, but we also help people to learn what behaviour is acceptable and what isn’t.”

There was a good rapport between the staff who worked at the service and people using the service which was communal and respectful. The environment was of a good standard and there was a wall with peoples hand prints on. People who stayed at the service were encouraged to leave their hand print and leave a message for other residents which was positive and inclusive.

Staff told us that people’s relatives were encouraged to visit and made welcome when they visited. Arrangements were also made for people to visit their family and continue regular contact. There was one person using the service who discussed how they kept in contact with one of their relatives, by sharing time through online games. The staff working at the service encouraged this interaction as a way of keeping in contact. The person told us “I am able to play games online with my cousin and we can talk, spend time together and share playing the competition online”.

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.

The staff told us that advocacy was available for the people if they wanted or needed this. They had information about an advocacy service that they could contact. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

The person told us that the staff knew exactly how to support them and intervened at just the right moment. They felt staff helped them to be as independent as possible. People told us that they were able to complain about issues relating to care and other peoples' behaviour. One person said "I know how to put a complaint to staff and I am given a date when this will be followed up by. People help me, they take my complaint and this goes to staff and the manager."

Complaints had been responded to appropriately. The staff discussed with us the process that would be used for investigating complaints and we found that they had a thorough understanding of the complaints procedure. We saw that the complaint procedure was also available on the main notice board. The complaints procedure clearly informed people how and who to make a complaint to. They also included giving people timescales for action. There was also a picture version for people who could not read confidently. People told us that they were able to complain about issues relating to care and other peoples' behaviour. One person said "I know how to put a complaint to staff and I am given a date when this will be followed up by. People help me, they take my complaint and this goes to staff and the manager." We saw the completed complaint form, which a person living at the home had submitted. The investigation had been completed and the staff had gone back to people with the outcome, and what had been put in place to prevent this happening again.

Care records contained a record of people's assessments, care preferences and reviews. Staff understood people's needs and knew how to respond when things were not going well. For example, one person told us "I lose it sometimes, start shouting and things, but staff are there and they help calm me down and keep me from doing something really bad or stupid".

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. Staff also recorded people's behaviour and any intervention staff had taken when people exhibited inappropriate behaviour. Staff were able to provide a consistent response when people displayed the same behaviour again.

People's care records were updated regularly with them to reflect any changes in their needs. People told us that they had been very involved in writing their care/support plan, and that staff talked with them about it every month. This ensured that staff had access to up to date information and they could respond appropriately to people's changing needs. For example, we saw one plan had been updated when there had been a change in the person's emotional state. It detailed what signs staff needed to be more aware of regarding the person behaviour and what caused inappropriate outbursts.

House meetings took place every four to six weeks. We saw in the last house meeting that people were asked how they felt about a person's behaviour. One person had said 'they just go to their room if it kicks off', another said 'there should be a zero tolerance policy on that sort of behaviour'. The situation in the home had been discussed and action was being taken to reduce the effects on the other people living at the home.

The provider sought people's and others views by using annual questionnaires to people, staff, health and social care professionals and relatives to gain feedback on the quality of the service. 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 had been returned recently.

Is the service well-led?

Our findings

The people who live at the home were extremely complimentary about the staff who worked at the home. They told us that they thought the home was well run and completely met their needs. People found that staff listened to their views and were receptive to their suggestions on how to improve the service. People said, "The staff are always interested and they listen to what we have to say".

People discussed the open nature of being able to talk about their issues and concerns and also of issues which had presented challenges for some people. One person discussed how they were supported to understand their challenging behaviours from the perspective of others. They said "I understand what I did and I knew I had to be talked to by people. They understood me and I know that I should try to talk more first."

The staff spoken with about the organisation said that they felt it was well-led. Three members of the staff had worked at the service for over eight years, they stated that they felt they could easily express concerns and make suggestions about the running of the home and they were listened too.

Staff knew the ethos of the home, they explained the importance of people being able to live in a comfortable, safe, and homely environment. Each person had agreed clear boundaries which were consistent but also flexible to encourage people to grow. 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 the person who was prone to outbursts coming to understand the effect they were having on the people around them. One staff member said "We try to work in a way, that supports people to do things on their own, but with graduated support, so they feel comfortable and feel supported and encouraged" Another staff member said. We are guided by the individual needs of the people who live here and their wishes. We try to make this home like a real home, homely and safe. We help people to understand how their behaviour affects other people around them." Our observations during the inspection saw this to be the case and meant that people benefited from the staff following the ethos of the home.

Staff have regular supervision on an individual basis and staff meetings are a time when staff discuss what has gone well since the previous meeting and what if any issues still need to be considered. In this way the service provided was monitored and improved.

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.

The manager of the home is supported by the Managing Director, who visited the home regularly every month for one to one supervision. The managing Director also performed unannounced visits as part of the quality assurance process in the home. These visits were recorded and included an action plan of when improvements need to be completed by.

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 take 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.

Necessary checks had been undertaken, such as PAT testing, there was an 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.

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

Is the service well-led?

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.

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.