Cartref Homes UK Limited

Cartref Homes Supported Living Scheme

Inspection report

85 Bell Road
Sittingbourne
Kent
ME10 4EE

Tel: 01795430411
Website: www.cartrefhomes.co.uk

Date of inspection visit:
27 April 2016

Date of publication:
25 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on the 27 April 2016. This inspection was unannounced.

Cartref Supported Living Scheme provides services for younger adults, including people with learning, autism and physical disabilities. They provide personal care to people in their own home and also support people to access the community. The service provides care for people in and around the Sittingbourne area. There were four people receiving support to meet their personal care although most only needed minimal support. The service also supported people to access the community and there were a further five people who they provided services to who did not require personal care.

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

People were protected against the risk of abuse. All staff were trained and recognised the signs of abuse what to look out for. Both the registered manager and staff understood their role and responsibilities to report any safeguarding concerns and were confident in doing so.

Risk assessments were detailed and gave staff guidance about any action staff needed to take to make sure people were protected from harm.

Effective recruitment processes were in place and followed by the registered manager. Staff had received training relevant to their roles. Staff had the opportunity to discuss their performance during one to one supervision meetings and had an annual appraisal that discussed their future development and possible further vocational training.

There were suitable numbers of staff available to meet people's needs. People's planned care was allocated to members of staff at appropriate times.
Staff were trained to assist people with their medication, with some people being able with minimal support to self-medicate. We found some issues with the way medication was being recorded and have made a recommendation about that.

People were supported to access the community regularly. People were also supported and helped to maintain their health and to access health services if they needed them.

People told us staff were kind, caring and communicated well with them. People's information was treated confidentially. Paper records were stored securely in locked office.

Procedures, training and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which

included steps that staff should take to comply with legal requirements.

People's view and experiences were sought through review meetings and through surveys. People's views about the service they received were positive.

People were supported to be as independent as possible. People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Audit systems were in place to ensure that care and support met people's needs.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's support needs.

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 mainly safe.

People were receiving their medication however there were issues around how medicines were being documented.

Staff were knowledgeable about protecting people from harm and abuse.

Effective recruitment procedures were in place.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

There were enough staff available to meet people's needs

Is the service effective?

Good

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were involved with their care. Their care and treatment was person centred.

People were treated with dignity and respect. Staff knew people well.

People's confidential information was respected and locked away to prevent unauthorised access.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

The service provided additional support to people as soon as that need was identified.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy, people were aware of how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

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

Cartref Homes Supported Living Scheme

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.

We inspected the service on the 27 April 2016. This inspection was unannounced and was carried out by one inspector.

We reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law.

We looked at records held by the provider. These included three people's care records, risk assessments, staff rotas, meeting minutes, policies and procedures and staff recruitment records.

We spoke with four people and one family member about their experiences of the care and support provided by the Cartref Supported Living Scheme. We also spoke with four staff about how they have been supported in their roles.

This was the services first inspection since they changed locations and registered manager.

Good

Is the service safe?

Our findings

People we spoke with all told us they felt safe when with their carers. One person said, "I get on well with staff and they make sure I stay safe". A family member told us that they were confident that staff kept their relative safe. They said, "I have seen such a change in him for the better, so no, I have no concerns about his safety".
Staff had a good understanding of the different types of abuse and how they would report it. Staff had access to the providers safeguarding policy and the Kent and Medway protocols supplied by the local authority who are legally responsible for investigating safeguarding issues. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff were able to give examples of possible signs of abuse. Training files showed safeguarding training had been attended. The staff also had information about whistleblowing in the services policies and procedures, staff said that they felt confident that if they suspected another member of staff of abuse they would not hesitate in reporting this.

Within people's support plans we found risk assessments to promote and protect people's safety. These included; accessing the environment, moving and handling, daily routines and infection control. These had been developed with input from the individual, plus family and professionals where required. They explained what the risk was and what staff needed to do to protect the individual and others from harm. We saw risks had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them. For example, we saw risk assessments around people's mobility and the use of specialist equipment used. This meant staff had all the guidance they needed to help people to remain safe.

We reviewed completed incident and accident reports. They were detailed and included information about the steps staff had taken to support people following an incident or accident. The registered manager told us that the Director who does a monthly visit normally checks that accidents and incidents log and looks at the action taken. This included informing the person's care manager, family and other agencies if required. Staff meeting records evidenced that discussions had taken place in order to learn lessons from accidents and incidents.

Staff had received infection control training. Staff told us they had a good supply of gloves and aprons and showed they knew how important it is to protect people from cross infection. The staff discussed infection control at their last team meeting. One person said, "Staff are always encouraging me to keep my room tidy and clean, they also remind me about washing and things".

We asked staff to describe how they gave medicine and what documentation they completed. They all said that only people who are trained can administer medication. Staff knew that if someone refused medication how this should be recorded and how to dispose of this medication. Most people who took medicines were being supported to become totally independent. For example, one person's records we saw was being given his supply of medicines weekly, staff observed them filling their own dosage box. The staff then signed MAR (medication administration record) sheet to indicate they had given them this medication every day which they had not as the person had been given a weekly amount. The staff could have signed to say they saw the

medication being taken, if they did, but otherwise they did not need to make any recording other than to confirm medication was being taken at periodic checks the timing of these being documented in the risk assessment about self-administering medication.

The medication record sheets used gave information about each individual medication so that staff knew what the medication was for and the possible side effects. This information was not enough to act as a protocol for when staff should give PRN (as required medication). For example, one person had two medicines for anxiety PRN, however there was no guidance for staff as which should be given, if both could be given together, or perhaps one should be tried first? The MAR sheet did not record all the information needed on the sheet. As well as the person's name, there should have been, the person's date of birth, there address, the name of the GP and whether there were any allergies. The medication on each sheet should record the name and strength of the medicine alongside how many tablets need to be given when. Although we found these issues with how staff were recording medication people had been receiving their daily medication as prescribed.

There was a medication policy and procedures in place which had been last updated in 2015. There were procedures giving directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. For example, over the counter medicines can only be administered with the written consent of the service user's GP. However, the procedure did not specify the information that is needed on the MAR sheet. For example, it did not talk about how to record prompting medication and what the boundaries are for this. There was information about what staff should do if there is a medication error. However, it did not explain for example that if someone had not received their medication for more than one day as prescribed then this needed to be reported as a safeguarding to the local authority as well as to CQC.

We recommend that the provider reviews the medication policy and procedure to ensure that it is in line with the proper and safe management of medicines.

There were suitable numbers of staff employed to cover the hours of support needed each week. The number of hours each individual person required had been assessed according to need by the contracting authority. However, how the hours were deployed was discussed with the person to make sure they had support when they most needed it. The time of the support was also flexible and worked around what the person wanted. We saw that some people had one to one all day and a sleep in carer at night, while other people were able to be more independent and needed less staff support.

There was a clear plan in place outlining steps that should be taken in case of an emergency. People were provided with an out of hours contact number which could be used to gain access to an on call person particularly at weekends. The service had a policy called 'Serious Incident Response' which also detailed how the service would operate in bad weather. This meant that there were suitable arrangements in place to ensure that staff would be safe and that people would receive the care and support they needed.

Good

Is the service effective?

Our findings

People and one family member told us that staff knew what they were doing and that they believed they had the necessary skills. One person told us that staff arrived when they expected and they knew all the staff that comes. They said "I know all the staff and I don't mind who comes they know me and encourage me to do lots of things". Other people told us "I am happy with the staff; they help me and they know me very well", and "I have all of them [staff] from time to time. I like it like that because I get on with them all, They know me well and how to help me". One relative told us "I have seen such a change in my son, staff always ask him where he wants to go or do and they facilitate that. He is doing so much more now".

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training records evidenced that staff training attendance was good. We saw staff had attended training relating to health and safety, infection control, Food hygiene and First Aid training. We saw that they also undertook awareness training in subjects such as autism, challenging behaviour and diabetes. Therefore people received care and support from staff who had been trained to meet their needs.

The registered manager told us that staff had an induction when they started work. The registered manager and staff explained that this included shadowing experienced staff for as long as they needed to be confident with the people they cared for. The registered manager explained that the new staff undertook the training for the care certificate as part of induction. We saw from the training record that most staff had achieved a formal vocational qualification or the newer diploma in social care. Records evidenced that staff received regular supervision every two to three months. This was done by one to one meetings, and spot checks included observations of the support staff provided.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Most staff had attended Mental Capacity Act 2005 (MCA) training, with only new staff yet to undertake this. We saw this training was being made available to them. Staff evidenced that they had a good understanding of the MCA. The registered manager explained how they supported people to understand information to enable them to make decisions. Staff explained they gave people time to make decisions and actively encourage people to make choices. The care files all followed the principles of the MCA, they followed the assumption that people had capacity. The registered manager explained that some people came to the service that are a subject of a court decision. Any limitation of people's liberty was included in the care plan supplied by the social services care manager. This information was then used in the care plan which was written with the person and their family if appropriate. If a person's capacity changes and it is felt that a DoLS application might be required they would complete an assessment and also discuss this with their care manager. At the moment it has not been necessary to make an application. People's care plans had been signed by the person or a relative when the person found writing difficult. The local authorities care managers undertake a formal review of the people they have placed with the agency annually although the agency undertakes an

in depth review six monthly, or before if there are significant changes.

The staff explained how they supported people to maintain their independence. For example, one staff member said "I always give the person time to do things they can do themselves. Some people can do things for themselves but they may be lazy preferring staff to do things for them. I always encourage the person to do what they can, if they are not well or can't do something then obviously I would assist them". One person said "I get reminded about doing my room and putting my washing on and having a wash myself. I can't always be bothered but I do it in the end. Another person said "I have had all [staff] of them from time to time. I like it like that because I get on with them all". They all know what they are doing, they have mentioned to me about going on training.

Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. The daily records recorded the amount a person had eaten and drunk. Staff explained that people would be referred to their GP if there were concerns about their food and fluid intake or if they had lost or gained a significant amount of weight.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. The registered manager and staff told us that relatives and local authority care managers were kept up to date with any changes needed in the way a person was supported. The registered manager said for example that some people's parents were very involved with their relatives care. People who receive assistance from the staff, had a care and support plan that details the all the support to be provided. This care plan was discussed with the person and their family when applicable. Staff also assisted people to have trips out into the community, again the assistance required from staff is recorded within the care plan. Risk assessments were included in the plan and this identified risks and gave the management required to reduce or prevent each individual risks. For example, one care plan said the person always needed a member of staff with them when out of the home as they did not have any road sense and would wonder into the road without realising the danger to themselves and others. The plans are both risk assessed and reviewed regularly by staff monthly with the person. The family and health professionals were also invited to a review six monthly as appropriate.

Good

Is the service caring?

Our findings

People and a family member told us that staff were caring and treated them with dignity and respect. People spoken with all agreed that they were treated with respect by the staff. One person told us "The staff all treat me with respect, they treat me as a person an individual with the right to do what I want, and they support me to do this". The family member said "The staff are very good they always treat him with respect". We observed staff treating people with respect and protecting their dignity, staff were caring and kind and there was an easy communication between them. We also heard banter between the staff and the people living in their home which was good natured and all involved were laughing. This created an inclusive atmosphere in the people's home.

People's personal histories were detailed in their care files which enabled staff to know and understand people and their past. Staff spoken with knew the people they were supporting very well. They had good insight into people's interests and preferences and supported them to pursue these. The staff told us about a person's preferences, about privacy and how they respected the people they cared for at the same time promoted their independence. This showed that staff supported people based on their involvement, choice and preference.

People were involved in their care planning and their care was flexible and person centred. People's care plans detailed what type of care and support they needed in order to maintain their current independence and reach goals to improve their lives. One person's care plan detailed how important it was to prompt the person to do their oral hygiene twice a day. Daily records evidenced that people had received their care and support as detailed in their care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. One staff told us, "I involve the person by asking them what needs to be done next and then asking if that's something they can do". Staff were aware of the need to respect choices and involve people in making decisions where possible. The registered manager told us staff gave people time to make choices to ensure people remained in control of their day to day lives.

We saw that some people needed help with their behaviour at times. Behavioural assessments detailed the behaviour and the response staff should give when experiencing this. This was important as it meant staff could give a consistent message to the person. For example, to people who exhibit behaviour that was deemed inappropriate for that time and place. One person said "I know if I kick off what the consequences will be, the staff have helped me to think about my behaviours and how it affects others, they all say the same".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the locked office in a facility in the garden of one of the houses used by people receiving the supported living service. Staff files and records of staffs supervision were also kept in this facility. We noted that this office was kept locked when there was no one in the office.

Good

Is the service responsive?

Our findings

People and a family member told us that they were involved in decision making about the care and support needs. They said that they were involved in any changes to their care and support needs. People told us we talk about our support plans every month. One said "I think about the things I like to do and tell the staff if I want to go somewhere, either where I have been before or someone new". Another person said "I go to college I like going there, I am learning how to cook and things, the staff did that for me, I wanted to do it and staff sorted it out for me". One family member told us that their son never went out on his own. However that has changed because of the staff, they said "Now he goes out on his own locally, with staff he goes where he wants to go, have seen such a change in my son, staff always ask him where he wants to go or do and the staff then facilitate that ". Staff had responded well to the sons changing needs, they had been working with him to bring about this new confidence.
The registered manager and staff contacted other services that might be able to support them with meeting people's health needs. These included calls to the person's GP, social services care managers, and dentist. This demonstrated the provider promoted people's health and well-being and worked closely with other agency. Information from health and social care professionals about each person was also included in their care plans when appropriate. There were records of contacts such as phone calls, reviews and planning meetings. This showed that each person had a professional's input into their care and support on a regular basis.

The people's care plans were reviewed with people each month. One person for example had told staff during the review that they would like to have a full time paid job in the future. They felt that answering phones would be something they could do. In order to give them some experience so they could see how they got on arrangements had been made for them to answer the phone for agency several mornings a week. The registered manager explained that this would give them experience not only talking on the phone but also taking messages. We spoke to the person and they were very pleased with the opportunity, they said "I have only just started but I am really enjoying it, I would so love a job I could do so I could earn my own money".

People and the families knew how and who to complain to if they needed to. One relative told us, "I received lots of information at the start of the service and this contained a complaint procedure. People told us about the complaints procedure, One person said, "If was not happy I would tell the manager or another member of staff. Another person said "If I am not happy about anything including a staff member then she would talk to the manager Richard". We saw in the recent survey that people had been asked if they knew and would be happy making a complaint all those completed gave a positive response. Staff told us that at the monthly meeting people are reminded about how to make a complaint and that they would be supported to make a complaint if needs be.

The complaints policy showed expected timescales for complaints to be acknowledged and dealt with, they gave information about who to contact if a person was unhappy with the provider response. This included, the Local Government Ombudsman (LGO). Staff said that if they do receive compliments about the service, then the manager lets them know about them. The family we spoke to was very complimentary, they said "I

cannot thank the staff enough there has been such a change in him and leads a much better life now". Staff said that they have an easy read version if required and staff go through the procedure regularly to make sure people feel comfortable about complaining if they need to.

From the last people's survey in November 2015, we saw that people had been asked questions about the staff, how they were treated, and about the communication between them and staff. It asked whether staff supported people to do new things, about their care plan and whether they were happy with their activity programme. All the people who had completed these gave very positive replies. One person wrote 'I would like to have just male carers. We saw that this had been recorded in the person's care and support plan. People we spoke to confirmed that they are asked for their views about the service and had completed questionnaires.

Good

Is the service well-led?

Our findings

People told us the service was well managed. People told us that they knew who to contact in the service if they needed to and they confirmed they were asked for their views about the service. One person said that the communication was good and they found the manager and staff easy to talk with. A relative said the communication is so good and information from the service is clear and easy to understand. They keep me informed of any issues with my son and I know who to contact in the service if I had any issues of concern".

All of the staff we spoke with told us they find the registered manager and senior staff easy to talk to. They felt listened to and valued. One staff member said, "I know if I have an issue in or outside of my work my manager will make time to see me. I can speak to him in confidence about any issues I may have at work and I know he will support me". Another staff member said "If I am not sure about anything I know there is someone to ask, I am never made to feel uncomfortable for asking".

The service had a clear management structure in place; the registered manager understood the aims of the service and promoted them to the staff team. The aims and objectives of the service were clearly set out; they were a service who respected and cared for people in a way that promoted on going individual independence and choice, at the same time keeping them safe and promoting their wellbeing. This involved people being able to make informed choices and understanding the risks and consequences associated with their action and daily life. Staff through one to one support were assisting people to be responsible for their behaviour and their lives. One person told us how he could get angry but that with staffs help he was getting better at managing this.

Staff were complimentary about the support and understanding they got from the registered manager. The management team encouraged a culture of openness and transparency. Their values included an open door policy, to anyone who wanted to bring something up with them. One staff member said "The management are supportive of staff and people alike, respecting each other and encouraging open communication".

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support to an appropriate standard. Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. Quality audits were documented and took place regularly. We saw that incidents were signed off and any action needed to change the way care is provided was also documented. The registered manager explained that he checked the daily records every month as they were returned to the office for archiving. Any issues identified would then be followed up with the staff concerned.

The service had quality monitoring systems in place. The manager explained that he does for example a monthly health and safety check sheet to make sure the environment where people lived was safe for the staff providing the support. He checks that staff have received their supervision every 6-8 weeks. The registered manager said that he also speaks to all the people that are provided with a service to make sure

they are happy and receiving the support that had been agreed.

The managing Director visits the service at least once a month to audit the services provided. Each month different aspects of the service were checked and staff and people using the service were spoken with. At the last monitoring visit for example he talked to the people receiving care in on particular location, he had also observed the staff working with the people living there. He spoke to staff on this occasion about the practice of giving medication. It stated that the medication documentation was up to date. That medication audits were up to date. He looked at people's care files and commented on a person's interventions documentation which he said was present and in use. He noted that staff and persons receiving the service had discussed meal selection for the day, and that there was the right foods in the fridge and freezer to accommodate these choices. The managing director also asked people if they knew what to do if they were not happy, the person spoken to had given a good account of what she would tell staff id she was being hurt in anyway or was upset. The monthly monitoring report was detailed and was used to discuss the service with the registered manager and agree any improvements that were needed and to confirm when the service was doing well. The managing director was responsible for supervising and developing the registered manager.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. All staff had access to policies and procedures giving staff instant access to information they may need.

Staff were clear about their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to. The registered manager supported all the frontline staff.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.