

Cartref Homes UK Limited

Cartref House

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 ●

Summary of findings

Overall summary

We inspected this home on 15 March 2016. This was an unannounced inspection.

Cartref House is registered to provide care and support for up to six people who have a learning disability and or Autism. People were supported to learn life skills to increase their independence and confidence. At the time of our inspection, there were four people living at Cartref House. The people had different levels of independence, and 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.

People were protected against the risk of abuse. We observed that people felt safe in the home. Staff recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff 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 such as inability to verbally communicate, which could lead to behaviour that challenges and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

There were sufficient numbers of staff to meet people's needs. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service to people.

Staff had the knowledge and skills to meet people's needs, and attended regular training courses. Staff training plan showed that staff had all the essential training they needed to ensure they understood how to provide effective care, and support for people.

The systems for the management of medicines were followed by staff and we found that people received their medicines safely. People had good access to health and social care professionals when required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

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.

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.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People were always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. People went out to their local community for activities and travel on holidays.

Staff were supported through supervision and meetings which took place on a regular basis. These were recorded any actions required were recorded 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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.

Is the service effective?

Good ●

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.

Is the service caring?

Good ●

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.

Is the service responsive?

Good ●

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.

Is the service well-led?

Good ●

The service was well led.

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 supervisions and staff meetings.

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

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 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 15 March 2016 and was unannounced. Our inspection team consisted of one inspector.

During our inspection, we spoke with four people residing at the home to understand the service from their point of view. We also spoke with four support workers, the registered manager and the managing director and registered nominated individual.

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

At our last inspection on 12 February 2014, we had no concerns and there were no breaches of regulation.

Is the service safe?

Our findings

The people who lived at Cartref House told us that they felt safe. We spoke with people and they said that they believed staff did their best to keep them safe. One person said, "the staff support me well, and I do feel safe, I will be moving out soon, I am being more independent, but I know the staff will continue to look out for me". Another person said "yes I do feel safe, the staff are good and they look after me".

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. 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. One person also went through their behaviours and what risk they presented when they did not control their behaviour. They, with staff assistance were working on not lashing out when they felt angry and frustrated. They explained that before they would often pull hair and hit staff, but with the staff support they have increasingly stopped doing that. They said "the staff all treat her the same way, when she does show her temper and she knows the consequences". For example, she does not go out in to the community for twenty four hours. That person told us "I know what will happen and I know I am the only person who can change my behaviour". Staff spoken with were all aware of the person's needs and by responding in the same way had reinforced improvement. In this way staff had the information so they could keep people safe.

Safe recruitment procedures were followed. Recruitment files kept centrally at the head office. We requested these to be made available before the inspection ended. They contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people from abuse, so their knowledge of how to keep people safe was up to date. The registered manager was aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The registered manager and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report any abuse.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people. On the day of our visit we saw that the rota had been organised to ensure there were sufficient staff to support people with their planned activities. 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 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. The medicines were stored in a cupboard, the room temperature is checked daily, and medicines are audited weekly. Three people at the home were being supported to take their own medication. Safeguards were in place to make sure people were receiving their medication as prescribed.

The registered manager has introduced PEEP's a (Personal Emergency Evacuation Plan) for each person. This details what staff will need to do if they need to assist people to leave the home in an emergency to keep them safe. Taking in to consideration some people diagnosis of autism, it is important the staff remain calm and practises have taken place so the people know what to do should the situation arise. One of the people in the home told me what they would do if there was a fire in the house for example. They explained where they would evacuate to depending where the fire was. They said "We do fire drills regularly and we all know that we need to follow what the staff tell us to do".

Is the service effective?

Our findings

People we met were all happy that staff met their care and support needs, they said the staff knew them well. One person said "The staff have helped me to understand my self and have helped me stay in control of my anger. Another person said I am far more independent and I can go out on my own now, most days I go to the local pub, I don't drink alcohol but I have got to know people there and the publican keeps an eye on me.

Staff told us that when they go on training they are encouraged to talk about what they have learned. The registered manager told us that the training staff had received was discussed during supervision. 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. Training is also refreshed to keep staff knowledge current. Staff also received training about specific conditions that people may be suffering from, for example autism, epileptics', and diabetes. Staff therefore had the skills and knowledge to improve the care and support they provided to protect peoples' wellbeing and safety.

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. We saw where a staff member had requested supervision as they were concerned that they were not growing within their job role. The registered manager explained that they listened to the staff member and together they decided to increase their responsibility with in the home to show them how they are valued within the staff team. The registered manager was going to research further training to support this member of staff and others to develop within their role and give them to opportunity of advancement in the future.

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. All staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. Registered manager explained how they supported people to understand information to enable them to make decisions. The care files all followed the principles of the MCA, they followed the assumption that people had capacity. Staff explained that if people living in the home had their liberty restricted then a DoLs (Deprivation of Liberty safeguards) application would need to be made. Then only if health professionals agree that to restrict the persons liberty would be in the persons best interest.

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. The plan has been converted into pictures to help people understand what they have asked in the way of support. People and their family were involved in planning what support they wanted and needed. Staff keyworkers go through the plan each month, talking to the person they are especially responsible for. For example, they talk about what they have done that month and what they would like to be able to do in the future. One person's parent said "I know the keyworker goes through the pictures in the care plan and talk about things like where they have been, and whether they would be happy to do it again". Staff in this way made sure that people were fully involved in the planning their own support and goals for the future.

Staff gained people consent and people were fully involved in all aspects of planning their day. Staff had a good 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, "The staff know that I can lose it sometimes, I get angry and can lash out at staff". Over time they have helped me learn to control my anger, I know what the consequences are if I do lash out, and that's the same regardless of which staff are on duty. I feel they have helped me become a better person".

People had individual health assessments within the care plans and the records were seen of hospital and GP visits. These plans provided advice and health awareness information which supported people's health and wellbeing. People are able to access the GP on their own if they wish, or they can have staff support. Staff monitored people's health and make appointments when required. One person told us that staff know them well they said "staff know when I am not well and they take care of me". Care plans recorded these visits and any instructions for staff to follow when required to maintain people's health and well-being. The care plans were regularly reviewed and updated in line with the person's changing circumstances. This showed 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 were supported to have enough to eat and drink. During our inspection, we saw that people were supported to access drinks when they wanted them, and at meals times. At lunch time, people had what they wanted to eat and they prepared something for their selves or with staff support. In a general discussion with staff they explained how they encouraged people to eat a healthy diet. This had resulted in people making better choices when choosing what to eat and buy when shopping for food. One person at the home and staff had made the decision to lose weight and had started going to a local slimming club weekly. The person had lost a lot of weight and told us that they were really feeling the benefit now. Diet is based on healthy eating with the dieter weighing foods with high fat or fast acting carbohydrate content. They are able to eat foods freely such as fruit, vegetables and meat. The staff helped her with the weighing and meal plan each day. The person said "I stick to it, the staff help me, I have lost the weight slowly, but I can feel the difference, I able to walk more and my joints are not so painful".

Is the service caring?

Our findings

People told us that they went through their care plan every month with staff. One person said "I can choose the things I want to do or learn to do on my own, this time staff asked me where I want to go on holiday this year, but I am not sure at the moment". Other people said "the staff are lovely, they are always kind to me and we have a good laugh", and "I have not always been a nice person in the past but staff still help me and are kind to me, I think they are all fantastic"!

During the course of the inspection we saw that staff interacted with the people they supported with warmth and respect. People looked comfortable and relaxed around staff and enjoyed friendly banter with them. People's diversity and values were respected. Staff described in detail how they respected people's individuality. People were supported to continue with their previous interests and maintain contact with friends and family.

Staff spoke about the people they supported in a caring way and they also told us they promoted people's wellbeing. Staff told us they listened to people, they encouraged and respected their wishes and choices. People confirmed this, one person said, "Staff have made sure that I get to decide things for myself, they are preparing me for when I move out on my own". Another person told us, "I am always asked about what I want to do, I like making those day to day things". We heard staff asking people what they wanted to do on the day, if people were not sure they made suggestions and people were then given time to think about it. Staff told us they enjoyed working with all the people. One staff member said, "It has been nice to see the people become more independent and know that they will be supported to live in the community in the future. it is so nice to be part of that, gives you a lot of satisfaction to be part of that".

Staff used terms such as 'enabling' 'support' and 'independence' when describing how they supported people. Staff told us they were clear about their roles and responsibilities to promote people's independence.

Staff demonstrated respect for people's dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people's privacy and dignity. For example, staff knocked on people's doors and waited for a response before entering.

Staff told us that people's relatives were encouraged to visit and made welcome when they did. Arrangements were also made for people to visit their family and continue regular contact. One person told that they see their family regularly; another person said they were going to visit their family over the Easter holiday. Staff said they had found the families very supportive, but also families had needed time to adjust to the changes in their relative's independence and naturally they reassurance that their relative would still receive necessary support in the future. For example we saw the file that will go with the person when they go to their own property. It showed that there were still a few things that the person felt they still needed to improve, before going to live alone with less staff support.

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. They said they were happy living at the home and staff always respected their choices. One person said "If I am not sure or I want advice the staff are always happy to listen and help me". Another person said, "I am happy most of the time. If I have any worries, I talk to the staff, they sort it out straight away".

Picture complaint procedure was also available on the notice board for the people to see. This was discussed during the monthly review with people keyworkers' to ensure people know how to make a complaint if they wished too. The complaints policy and procedure seen on file clearly informed people how and who to make a complaint to. They also included giving people timescales for action. The complaint log showed that there had not been any complaints in the year. One person said "We have a point system for staff, so like us we can choose to give them points if they have helped us when we need it. Another person said "The staff have always been helpful when I get myself in a state about something, that was before the points".

Care records contained a record of people's assessments, care preferences, behavioural charts and reviews. On one file we saw that they used a Lalemand Behaviour scale to identify what the people's behaviour is communicating. The Lalemand Behaviour Scale is a secondary prevention strategy used to recognize and diffuse episodes of challenging behaviour. It showed examples of what the person may start doing i.e. being disruptive, destructive, grabbing clothes, and hitting staff. This behaviour could lead to a dangerous outcome which had been identified such as pushing or hitting people and staff, it tells staff to use NAPPI techniques to guide them away to things they like to do which has a calming influence on them. Triggers for the persons unwanted behaviour were listed along with the response staff should use, The person told us "On the rare occasion I do lose it staff always responded in the same way that has helped me stop me doing it so often". This showed staff understood people's needs and knew how to respond to issues in a consistent way.

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.

People's care records were updated regularly with them to reflect any changes in their needs. Staff told us that people had been involved in their care/support plan, and that they talked with people about plan every month. For example, we saw a change made recently, one person is now doing everything for themselves, they have a system that if they want support or advice they have to request this help in an agreed way. This is encouraging the person to think for themselves by making them wait for an answer they are having time to find their own solution. They are also getting used to not having that support on tap 24 hours a day. This ensured that staff had up dated information and they could respond appropriately to people's changing needs.

The provider sought people and family views about the quality of the service provision by using annual questionnaire. This was also sent to staff, health and social care professionals. 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 were still being returned. People spoken with confirmed that they had been asked to complete a questionnaire.

Is the service well-led?

Our findings

The people who live at the home were very complimentary about the staff. They told us that they thought the home was well run and staff supported them. We observed staff listening to people's views and they were receptive to their suggestions. One person said, "The staff always listen to what we have to say". Another person said "We have meetings when us people living here choose what we want to happen in the home, things like the takeaway night, it's pour home so we should decide".

People had regular meetings and they told us about their meetings. One person said "they like us to say what we want and things, like things to do with the house and about us" One person told us all about how scheme had been introduced around good behaviour. They said "the staff now can earn points too, if we reach the magic number we get to have a takeaway altogether on a Thursday". The meals where seen discussed and we could see that staff were encouraging people to make healthy options. One person said "I started enjoying fresh fruit as a choice instead of the stodgy puddings". The manager asked that all food in the fridge be dated, especially food that is defrosted as this often looks out dated. She asked that cling film or food bags also be used as it has become common practice to just wrap the packaging around something. one person asked "when we would be getting a new service user". The registered manager explained it would be a little while as the room needs a lot of work but assured all that as soon as she knew she would let everyone know.

Staff told us that the registered manager was easy to talk to about their issues and concerns that may arise. They said that they found the registered manager very easy to talk to, supportive and understanding. 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.

Staff knew the ethos of the home, they explained the importance of people being able to live in a safe, and homely environment. That they enable people to become independent so eventually they can with in their own home with just minimal support. This involved people being able to make informed choices and understanding the risks associated with daily life. Staff through one to one support were making people take responsibility for their behaviour and their lives. For example, three people we saw at our last visit nearly two years ago are far more confident and one is going into supported living in their own property soon with the other two not far behind. One staff member said "It is encouraging for them and us to see people supported to move on, living a life which they have control of". We saw staff work in a way that supported the person to do things with graduated support, so they still feel supported while reaching their goals". Our observations during the inspection and review of the files seen showed that people benefited from the staff following the ethos of the home.

We saw meeting minutes from the last staff meeting on 24 February 2016, One staff member explained a new daily infection control check sheet. They said staff were to clean all door handles in communal areas and the table covering at 10.00 and 15.00. Also to ensure that all communal areas have an open box of tissues in them at these times and then to sign the sheet. Night staff were to sign the sheet when they have

completed their night cleaning duties. When these sheets are completed they will be placed in the Health and Safety Folder. Staff also had the opportunity to talk about things that had gone well and make suggestions about changes that could improve the lives of the people they cared for. In this way the staff were asked for their views and were listened to becoming an integral part of the running of the home.

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 took 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. In this way the staff and the registered manager were making sure quality audits added to the quality of the service overall.

Necessary checks had been undertaken, such as PAT (portable appliance testing), there were 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 by.

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 accidents would also need to be sent the Health and Safety Executive on the RIDDOR (Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013) form. This form apply to health and social care, and the need to report certain incidents that occur. Such as a person tripping up which results in them needing a stay in hospital. We saw completed forms and these detailed what had happened and the action taken by staff.

We saw the quality report written by the managing director who visits monthly. It showed what they had reviewed the home as a whole and who they had spoken with in the home. In his January visit they spoke to three people and four staff. He confirmed that the premises looked clean and tidy, and told staff that the owners had agreed to have the kitchen refurbished. For example they also spoke to two staff about safeguarding and commented they had very good understanding. He had quoted what people told him about how they felt staff cared for them. One said "I can trust staff to help me with my behaviours. They know my signs and triggers, they have had training". Another person indicated to the director that they were well looked after. The people were also asked about staff gaining consent from them before doing things, one person said "staff always asked first". There was just one action to complete following the monthly visit and that was that the health and safety check needed to be signed and dated. The report showed that all aspects of the home are audited to ensure a quality service was provided.

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.