

Cartref Homes UK Limited

Cartref Homes Supported Living Scheme

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

About the service

Cartref Homes supported living scheme was providing care and support to 16 people living in six supported living settings at the time of inspection. The service provides specialist support to people with learning disabilities, autism, mental health needs and physical disabilities to help them to live as independently as possible and achieve their goals. Staff provided flexible support across 24 hours, including sleeping in overnight.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The services people lived in were small, no more than five people shared together, and property was sought to meet people's needs. People had access to shared areas and private areas, and could lock their bedroom doors to maintain their privacy and security. Gardens were accessible, some people chose to maintain their own garden areas and others chose to pay for the services of a gardener.

People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff supported people to make the choices and decisions they were able to on a day to day basis. People were part of the local community, accessing local shops and leisure opportunities or working in either a part time paid capacity or as a volunteer. People told us about the holidays they had been able to take.

There were enough staff to make sure people received the support they were assessed as needing, including going out to their chosen activities. Some people needed to have more supervision than others. Risks were carefully and positively managed while promoting independence. Staff understood their responsibilities in safeguarding people from abuse and helping people to understand how to stay safe.

Staff received the training, support and supervision they needed to carry out their role and achieve their personal development goals. Staff supported people to maintain and improve their health by encouraging a healthy diet and to access healthcare when needed.

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

People's care and support was individual, planned and provided in a way that put them at the centre of planning. Staff knew people well, their likes, dislikes and what and who was important to them. The individual way people communicated was key to the support provided, including verbally, or by their behaviour or body language.

There was an open culture, led by the two registered managers who were described by staff as being approachable and supportive. People knew the registered managers and were relaxed in their company. The provider had a good oversight of the service, using their monitoring processes to make sure people received a good quality and safe service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cartref Homes Supported Living Scheme

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in various locations so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 27 August 2019 and ended on 29 August 2019. We visited the office location on 27 August 2019 and visited people in their home on 29 August 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff, including the nominated individual, both registered managers, a team leader and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two healthcare professionals who have regular involvement with people, the registered managers and staff at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding adults training and knew how to identify and raise concerns.
- Staff told us the registered managers were approachable and always listened. Staff felt sure action would be taken straight away if they raised concerns. However, they knew where they could go outside of the organisation to raise concerns if necessary.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People told us they felt safe living within Cartref Homes supported living scheme. They said staff supported them to be as independent as possible and advised them on safety. One person said, "I feel safe. I trust staff." The positive, well planned and pro-active approach helped to keep people, staff and others safe.
- A positive approach was taken to risk. Individual risk assessments clearly identified risks and how staff should support people to stay safe while moving forward in their life. Risks were discussed with people, and their own responsibilities in keeping safe were set out and signed by them.
- Comprehensive positive behaviour support plans were in place. These set out the guidance staff should follow when people presented with behaviour that put themselves or others at risk. This ensured a consistent approach was taken by staff, on an individual basis, to reduce the potential risks identified.
- Identified risks were assessed and rated according to the level of seriousness and made clear to staff through a red, amber or green recording. Known triggers and past incidents of behaviour that challenged were included to make sure staff had the guidance to recognise signs and when to put the plan into action.
- A multi-disciplinary approach was taken to the development and monitoring of positive behaviour support planning. Clinical psychologists were closely involved in people's care. They met with staff each month to discuss people's progress and review any incidents of behaviour that had presented challenges.
- Staff received specialist positive behaviour support training to make sure they had the skills and confidence to deal with situations they may be presented with.

Staffing and recruitment

- Staffing was arranged flexibly to meet people's needs. Some people needed either one or two members of staff with them at all times. This meant flexible arrangements needed to be in place, so staff were available to support people as they needed.
- The people we spoke with said there were enough staff to support them when they needed. Some people needed to have staff support them when they went out of the service to access local community facilities.

People told us they did not have to wait long for staff to be available.

- Staff told us there were enough staff to meet people's needs. They worked closely as a team to make sure when a staff member was off sick or on leave, people still got the support they needed.
- Staff continued to be recruited safely. Application forms were completed, references and proof of identification were checked. Gaps in employment had been identified and letters sent to new staff to account for these. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People's medicines were managed safely by staff. Most people needed staff to administer their medicines. Staff had received training and had their competency to give people their medicines checked regularly by a senior member of staff.
- People kept their medicines within a locked cupboard or drawer in their bedroom. Staff made sure people had enough medicines in their stock. Medicines administration records (MAR) were signed by staff when they had made sure people had taken them.
- Some people were supported to administer their own medicines to maintain their independence. A risk assessment and care plan were completed. Staff kept this under review with each person.
- Regular monitoring, including stock checks and balances, was undertaken by senior staff. This helped to identify issues and mistakes, so plans could be put in place to minimise further incidents.

Preventing and controlling infection

- People told us how staff supported them to keep their own rooms clean and to do their washing. One person said, "I get the help I need with my cleaning." People's homes were clean and homely.
- Staff had access to appropriate equipment such as disposable gloves and aprons when needed.
- The appropriate training was available to staff to learn how to minimise the risk of spreading infection.

Learning lessons when things go wrong

- The provider and registered managers had worked with the local authority when safeguarding concerns had been raised.
- There had only been one accident. This had been recorded by staff and checked by a registered manager to try to prevent a similar incident being repeated.
- The provider and registered managers took a proactive approach to monitoring incidents. Positive and preventative action was discussed with staff in staff meetings and one to one supervision meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to make sure staff had the necessary training, qualifications, competence and skills they required to support people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements in this area and were no longer in breach of regulation 12.

Staff support: induction, training, skills and experience

- The provider had made improvements to the training they provided. Better monitoring systems were in place so they could check to make sure all staff were up to date.
- Staff received the training they needed to provide people with the support they had been assessed as needing. Specialist training was available, such as positive behaviour support training and diabetes awareness.
- Staff told us they were happy with the training and support they received. One member of staff said, "The training is good, and there is always someone to ask and discuss things with if we are not sure."
- Staff completed a comprehensive induction and a period of shadowing experienced staff prior to working with people on their own. New staff completed a probation period where their performance was reviewed before being confirmed in their role.
- Staff were supported with their professional development through regular one to one meetings with a senior member of staff or a registered manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a thorough assessment before moving in to their supported living service. The assessment included the full involvement of health and social care professionals to make sure the service being designed met people's needs. This included their diverse needs such as religion, culture and expressing their sexuality.
- People were encouraged to discuss their sexuality to identify the support they may need. Staff knew people well and were confident in openly discussing people's preferences and offering support when needed.
- Assessments were used to develop individual care plans, completed before people moved in and reviewed once they were living in the service to adjust as necessary.
- A transition period was planned around people's specific individual needs. The plan was flexible so could be adjusted over the period. Some people had a transition period of many months, particularly when people

were moving from a long hospital stay.

- Assessments included the type of property the person needed to live in and if any adaptations were necessary to make sure these were completed before people moved in.

Supporting people to eat and drink enough to maintain a balanced diet

- People bought their own food on an individual basis. Staff supported people to go shopping to the supermarket or complete an online shop if they preferred. Some people needed support to budget their money and to plan their meals for the week.
- People cooked their own meals. Some people needed staff to support the preparation and cooking of all meals. Other people were able to make snacks and sandwiches independently but needed help with cooking a main meal.
- People told us that staff helped them to plan healthy meals. Although they also said they did not always choose to follow this advice and sometimes liked to get take-aways or eat fast food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had complex needs and had needed the support of various agencies and health care professionals through stages of their lives. A multi-disciplinary approach was taken to their care and support now they were living more independently within their supported living setting.
- The registered managers coordinated the continued involvement of health and social care professionals. This included clinical psychologists and community nurses as well as opticians and chiropodists, to provide joined up care.
- Each person was registered with a local GP and dentist to make sure their day to day health needs were met. People had a health action plan which set out their specific health care needs and how staff could support them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people had capacity to make their own day to day decisions. Some people had been assessed as requiring support with particular decisions. Appropriate processes had taken place to make sure people's rights were upheld.
- Staff were able to describe how some people had fluctuating capacity, that some days were better than others and how they supported people at these times.
- Some people had restrictions in place, authorised by the Court of Protection. Applications had been made to deprive other people of their liberty and these were in progress.

- Some people had restrictions in place under the Mental Health Act (MHA) which meant they had to keep to certain conditions when living in the community.
- The registered managers and staff fully understood the MCA and the MHA and were aware of people's rights and where they needed support to comply with conditions imposed upon them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very happy living within Cartref Homes supported living scheme and were happy to tell us about their experiences. One person said, "This is an amazing place, and the staff are amazing."
- Staff told us how people were treated equally and the ways in which they helped people to make their own decisions, even if it appeared unwise. Staff said they made sure people had all the information they needed to make sure they made an informed decision. The people we spoke with confirmed this, giving examples of when this had happened. These included healthier eating choices, seeking healthcare advice or accessing community facilities.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in writing their care plan and signed to say they had. People told us they knew about their care plan and told us they were involved in the development of it and in any changes made.
- Each person had a keyworker to help them to understand their care plan and continue to be involved in the development and achieving their goals.
- The provider committed to a 'statement of rights' for people. Each person was given a copy when they first moved into the service, so they knew what to expect from staff. The statement included; people should expect the right to be protected from unnecessary risk, a safe secure environment, for staff to be gentle and considerate and to take notice if the person is upset.
- A member of staff said, "I love working here. It is a real community. People are able to make real choices. We all work together; people and staff are equal. Staff do not wear name badges or uniforms."

Respecting and promoting people's privacy, dignity and independence

- People had their own room, which they could lock, so they had privacy when they chose. People told us they felt respected by staff, were able to make their own choices and decisions about their support.
- People were supported by staff to maintain and increase their independence. Many people had been in a hospital setting for many years before moving to Cartref Homes supported living scheme. This meant they had not always had the freedom to gain independent living skills. Supportive encouragement was given to help people to manage their own domestic tasks. These included cooking, washing their clothes, keeping their own area of the service clean and managing their finances.
- Where people were able to use local community facilities, staff helped them to gain skills and confidence by taking planned steps to reach their goals. One person told us, "Living here is the best thing I have ever done."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans gave comprehensive detail of each person's needs and wishes.
- People were supported by staff to achieve their goals, one step at a time. These included, for instance, to work, to meet a special person, to buy an item of clothing or to travel. Most people also wanted to increase their skills in looking after their home.
- People told staff what their likes and dislikes were and what made them happy or sad, so this could be included in their care plan. They were asked who the most important people in their lives were, this had also be written in the care plan. This information helped staff to plan their care, have ideas for conversation and for discussing future goal plans.
- Care plans included an account of people's life so far. This included detail about their family history, where they had lived, the opportunities they had, as well as the difficulties and the support they continued to need.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had completed a communication passport with people. This explained each person's individual support requirements to new staff or if they needed to go into hospital.
- Information in the services and within people's care plans were in easy read or pictorial format when this was necessary.
- Where English was not the first language of some people, interpreters had been used. Interpreters had attended meetings when needed so staff could make sure people understood their care. Staff had spent time getting to know people to aid communication.
- One person was partially sighted. Their care plan was clear about the adjustments that needed to be made to promote their independence. They had several aids to support them on a daily basis. A specialist organisation had carried out an assessment and advised the person and staff which aids would benefit them.
- Some people used particular behaviours to communicate how they were feeling. Care plans were detailed and insightful, with a positive approach, to enable staff to understand what the person may be communicating and support them accordingly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- Staff were pro-active in supporting people to find opportunities within the local community to meet their interests and boost confidence. One person told us they liked to keep busy. They said staff had helped them to find more than one position as a volunteer, including helping to maintain cars.
- One person told us about the holiday they had been on last year, supported by staff. They enjoyed it so much, they chose to go to the same place this year. They said staff had helped them to arrange the holiday and to save money, so they could have a good time.
- A staff member told us one person wanted to do a college course but were not confident enough to attend. The staff member said they would like to learn the same subject, so they attended as students together. The staff member told us how they were able to support and encourage each other during the course.
- Each person had a weekly planner with the activities they planned to do, including daily domestic tasks and following their interests and goals. People were able to change their plan when they wanted but preferred a plan to work to.
- People were encouraged and supported by staff to keep in touch with family and friends. Some people met their loved ones at a place convenient to both. Others visited family members at their home and others preferred their loved ones to visit them.

Improving care quality in response to complaints or concerns

- There was a written and a pictorial complaints policy in place to help people to understand.
- There had been two complaints across the supported living service in the last 12 months. These had been dealt with in a timely manner and by following the provider's complaints policy. Both complaints had been from people who used the service.

End of life care and support

- No one at the service was currently being supported with end of life care.
- Discussions had taken place with some people regarding end of life support plans. Other people did not wish to discuss the subject, and this was respected, however, it was kept under review by staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider failed to have effective systems in place to check the quality and safety of the service. Shortfalls in staff training had been identified, but not acted on in a timely manner. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements in this area and were no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had made changes to their quality assurance systems since the last inspection, issues were identified and improvements could be made in a timely manner.
- There were two registered managers in post. Due to the complexities of people's needs, each manager was recruited for their specific skills and experience.
- The provider had a system in place to check the quality and safety of the service. Monitoring checks included; accidents, incidents of challenging behaviour, people's care records and medicines administration.
- The senior management team carried out monitoring visits to people's homes. This was to make sure the care provided was safe and the quality expected by the provider. Improvements needed were recorded, including the action taken.
- The nominated individual visited services, speaking to people and staff to gather their views of the service and concerns or compliments they had. Their visits were recorded, and their findings fed back to the relevant registered manager.
- The staff we spoke with described both registered managers as approachable. They told us they were supportive and helped them to maintain a work life balance by supporting them if personal issues arose. One staff member said, "(Registered manager) is fair. I can speak to (them). I can share my problems. This is definitely one of the better places I have worked at." Another staff member told us, "I would not want to work anywhere else."
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the supported living service office and on their website.
- The registered managers kept up to date with best practice and developments. For instance, they

attended internal and external events to learn about and share best practice. The provider also made sure information and professional updates were passed on to the registered managers and staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture at the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity, respect and independence.
- Staff described how people and staff were treated equally and with respect by the provider. One staff member said, "We are supported well. We can be honest, our feelings are acknowledged and we are not judged."
- People were comfortable approaching the two registered managers and clearly knew them well. The registered managers, the deputy manager and senior managers had the skills and experience they needed to manage the service.
- When things went wrong or there were incidents, the registered managers were open and transparent about these and informed relatives and commissioners as appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported and encouraged to give their views of the service and to have a say in how things were run at regular 'house meetings'.
- Surveys were given to people once a year to check their views of the service. The survey was in an easy read format, with pictures, for people to be able to show their response. The most recent survey showed people were happy with their support.
- People's relatives were asked to complete an annual satisfaction survey. The most recent survey showed good responses, including comments made.
- Staff said they were encouraged to give their ideas and views in regular staff meetings or when reviewing people's care.
- Staff helped people to be part of their local community where they could. For instance, people used the local shops, leisure centres and completed voluntary work locally.

Continuous learning and improving care

- The managers of all the providers services met each month to share good practice and keep each other up to date. The regular meetings included a clinical psychologist who supported the services. This made sure staff were kept up to date with clinical best practice and guidance and to debrief when incidents had occurred.
- The nominated individual or the operations manager attended local providers forums and events. The registered managers told us they fed back what had been discussed and local updates they needed to be aware of.

Working in partnership with others

- The numbers of people supported by the supported living service had grown significantly in the last year, since the last inspection. At the last inspection, four people lived within the service, this had increased to 16 at this inspection. The increase was a result of long and detailed planning. This included finding suitable properties with a reputable landlord and adapting them to suit the needs of the people they were intended for.
- The registered managers worked closely with health and social care professionals to make sure people

continued to receive good quality, joined up care to achieve their potential.