

Cartref Homes UK Limited

Whiteleaf Cottage

Inspection report

Lower Road
Teynham
Kent
ME9 9LR

Tel: 01795477966
Website: www.cartrefhomes.co.uk

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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 the service on 24 April 2018. The inspection was announced. Whiteleaf Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Whiteleaf Cottage is registered to provide accommodation and personal care for five younger adults who have a learning disability and/or who live with autism. There were five people living in the service at the time of our inspection visit. All of them had complex needs for care and as a result of this they were subject to various legal orders that required them to live in the service.

The service was run by a company who was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 9 October 2015 the service was rated, 'Good'.

At this inspection we rated the service as, 'Good'.

The service had been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. This helped to ensure that people with learning disabilities and autism living in the service could live as ordinary a life as any citizen.

People were safeguarded from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Medicines were managed safely. There were enough staff on duty and background checks had been completed before new care staff had been appointed. Suitable arrangements were in place to prevent and control infection and lessons had been learned when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included respecting people's citizenship rights under the Equality Act 2010. People received the individual assistance they needed to prepare their own meals and they were helped to have a balanced diet to promote their good health. Suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by

having suitable access to healthcare services so that they received on-going healthcare support. The accommodation was designed, adapted and decorated to meet people's needs and expectations.

People were supported to have maximum choice and control of their lives. The registered persons had also taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible. Policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they had been given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that was responsive to their needs and which promoted their independence. This included them having access to information that was presented to them in an accessible way. People had been offered opportunities to pursue their hobbies and interests. The registered manager recognised the importance of promoting equality and diversity. This included appropriately supporting people if they chose gay, lesbian, bisexual and transgender life-course identities. There were arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

The registered manager had promoted a person-centred culture in the service and had made the arrangements necessary to ensure that regulatory requirements were met. People who lived in the service and members of staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered persons were also actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains, Good.	Good ●
Is the service effective? The service remains, Good.	Good ●
Is the service caring? The service remains, Good.	Good ●
Is the service responsive? The service remains, Good.	Good ●
Is the service well-led? The service remains, Good.	Good ●

Whiteleaf Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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 used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 24 April 2018 and the inspection was announced. We gave the registered persons two days' notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home. The inspection team consisted of two inspectors.

During the inspection we spent time with four of the people who lived in the service. We also spoke with three care staff, a team leader, the acting manager, registered manager and operations manager. In addition, we observed care that was provided in communal areas and looked at the care records for two of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with three relatives.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I've lived here a while now and I'm settled well enough. The staff are good and I'm okay." Relatives were also confident that their family members were safe living in the service. One of them said, 'Whiteleaf Cottage has been very good for my family member. They're comfortable there and see it as home.'

People were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. The registered persons had established suitable systems to assist the people to manage their personal spending money. This included care staff supporting people to budget their money in the right way so that they had enough funds to buy goods and services. It also involved care staff checking to make sure that people were receiving all of the money to which they were entitled in order to protect them from the risk of financial mistreatment.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. An example of this was hot water being temperature controlled to reduce the risk of scalds. Another example of this was an arrangement that had been made to ensure that people only used sharp kitchen equipment when it was safe for them to do so.

Care staff were able to promote positive outcomes for people if they became distressed. When this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not remember when they were next due to leave the service to go shopping. The person was becoming anxious, loud in their manner and physically assertive. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. The member of care staff gently reminded the person about when they had planned to next go the shops after which the person became settled and relaxed.

Suitable steps had been taken to respond to an incident that had occurred shortly before our inspection visit. This had involved another person expressing their distress by damaging two of the service's windows. Records showed that the registered persons had ensured that the person understood that the logical consequence of their action would be having to pay for the damage to be repaired. This step had been taken as part of a broader response to help the person learn more constructive responses to occasions on which they were anxious and distressed.

Suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. The care staff who administered medicines had received training and they correctly followed written guidance to make sure that people were given the right medicines at the right times.

The registered manager told us that they had carefully established how many care staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. Records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered manager. During our inspection visit there were enough care staff on duty because people promptly received all of the care and individual support they needed.

We examined records of the background checks that the registered persons had completed when appointing three new care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Also, references had been obtained from people who knew the applicants. These measures had helped to establish the applicants' previous good conduct and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. These included the registered persons assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. The accommodation had a fresh atmosphere. Soft furnishings, beds and bed linen had been kept in a hygienic condition and care staff recognised the importance of preventing cross infection. They regularly washed their hands using anti-bacterial soap and we were told that disposable gloves were available for use if people needed to be assisted with close personal care.

There were systems and processes to enable lessons to be learned and improvements made if things went wrong. This included the registered persons carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent the same things from happening again.

Is the service effective?

Our findings

People told us that they were confident that care staff knew what they were doing and had their best interests at heart. One of them remarked, "The staff here are fine with me and we get along okay. They help me with the stuff I need to get done." Relatives were also confident about this matter. One of them said, "I think that the staff understand my family member very well and they know the assistance they need. If they didn't it would immediately be apparent in that my family member simply wouldn't be able to manage."

Robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. Records showed that the registered persons had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the registered persons carefully establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

New care staff had received introductory training before they provided people with care. This included completing the Care Certificate if the member of staff did not already have a recognised qualification. The Care Certificate is a nationally recognised system for ensuring that new care staff know how to care for people in the right way. Care staff had also received on-going refresher training to keep their knowledge and skills up to date. We found that care staff knew how to care for the people who lived in the service. This included helping people to set themselves achievable goals in order to develop their independence through experiencing success.

People had been supported to be as independent as possible in making their own meals. This included being supported to plan what dishes they wanted to have, shopping for ingredients and then preparing their meals. Records showed that people were being helped to follow a reasonably balanced diet including managing their weight by not eating too much high calorie food and by avoiding sugary drinks.

Suitable arrangements were in place to ensure that people received effective and coordinated care when they were referred to or moved between services. These included there being arrangements for care staff to prepare a 'hospital passport' for each person that contained key information likely to be useful if a person needed to be admitted to hospital.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

Suitable provision had been made to ensure that people were fully protected by the safeguards contained in the Mental Capacity Act 2005 (MCA) and the Mental Health Act 2015. These laws provide a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for

themselves. The laws require that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the legislation. In relation to the Mental Capacity Act 2005 the authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In the case of the Mental Health Act 2015 the authorisations are in the form of various 'orders' to which people can be subject in particular circumstances.

We checked whether the service was working within the principles of the legislation. Suitable arrangements had been made to obtain consent to care and treatment in line with the laws. The registered manager and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Suitable arrangements had been made to respond appropriately when people lacked mental capacity to make certain decisions. These arrangements included consulting with health and social care professionals who knew the person well and so who could contribute to making decisions that were in their best interests.

The registered persons had correctly made the necessary applications for DoLS authorisations for two of the people who lived in the service. This was because they lacked mental capacity and their freedom was being restricted in order to keep them safe. Care staff were complying with the conditions stated in the authorisations to ensure that the people concerned only received lawful care. Suitable provision had also been made to support healthcare professionals when deciding on what orders needed to be made and renewed under the Mental Health Act 2015.

The accommodation was designed, adapted and decorated to meet people's needs and expectations. There was enough communal space and the accommodation were decorated, furnished and heated to provide people with a comfortable setting within which to make their home.

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The staff are great with me and do stuff to help me even if I give them a hard time now and then." Relatives were also confident about their family members receiving a caring service. One of them remarked, "I do think that the balance is about right. The staff are caring for sure but at the same time they don't molly coddle my family member as he's a grown man and it wouldn't be appropriate."

The registered persons had provided care staff with the resources they needed to ensure that people were treated with kindness and given emotional support when necessary. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in the lounge and chatting with them about a birthday present they were planning to buy for a member of their family. The member of staff supported this conversation by helping the person to reflect on things that interested their family member and on gifts that they would like to receive.

Care staff were considerate and recognised that people benefited from being supported to personalise their home. Each person had been supported to personalise their bedroom with wallpaper, pictures and ornaments they had chosen. People had also been consulted about the way in which communal areas had been decorated.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most of the people had family and friends who could support them to express their preferences. Relatives told us that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. We saw care staff knocking and waiting for permission before going into rooms that were in use.

People could spend time with relatives and with health and social care professionals in private if this was their wish. Care staff had also assisted people to keep in touch with their relatives by post, telephone and visits.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People told us that care staff provided them with all of the assistance they needed. One of them said, "The staff give me lots of help but they don't take over and they try to get me to do things for myself." Relatives were also positive in their comments with one of them remarking, "I'm completely confident in the care provided in the service as I can see that my family member is well in themselves. I know how much support goes into achieving that result."

People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. The care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included help managing healthcare conditions, maintaining their personal hygiene and undertaking household tasks such as doing their personal laundry.

People were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. During our inspection visit two people received individual assistance to access the local community where they went shopping. Another two people went out to attend a local day opportunities service where they were offered a range of opportunities to learn and practice important skills to further develop their independence. Records showed that people had also been helped to regularly travel further afield to visit places of interest and to go away on holiday.

Care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. Also, care staff were aware of how to support people who had English as their second language, including being able to make use of translator services. Care staff recognised the importance of appropriately supporting people if they chose gay, lesbian, bisexual and transgender life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

There were robust arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. People had been informed in an accessible way about their right to make a complaint and how to go about it. The registered persons had established robust arrangements to ensure that any complaints would be quickly resolved so that lessons could be learned and improvements made.

The registered persons had made suitable provision to support people at the end of their life to have a comfortable, dignified and pain-free death. This included consulting with people and liaising with their relatives to establish how best to support a person when they approached the end of their life.

Is the service well-led?

Our findings

People considered the service to be well run. One of them told us, "The place is cool and runs okay. I've no problems with it." Relatives were also complimentary about the management of the service. One of them remarked, "I have no concerns at all about the service as it provides the care and organisation my family member needs. The staff know what they're doing and they're well organised."

There was a registered manager in post who had promoted a person-centred culture that had resulted in the service complying with regulatory requirements. Records showed that the registered persons had correctly told us about significant events that had occurred in the service. This is important so that we can promptly check that people are being kept safe. The registered persons had also displayed both in the service and on their website the quality ratings we gave at our last inspection. This is important so that members of public know how well the service is meeting people's needs for care

There were systems and processes to help care staff to be clear about their responsibilities. This included there being a senior member of care staff who was in charge of each shift. Arrangements had been made for a senior member of staff to be on call during out of office hours to give advice and assistance to care staff should it be needed. In addition, care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way. Care staff had also been provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The registered persons had made suitable arrangements to enable the service to learn, innovate and ensure its sustainability. They had regularly completed quality checks to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed.

People who lived in the service and their relatives had been engaged and involved in making improvements. Records showed that they had been regularly invited to meet with the registered manager and care staff to suggest how their experience of using the service could be improved. Action had been taken when improvements had been suggested. An example of this was a large screen television being installed in the lounge so that people could have a better experience of playing games on their consoles.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included operating efficient systems to manage vacancies in the service. The registered persons carefully anticipated when a vacancy might occur. This had been done so that they could make the necessary

arrangements for a new person to quickly be offered the opportunity to receive care in the service.