

Cintre

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Inspection report

Unit 4
Greenway Business Centre, Doncaster Road
Bristol
BS10 5PY

Website: www.cintre.org

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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

Cintre is a supported living service providing personal care to adults with mental health needs and or a learning disability. Each person has a self-contained flat in a property owned by a different provider called Graham Court.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received safe, personalised care that met their needs. People told us they felt well supported by the staff team who they said understood their needs well.

Systems were in place that supported people to stay safe. Staff understood how to protect people from harm and reduce the risk of accidents and serious incidents. People were supported by enough staff who had time to support people in a safe and effective way.

Staff were knowledgeable about how to support people and this was consistent with people's feedback. There was minimal reliance on agency staff. This helped ensure the staff team worked well together because they knew people and aimed to ensure they provided consistent care and support.

People were supported to take part in activities of their choice in the local community. People were supported with communication needs and there was guidance to help enable clear communication.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People received person-centred care in a setting that enabled them to have maximum choice, control and independence and promoted their dignity, privacy and human rights. The positive culture, ethos, values, attitudes and behaviours of leaders and care staff ensured people were able to live inclusive and positive lives.

We found that people's personal accommodation was respected by staff and this helped them have dignity and privacy. Staff supported people to make choices and to remain close if they wanted to with family, friends and the local community.

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

Rating at last inspection

This was the first inspection of the service since it was registered with us on 6 August 2020.

Why we inspected

This was a planned inspection based on this being the first inspection of the service since it was registered with us.

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.

Cintre

Detailed findings

Background to this 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 team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Supported Living: This service provides care and support to people living in a supported living setting, 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 did not currently have a manager registered with the Care Quality Commission. However, a new manager had just been recruited who was going to apply to be registered with us. The provider is 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or acting manager would be in the office to support the inspection.

What we did before the inspection

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 reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with seven people who used the service and seven staff in total. This included the nominated individual as part of our inspection. 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 two people's care records and medicine records. We looked at three 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.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Feedback included, "Yes, of course I feel safe, staff are lovely" and, "I feel very secure. Locks and a key fob for the office, I have a back-door key and go out as I please." A further comment was, "Staff are very protective in the flats, ask if I'm feeling alright."
- Staff told us they had received training in how to keep people safe and understood how to report concerns if they felt someone was at risk of harm.
- Staff were supported to understand how to keep people safe and identify signs of abuse by clear policies, procedures and guidance.

Staffing and recruitment

- People were protected because staff recruitment checks were robust, and thorough.
- Records confirmed when new staff were recruited, all security checks were completed to ensure staff were safe to work with people and of suitable character. Checks included obtaining written references from previous employers and checks with the Disclosure and Barring Service (DBS).
- People's feedback about staffing hours provided showed they felt there were enough staff to support them to meet their needs. There was a core team of long standing staff and rotas reflected agreed staffing hours for each person. Staffing levels varied throughout the day in order to meet people's individual needs and activities.

Using medicines safely

- People were supported so that their medicines were stored, administered, and managed safely.
- People's ability to take their medicines independently was assessed and plans were in place to support people to develop their skills in this area of their daily life.
- Staff had completed training and had been assessed as being competent in this area.
- Medicines were checked regularly, and any issues were promptly investigated.

Learning lessons when things go wrong

- The manager regularly monitored accidents and incidents for any actions that were needed to reduce the risk of reoccurrences.
- Records were clear and showed that preventative measures had been taken in response to an accident or occurrence.

Preventing and controlling infection

- People were supported to be safe because the provider had systems in place to protect them and staff

from the risk of infection.

- Staff had been trained in infection control and food hygiene. When needed, staff used personal protective equipment (PPE) correctly and safely.
- Staff supported people to maintain their flats in a clean and hygienic way. People were provided with information about COVID-19 to promote their own safety.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were positive about how they were supported by staff with their needs. One person said, "I think they do a lot; they have to go through training, where they are taught what to do, the training meets my needs." Another person said "It depends on the staff, some know me well but not the agency staff. I have agreed activities on different days of the week. It is important for me. The social worker will set up a meeting and involve people to create a plan." Another person told us, "My key worker is brilliant and is very clever at everything, makes doctor's appointments, emails everyone to check I am washed, cleaned and shaved, he encourages the others and me to try new stuff."
- People's needs were assessed to ensure staff could provide them with the right support. Assessments were person centred addressing people's physical, mental health and social needs. People and their significant others were involved in the process.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to be able to support them effectively. The staff one to one supervision meetings were not all being undertaken as regularly as the providers own policy required. The nominated Individual and manager had identified this shortfall. Actions were being put in place to address it.
- New staff completed a full induction and probation period to ensure they were safe and suitable to deliver care and support for people with learning disabilities.
- Staff were offered a range of ongoing training to ensure staff continued to develop skills and competency.

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

- People were supported to eat and drink enough. One person said, "I organise my food, staff would help if needed." Further comments included "I do the cooking, staff help I have good meals" and "I buy my own food, I can walk to the shops I can get bits and pieces locally, but if I ask staff will take me shopping."
- Care plans and risk assessments contained guidance about dietary needs and allergies. This helped staff understand what food was safe for people to eat.
- People were supported by staff with regular healthy eating sessions and budgeting sessions.

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

- Records showed swift healthcare referrals were made when needed. Staff supported people to access healthcare services such as annual health checks, neurology, occupational therapy, opticians and health screening.

- Records showed people were supported to access the dentist.
- Staff worked closely with healthcare professionals. These included GPs, district nurses, and speech and language therapists, to ensure a person's healthcare needs were met.
- Staff observed people's health and knew when to refer them to healthcare professionals for input and support.

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 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.

We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments and reviews took place as required.
- Training records showed staff had been trained to understand the principles of the MCA.
- Staff said they supported people to make decisions and ensured they had people's consent before providing them with care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us they were well treated by the staff. One person said, "The staff are lovely."
- People told us they were actively involved in decisions about their care and support.
- People said they were listened to and their choices were respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected them and their privacy. One said, "I lock my door as I have valuables in my room." Another person told us "Staff ring my buzzer; I am in control and let them in." Further comments included, "I go to my bedroom if I want to be alone, I do that a lot, I let staff in when they knock." and "Staff will ring my door bell, I will open the door as I have a key."
- People also told us how their independence was promoted. One said, "I do some work in the café at the church, when they have a toddler group." Another person told us "I can go out as I choose. The staff go with me."
- People were supported by staff who were trained in dignity in care. Staff also understood how to support people in a way that promoted their privacy and independence.
- People's right to confidentiality was respected. Policies and procedures were in place to ensure staff protected people's confidential information.
- Care records set out what people could do for themselves and how staff could support and promote their independence.

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

- People confirmed they felt very able to make their views known about their care and support or about anything that was important to them.
- Staff understood their role included supporting people to be able to make their views known and be involved in decisions about their care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 said staff provided a personalised service which helped them to meet their needs. One said, "I have a care plan, but I have not read it for some time", another person told us "I do have a care plan, it is excellent." A further comment was "I have support for fixed hours."
- Care plans identified people's diverse needs and what was important to them such as likes, dislikes and daily routines.
- Care plans also set out what people could do for themselves and how they preferred their care to be provided. People's support plans showed how care and support was personalised to meet their individual needs.

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.

- Systems were in place to ensure information was provided to people in an accessible format. These were in a written format and staff would explain to people verbally or using other communication methods if needed.

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

- People were encouraged to follow their interests, take part in activities and maintain relationships with those who mattered to them. One person told us, "I find spiritual care to be very important and keep in touch with the church, which is in walking distance. I go to two churches, I like meeting people." Another said "I like to play snooker, darts and watch Sky Sports, there is a local place. The staff go with me it is good to have someone to play with, some are good players." Further feedback included "I like to Watch TV and play music, I like all kinds of music", "I like model making and painting, I can get bits locally" and "I like to exercise, dance, use Alexa, colouring, and playing music on my keyboard."
- People told us they spent time on their own with fixed time during the day when staff provide any help they may need.
- Support plans were flexible, due to people's changing needs, and reviewed once a month or more frequently if necessary.

Improving care quality in response to complaints or concerns

- People were supported to make complaints and raise concerns. People knew how to complain. One said, "I would contact CQC, the council or talk to staff." Further comments included "I would go to the manager" and "Yes, I would talk to the manager or to the staff."
- There was a clear complaints policy. This was easy to follow and was user friendly to suit the needs of people being supported. One person said their complaint had been "resolved" another told us "The issue no longer happens."

End of life care and support

- At the time of our inspection no person needed end of life care.
- Policies and procedures were in place for staff if end of life care was needed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People described the management of the service as open and approachable. One person said, "I do talk to the manager and staff, especially my key worker. He knows if I am upset and asks, "What's up". If I am very upset, he will reassure me that "We are all here for you." Another comment was, "It is well run and managed, staff are very busy." Further comments included, "I am happy talking to the manager" and "Loads of support and staff are lovely."
- There was a positive culture within the staff team and staff spoke about their work in a very positive way. Staff spoke highly of the management team.
- There was an open culture and staff were encouraged to make suggestions about how improvements could be made. Staff could do this through informal conversations with the management team, staff meetings and supervisions.
- The staffing structure and support hours confirmed support and advice was available to staff.

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

- The provider had notified us, as legally required of significant incidents which had happened in the service.
- The management team conveyed they understood their responsibility to be open and honest when things go wrong.
- During the inspection the manager and Nominated individual communicated and shared information in an open and transparent way.

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

- The management team understood their legal responsibilities. These included submitting notifications and other important information to CQC when required to do so.
- Staff were also clear about their roles and explained to us how they supported people in their daily lives.

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

- People and their representatives were consulted with and their views were taken into account when making decisions about their care and support. One person told us "I do talk to the Manager and staff,

especially my key worker. He knows if I am upset."

- Staff were trained in equality and diversity and understood their role included upholding people's rights
- The manager and staff demonstrated a commitment to people and they conveyed they held very person-centred values.
- Staff knew people and their needs well and they told us they felt supported in their role. Staff could tell us about the improvements people had made since moving to the service and they were looking to explore with people how they could support them to enhance their lives further.
- Staff meetings were held and records of the meeting were available.

Continuous learning and improving care

- Monitoring systems in place included a range of audits and governance of the service in looking at ways to improve. Areas monitored included medicines administration, daily care notes and incidents.

Working in partnership with others

- People benefited because the service worked with a range of stakeholders involved in people's care. These included commissioners, local authority, community teams and social workers.
- Feedback was positive about how well the provider has worked with the stakeholders.