

Cartref Homes UK Limited

# Cartref Homes Supported Living Scheme

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

Cartref Homes Supported Living Service provides a specialist care and support service to people with learning disabilities, autism and physical disabilities. At the time of the inspection it was providing support for four people living in two 'supported living' settings, so that they could 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. Cartref Homes Supported Living Service also supported people who did not receive a regulated activity; CQC only inspects the service being received by people provided with 'personal care' help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There had not been a registered manager at since October 2017. The manager of the service had started the process to become the registered manager in April 2018 and their application was being processed at the time of this inspection. 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.

At the last inspection on 27 April 2016 we rated the service as Good. At this inspection on 21 June 2018 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance processes were not effective. The provider's training programme did not ensure that staff had the essential training they required for their roles. New staff had not received all the training they required to safely carry out their roles before supporting people alone in the community. Existing staff had not had their training refreshed at frequency outlined by the provider, to make sure they continued to have the skills and knowledge they required to support people. There were shortfalls in health and safety, fire, infection control, food hygiene, moving and handling and first aid.

People were protected against the risk of abuse. Staff and the management team knew how to recognise and report any safeguarding concerns and were confident in doing so. People knew how to raise a concern or complaint and there were processes in place to respond to these.

Risk assessments were detailed and gave staff guidance about any action staff needed to take to make sure people were protected from harm. When people presented behaviours that may challenge themselves or others, effective strategies were in place which had been developed in consultation with a clinical psychologist.

Effective recruitment processes were in place. There were suitable numbers of staff available so that people's individual needs were met at the times that they required support.

People understood the importance of keeping their home clean and were supported by staff to do so.

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

People were supported to maintain their health, access health services and were given information about how to eat healthily.

People told us staff were kind and caring and helped them to be independent. Staff supported people to take practical steps towards achieving their goals.

The provider was effective in responding to people's changing needs. People's view and experiences were sought and acted on so that people felt that they were really listened to.

Feedback from people, relatives and professionals was that the service was well managed and that staff and managers were approachable.

The provider worked alongside other agencies to continuously improve the quality of service provided.

You can see what action we told the provider to take at the back of the full version of this report.

## 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.

Staff were competent to administer medicines to the people they supported in the community.

Staff were knowledgeable about protecting people from harm and abuse.

Effective recruitment procedures were in place and staffing levels reflected people's individual needs.

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

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

New staff had not received the training they required to ensure they were competent to work alone. Existing staff did not have their knowledge updated on a regular basis in key areas.

People chose what they wanted to eat and were supported to make their own meals.

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

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

### Is the service caring?

Good ●

The service was caring.

Care was person centred and people were consulted about their care and treatment.

Staff were kind and caring, knew people well and treated them with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

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

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives and achieve their goals.

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

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was inconsistency in quality process as not all shortfalls highlighted in auditing processes had been acted on.

The service had an open and approachable management team.

People's views were central to the running of the service.

# Cartref Homes Supported Living Scheme

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We gave the service 24 hours' notice of the inspection visit because we wanted to be sure that the manager and staff were available. This announced office visit took place on 19 June 2018. Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned a PIR within the set time scale.

The inspection was carried out by one inspector. We visited three people in their own homes to gain their views and experiences. Questionnaire surveys were received from five people, one relative and three community professionals prior to the inspection. The feedback was positive about the quality of care and support that people received.

We spoke to the manager, deputy manager, nominated individual, team leader and one care staff. We viewed several records including two care plans; the management of medicines; the recruitment files of five staff recently employed at the service, staff training records; health and safety records; and quality and monitoring audits.

# Is the service safe?

## Our findings

People told us staff talked to them about how to keep themselves safe. They said staff advised them to check the identity of a person who came to their front door and that they took part in drills so they would know what to do if there was a fire. One person told us, "We did a fire drill yesterday. We walked to the door and stood outside. We all know what to do if there is a fire". Feedback from people, relatives and professionals in CQC questionnaires was that people were kept safe from abuse and harm.

The provider's medicines policy stated that staff received training in medication before supporting people with their medicines and that this training was refreshed each year. At staff induction, discussions took place regards staff's awareness of the principles and procedures of medicines management. However, six staff who supported people with their medicines had not undertaken any certificated training and two staff's training was overdue by 18 months. The provider acknowledged this shortfall and took immediate action to make sure that all staff who supported people with their medicines had the skills and knowledge to administer medicines safely. This included staff undertaking certified training to assess their competence in supporting people to manage their medicines.

An individual approach was used to support people with their medicines. People's medicines were stored securely in their rooms and checked that they were kept at the correct temperature to make sure they were safe to use. Each person had a medicines profile which stated their personal preferences in relation to how they wished to receive their medicines, any allergies and the reason why a person was prescribed each medicine. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN) and prescribed creams so they were safely administered according to people's individual needs. Medicines checks were carried out in line with the provider's policy to ensure there was a clear audit trail of all medicines entering and leaving the service.

Staff had access to the providers safeguarding policy and the Kent and Medway protocols supplied by the local authority who are legally responsible for investigating safeguarding issues. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff demonstrated they knew how to follow these procedures to keep people safe. Staff said that they felt confident that if they reported a safeguarding concern to the manager that they would act on it. The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Positive risk taking was promoted so that people could lead as full and as active a life as possible. Each person's care plan contained individual risk assessments in which risks to their safety in their daily lives were identified. This included the risks in relation to falls, the management of medicines and people's finances. Each assessment identified the seriousness and likelihood of harm occurring to the person together with a plan of action to make the person safe and reduce the potential impact of harm.

Behaviour support plans were developed through consultation with a clinical psychologist. They gave clear and detailed guidance for staff about how to support people who may present behaviours that could harm them or other people. The specific behaviours that the person may show were identified together with any

triggers in the environment, in relation to the person's personal history and any psychological factors. Specific behaviours were rated red, amber and green to clearly identify the assessed level of risk. Guidance was in place which detailed the most effective ways to support the person to minimise any occurrence and, if the behaviour occurred, how staff should respond. Staff had undertaken training in positive behaviour support and demonstrated they knew how to follow these principles and guidance in people's care plans to support people appropriately and safely.

Staff were aware of the reporting process for any accidents or incidents that occurred. Reports included details of what had occurred and the action taken in response to the situation. They demonstrated that staff took appropriate action if people had fallen or when first aid was required. All accidents and incidents were reviewed by the manager to identify if there were any patterns or trends which required further investigation and action. The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue.

Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements to ensure that they were safely evacuated from the service in the event of a fire. Staff knew people's support requirements, where PEEPS were kept and how to evacuate people in the event of a fire.

Staffing was centred around the individual needs of each person. The service had assessed each person's needs in consultation with the local authority with respect to how many support hours they required each week. This meant that people received one to one support to undertake activities and to go out at the times they preferred. At other times when people were more independent they received no support or it was shared with other people. Therefore, the staffing levels that the service provided were dictated by the needs and choices of the people who used the service. There was an on-call system if assistance was required outside of office hours. Feedback from people and professionals in CQC questionnaires was that staff arrived on time to support people stayed for the agreed amount of time and completed all tasks required of them.

Staff recruitment practices helped to protect people from the risk of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Personal protective equipment was available to staff including gloves and aprons. People were responsible for keeping the service clean with the support and guidance of staff. Staff were effective in helping people understand the importance of maintaining a clean home. These actions helped to protect people from cross infection.



## Is the service effective?

### Our findings

People told us that staff knew what support they needed and helped them to maintain their health. One person told us, "If I feel poorly, I tell staff and they call the doctor. I need to do exercises. I did my exercises this morning. There are pictures of what I need to do on my wall and in my care plan. Staff came to see I had done them". Feedback from people and professionals in CQC questionnaires was that staff had the right skills to support people. Health and social care professionals reported that staff acted on any instructions they gave.

The staff induction and training programme did not ensure that staff had the skills and knowledge to deliver effective care and support. There had been changes in staffing since our last inspection with a significant number of new staff joining the team. New staff had completed an induction which covered the philosophy of the service, safe working practices, an overview of people's needs and shadowing existing staff. However, new staff had not undertaken a certificated training programme which checked they were competent to work alone unsupervised in people's homes. Existing staff had not received refresher training at the required intervals as identified by the provider. This resulted in significant shortfalls in staff training. Out of a staff team of 18: 16 staff had not received training in health and safety and one staff's training was 18 months overdue; and eight staff had not received training in moving and handling. 12 staff had not received training in fire and one staff's training was 18 months overdue. Ten staff had not received training in infection control. Eight staff had not received training in food hygiene and one staff's training was a year over due. After the inspection, the provider sent training certificates and an updated training matrix which demonstrated that all staff had received training or been booked on training for health and safety, moving and handling and food hygiene. Training for three staff in fire safety and one staff in infection control remained outstanding. However, the provider had not addressed shortfalls in staff training in a timely manner until it was brought to their attention.

The registered provider had failed to ensure that staff received the necessary training, qualifications, competence and skills they required to support people. This is a breach of Regulation 12 of the Health and Social Care Act Regulations 2014.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Staff said they could approach the manager at any time if they needed support in addition to the formal supervision sessions available.

People's social, physical and mental health needs were monitored, assessed and developed into a care plan and 'Health Action Plan'. A Health Action Plan sets out what people need to do and how to access services to live a healthy life. For example, one person's plan stated that they could brush their teeth, but needed reminding to do so to maintain good oral health. The service was working in partnership with a dental practice to help this person be less fearful of attending the dentist. There was clear information about people's medical history and how this needed to be monitored. People received medical assistance from healthcare professionals when they needed it such as the dentist, doctor, optician, community learning

disability team and clinical psychologist.

People said they planned and cooked what they wanted to eat. One person told us, "We all cook different meals that we choose". People were encouraged to eat a healthy diet and information about how to do this was contained in people's care plans. Staff monitored people's weights so that prompt action could be taken if people gained or lost a significant amount. People had access to the kitchen and could make their own snacks, drinks and meals at a time of their choosing.

The manager and staff understood their responsibilities to work within the requirements of the Mental Capacity Act 2005 (MCA). The MCA 2005 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. We checked whether the service was working within the principles of the MCA. Applications must be made to the Court of Protection in order to legally deprive people of their liberty. Where a person's family member or representative had made such an application, the service had taken steps to check the authenticity of this documentation. Most staff had attended MCA training and understood that one of its principles was to assume that people had capacity to make their own decisions unless otherwise assessed. Feedback from health and social care professionals in CQC questionnaires was that staff and the manager understood the principles of MCA and how to put them into practice.

# Is the service caring?

## Our findings

People said that staff treated them with kindness and knew them well. One person told us, "The staff are friendly. They know me and my likes and dislikes. They are all written in my care plan. Staff have a laugh and a joke with us. We have a lot of banter because I like to have a joke". We observed staff sharing jokes with this person during our time spent at their home.

People said they were involved in making choices and decisions in their day to day lives. One person told us, "We have meetings, called service user meetings, when we talk about things we would like to do and any changes". People said that they were involved in the day to day running of their home including cooking and cleaning. They said that this helped to make them more independent. One person told us, "Staff know how to cook and they help me make things like cakes and biscuits. I am going to cook butterfly cakes later. Do you like them?" Another person proudly showed the inspector their bedroom and en-suite bathroom which they had cleaned that morning. Their pride in their achievement demonstrated that staff valued people's contributions.

Feedback from people in CQC questionnaires was that they were involved in making decisions and were introduced to new members of staff before they supported them with their care. People, relatives and professionals responded that staff were kind and caring, treated people with dignity and respect and helped people to be independent. A relative said that they were always consulted about their family member's care.

Care plans included detailed information about people's personal history, likes and dislikes and people who were important to them. This gave clear guidance to staff about what made people happy or unhappy. Staff demonstrated they knew people well and described their character in a positive manner, focusing on their strengths and individual personality. Staff helped to make people feel they were valued. People were also asked about their future goals and consulted about the practical steps they needed to take to achieve them. Records evidenced that people were given the support and advice they required to work towards achieving their goals.

Staff listened to people and talked to them in an appropriate way so they could understand. They used short instructions and gave people time to process information when speaking to them. People were given information about advocacy services and supported to access them when they were required. One person had used an advocate to help them express their views about moving homes and another about the effects of their actions on their health. An advocate is an independent person who helps people express their needs and to get the care and support they need.

People were supported by caring, respectful staff who appreciated and welcomed diversity. People were proactively supported to express their views and staff could provide the information and support required. People were encouraged and supported to develop and maintain relationships with people that mattered to them. People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture that were important to them.

## Is the service responsive?

### Our findings

People said they were fully involved in planning their care. One person told us, "We have a keyworker. They attend meetings where we sit around the table and talk about what I have done and how I am getting on with my care manager". Everyone knew who their keyworker was, that they had a plan of care and that staff wrote notes about their support each day. One person told us, "There is a lot written in my care plan, but I understand what it is about. Staff have talked to me about it".

People said that they had an activity planner which they had been involved in, and that they were supported to do things that were of interest to them. People said that they spent time at home relaxing, talking to staff, baking and watching television. They also said that they spent time outside their home. One person told us, "I have been to the supermarket to get the newspaper this morning. I like to know what is going on". Another person told us, "I went to see a wrestling match. I have a poster of wrestling on my wall. They have another wrestling matching in October at the pub over there and I am going to go. I have also been to the circus".

The provider was responsive to people's individual needs. Packages of care were arranged around the need of each person. All the people who used the service had previously lived in residential care and the provider had supported them to live more independently. When people's circumstances changed the provider had quickly adapted to meet their needs. This included providing additional support or flexibility in how support was provided to meet people's physical or emotional needs.

Staff and the management team understood people's needs with regards to their disabilities, race, sexual orientation and gender. They gave examples of how they had challenged forms of discrimination to protect people's rights. People were supported to find out about and attend activities which reflected their diverse needs so that their differences were valued. Care plans contained detailed guidance for staff about the support people required in relation to their daily living, social and health needs. Staff followed this guidance when supporting people during the inspection to ensure their safety. Care plans were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them. People's daily routines were detailed and included people's personal preferences. Staff were knowledgeable about people's preferences and demonstrated they were considered in all aspects of each person's care and support. Care plans were updated and reviewed regularly to make sure staff had the most up to date guidance to follow. Progress reports evaluated how effective care plan guidance was in achieving the best outcomes for people.

The provider had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People said that they felt confident to talk to speak out if they had any worries or concerns. One person told us, "If I had a worry I would talk to my keyworker or the manager or staff". Feedback from people and relatives in CQC questionnaires was that everyone knew how to make a complaint and that the service

responded well to any issues that they had raised. People were given a copy of the complaints policy in a 'easy read' format when they first started to use the service. This set out how to make a complaint and how it would be investigated. The provider updated the complaint policy immediately after the inspection to include details of the Local Government Ombudsman (LGO). People have a right to contact the LGO if they are not satisfied with how the provider has responded to their complaint.

## Is the service well-led?

### Our findings

People knew the manager of the service and were relaxed and at ease in their company. One person told us, "The manager is here every day". People said they were pleased with the support they received and that they would recommend it to other people. One person told us, "I would recommend the service to other people as it helps you learn new skills". Feedback from professionals in CQC questionnaires was that the service was well managed, that staff and managers were approachable and that the service tries hard to continuously improve. Most professionals responded that the service exchanged relevant information and that they were asked for their views about the service.

Quality assurance and audit systems were in place, but they were not fully effective. Shortfalls had been highlighted in staff training and recording. The manager had discussed staff record keeping at team meetings and coached staff resulting in improvements in the completion of daily logs and shift planners. The manager had communicated with the provider that staff were not completing essential training before supporting people unsupervised and that the training programme in place was not effective in refreshing existing staff's training at the required frequency. The provider had discussed the staff training programme with the head of training to look at the best way forward. However, shortfalls in staff training had not been addressed in a timely manner. At the time of the inspection staff were providing direct care to people without being trained in medicines, health and safety, fire, infection control, food hygiene, moving and handling and first aid which was unsafe.

The registered provider had failed to ensure there were effective quality assurance process in place. Shortfalls in staff training had been identified, but not acted on in a timely manner. This is a breach of Regulation 17 of the Health and Social Care Act Regulations 2014.

Staff did not have access to the provider's most up to date policies and procedures. The manager took immediate action to obtain those policies which had recently been reviewed by the provider.

The manager and provider worked in partnership with other organisations. The manager attended collaborative meetings with health professionals and the local authority. Regular clinical management meetings took place to appraise the clinical psychologist of any incidents, changes to behaviour patterns or increase in risk taking and to discuss the most effective way to support people. Representatives of the provider attended multi-disciplinary meetings on learning disability and challenging behaviour. Staff also had access to a selection of journals related to learning disabilities and health and social care. All these actions helped the provider to keep up to date with current practice and learn and improve the way it supported people.

Staff and the management team were clear about the aims and vision of the service and how to put them into practice. The provider's vision was, "To see all those we support valued as equal members of the community in which they live. To see all those we support living lives of health, ambition and fulfilment". Staff said there was good communication within the team and that handovers between shifts highlighted

any changes in people's health and care needs. Staff meetings took place to discuss training opportunities, best practice recommendations and to discuss consistency in how to support people. When staff had raised issues, such as their shift patterns, they had been listened to and action taken accordingly for the benefit of staff and people. Reflective practice had been introduced to staff supervision and team meetings. This enabled staff to openly discuss areas of working which they found challenging in a safe environment.

People's views were sought and acted on. 'Easy read' quality assurance surveys had been sent to people in 2018. The results were that people felt listened to, took part in activities they enjoyed, were treated with respect and were supported to be independent. At tenant's meetings people had expressed their views about the environment. People were informed of the landlord's plan to make improvements to their home and this was clearly important to people as they spoke about it to us during the inspection visit.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider understood when to submit notifications to CQC in line with guidance.

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 judgements. We found the provider had displayed their rating in the office and on their website.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure that staff had the necessary training, qualifications, competence and skills they required to support people.</p> <p>Regulation 12 (2) (c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure there were effective quality assurance process in place. Shortfalls in staff training had been identified, but not acted on in a timely manner.</p> <p>Regulation 17 (1) (2) (a) of the Health and Social Care Act Regulations 2014.</p>