

Mr D Hall & Mrs J Hall

Cartref Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 1 & 2 October 2014 and was unannounced. At the last inspection in May 2014 enforcement action was taken due to breaches in regulations which related to respecting and involving people, care and welfare, safeguarding, staffing, safety and suitability of the premises and quality assurance. As a result of safeguarding concerns the local authority suspended placements with this home and the suspension was in place when we visited. At this inspection we found improvements had been made to meet the relevant requirements.

Cartref is a small home that provides personal care for up to six people with learning disabilities. On the day of our inspection there were three people living in the home. Accommodation is provided in single bedrooms, one of which has ensuite facilities. There is a lounge, sun room, kitchen and laundry as well as bathroom, shower and toilet facilities. There is a garden and a greenhouse to the rear of the property.

The home had a registered manager who was also the registered provider. A registered manager is a person who

Summary of findings

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 and associated Regulations about how the service is run.

People were safe as staff supported people so that risks were managed with minimal restrictions. Staff had received safeguarding training and knew how to identify and report abuse. Staffing levels meant people's needs were met, however we recommend more staff are employed so people can access more opportunities in the community. People received their medicines when they needed them.

No-one at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff lacked understanding of, and had not been trained in, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, although training was planned for November 2014.

Robust recruitment processes were followed and staff received the induction and training they required to meet people's needs. People's nutritional needs were met and they received the health care support they required.

Staff had developed good relationships with people and were kind and caring. People were given choices and their privacy and dignity was respected.

Staff responded to people's needs and ensured they received the care they needed. However, care plans required further development to make sure people's preferences and choices were fully reflected. We recommend that the home considers relevant guidance on person-centred care planning for people with learning disabilities.

Leadership and management of the home had improved and the culture was more open. However, these improvements need to be sustained and developed further to ensure people receive high quality care. We recommend that the home explores the relevant guidance on providing high quality care for people with learning disabilities.

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

Summary of findings

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 was safe, although improvements were required. People said they felt safe and we saw risks to people were assessed and managed appropriately. People were protected by staff who understood the safeguarding procedures and would not hesitate to use them if they had concerns.

There were enough staff to meet the needs of people currently living in the home, however more staff would provide people with further opportunities to go out in the community.

Safe recruitment practices ensured staff employed were suitable and safe to work in the care home.

People received their medicines safely and when they needed them.

Requires Improvement



Is the service effective?

The service was effective, although improvements were required. Staff were trained and supported which ensured they had the skills and knowledge to meet people's needs.

No-one living at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff were not trained and did not understand the requirements of the Mental Capacity Act 2005 and DoLS.

People had access to healthcare services when they needed them which meant their health care needs were met.

People's nutritional needs were met. They had access to food and drinks of their choice in the home and went out for meals in the community.

Requires Improvement



Is the service caring?

The service was caring. Staff were caring and kind and there was a relaxed atmosphere. Staff listened to people and involved them in decisions.

People's independence was promoted and privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive, although improvements were required. Staff were responsive to people's individual needs, although the care plans needed more work to reflect people's preferences and choices.

People were involved in activities in the community as a group and independently.

People's views were listened to and acted upon through daily interactions with staff as well as more formally in meetings and surveys.

Requires Improvement



Summary of findings

People knew how to raise complaints and had access to the complaints procedure. No complaints had been received.

Is the service well-led?

The service was well led, although improvements were required. The home had a registered manager. Improvements had been made which meant requirements made at the last inspection had been met.

The culture had changed and was more open, yet further developments were recommended to ensure people and staff were fully involved in key decisions about the service. The improvements made need to be sustained and developed further to make sure people receive high quality care.

Requires Improvement



Cartref Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 & 2 October 2014 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the information we held about the home and contacted the local authority, infection control, the fire authority and Healthwatch. We usually

send the provider a Provider Information Return (PIR) before the inspection. 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. We had not sent a PIR to the provider before this inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with all the people who were living in the home, three care staff and the registered manager.

We looked at four people's care records, four staff files and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms (with their permission), bathrooms and communal areas.

Is the service safe?

Our findings

We found improvements had been made to meet the requirement about safeguarding. People told us they felt safe living at Cartref. They said if they did not like the way another person spoke with them or how the home was run they would complain to the registered manager. They said they were sure the registered manager would take any concerns seriously and do something about it.

We saw evidence in staff files which showed staff had completed recent safeguarding adults training. Staff we spoke with demonstrated a good understanding of safeguarding and described the signs which may indicate possible abuse. They told us they would report any concerns to the registered manager and were aware of other relevant agencies they could contact if their concerns were not addressed. One staff member said, "I'd have no hesitation in reporting abuse to other agencies if I thought it wasn't been dealt with in the home." Staff knew where to find the safeguarding policy and procedure and we saw this was up to date and easily accessible.

We saw people's personal money was kept securely within individual files and the registered manager explained the system for recording any money people requested and spent. Receipts were obtained for all items people bought and people signed their money in and out as required. The manager told us two staff signatures as well as the person's own signature were recorded. We saw people discussed what they wanted to spend their money on and they told us they bought what they wanted.

We found the way in which risks to people were managed had improved which meant people were kept safe yet their freedom and choice was not unnecessarily restricted. Our discussions with people and the records we reviewed showed that people were supported to go out independently and pursue activities of their choice, which had not been the case when we inspected in May 2014. For example, one person told us they enjoyed going to the local library on the bus and another person said they were going on the train to visit their family for the weekend. A further person told us they liked helping staff making meals and described times when they had done this. We saw there were risk assessments in place to make sure people were kept safe. People told us they knew what to do in the event of the fire alarm going off. One person showed us the action they would take and took us outside to the

assembly point. They said they regularly practised emergency evacuation with staff. We saw each person had their own pictorial personal emergency evacuation plan in their records.

We found improvements had been made to meet the requirement about the safety of the premises and equipment. We saw maintenance certificates and safety records for the premises, such as gas safety, electrical wiring, fire safety equipment and portable appliance tests (PAT) were up-to-date. Window restrictors and radiator guards had been fitted and hot water temperature checks were recorded.

We found there were sufficient staff to meet the needs of the people who were currently living at the home as occupancy and dependency levels had reduced since our inspection in May 2014. However, if further people were admitted to the home or dependency levels increased the staffing levels would need to be increased accordingly.

We saw from the duty rotas that there were occasions when only one staff member was on duty for three people. On one occasion the rota showed one staff member for four people. This was when a person was staying for respite care who according to their records required close supervision. On one date the rota showed there had been no staff on duty from 3pm to 4pm. We discussed this with the registered manager who said she had been present and people would never be left alone. She said when the rota showed only one member of staff, she was also always present, either in the building or on call nearby. Our discussions with staff and people who lived in the home confirmed there was always a member of staff on duty. The registered manager acknowledged the rotas were not accurate as they did not reflect this and said she would ensure this was addressed immediately.

We spoke with staff who said when there was only one staff member on the rota this was sufficient to ensure people's needs were met and it was manageable. They said the manager was usually present or could be easily contacted to come quickly if required. Staff told us that although people's physical care needs were met when only one staff was on duty, this limited people's choice of activities. We discussed this with the registered manager who told us she was looking to recruit additional staff so that people had more opportunities to go out and participate in different activities.

Is the service safe?

We looked at staff files and saw there had been a clear recruitment, vetting and induction process followed to ensure staff suitability. In supervision records we saw staff were always asked whether anything had affected their suitability to care for people since the last supervision, which showed staff's ongoing suitability was being monitored.

We found improvements had been made in relation to infection control prevention and management. Following our inspection in May 2014 we contacted the infection control team who visited the home and carried out an audit. Recommendations were made and an action plan was developed by the registered manager. At our inspection we found these actions had been completed.

The home was clean and tidy. We saw there were supplies of liquid soap and paper towels and there were posters displayed to show correct hand washing procedures. Colour coded cloths were available for different cleaning purposes and cleaning products were stored securely. We saw arrangements were in place for the safe disposal of clinical waste. We saw staff using personal protective

equipment (PPE) appropriately. We met with one staff member who was the lead for infection control. They told us they had completed training to develop their knowledge and improve practice and they had responsibility for making sure correct procedures were being followed by staff to keep people safe from the risk of infection. This staff member attended local infection control meetings where best practice was discussed and shared. The staff member said although they carried out regular checks to ensure safe practices were followed, these were not recorded.

People told us they received their medicines when they needed them and we saw this happened in practice. Medicines were stored safely, however the medicines fridge was not locked. Following the inspection the registered manager provided evidence to show a lock had been fitted. Administration and disposal records were well completed, however there was no record of medicines ordered and received into the home. The registered manager responded immediately to put these records in place. Records we saw and discussions we had with staff confirmed those who handled medicines had received medicines training.

Is the service effective?

Our findings

People told us they thought staff were 'good at their job'. One person said, "They know me and they know what I like".

We found improvements had been made to meet the requirement about staff training and supervision. We looked at staff files and evidence of staff training. We saw staff had attended recent fire safety training. Staff's skills for care qualification records showed they had received recent training in safeguarding, medicines in care homes, food hygiene and prevention of infection. We noted staff had not had recent training in moving and handling, although there were no people living in the home that required such staff assistance. We spoke with a new staff member who told us about their induction which included shadowing a more experienced staff member. We saw from their staff file they had not completed a first aid refresher course or medicines training, although we saw there was an action plan in their supervision notes to address this. Staff told us where they had not received up to date training, such as in medicines, they did not work unsupervised.

Staff told us they received regular supervision and we saw evidence of this in staff files, which showed training needs and actions were discussed and reviewed. The registered manager told us staff appraisals were booked for October 2014.

We saw staff involved people in decision making and sought their consent before providing care and support. However, our discussions with staff showed they lacked knowledge of the Mental Capacity Act (MCA) and there was some confusion between mental capacity and mental illness. Staff could not recall when training had last been done and there was no evidence in staff files that staff had received any MCA training. Staff lacked understanding of the Deprivation of Liberty Safeguards (DoLS) that may need to be in place should they need to restrict a person's liberty in order to ensure their safety. We looked at the care records for one person who visited for respite care and spoke with staff about this person. Staff told us this person was not allowed to leave the home without a member of staff to accompany them. There was a risk assessment in this person's file which stated 'needs discreet constant supervision at all times' and said staff were to 'make sure the person was never unsupported at any time, in the home, the community, on day trips or holidays'. However,

there was no mental capacity assessment. We discussed this with the registered manager and following the inspection they confirmed discussions they had held with the Local Authority with regard to this person's mental capacity and an assessment had been completed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed breakfast time on both days of our visit. We saw people chose what to eat and there was a range of foods available to them. People told us they liked the food and one person said they liked to join in and help make the meals sometimes. People told us they went shopping for food locally and chose what to buy. We heard staff asked people what they would like for their evening meal. People told us when they went to Joy's Hall they had a cooked lunch. On one of the days we visited people told us they had eaten shepherd's pie for lunch and enjoyed their meal. We saw people had their choice of drink in their rooms and one person told us they had a favourite drink which they liked to buy. We saw people were supported to eat healthily. For example, the care records showed improvements in one person's health following recent weight loss.

People told us they went with staff locally to access services such as healthcare and opticians. One person needed their glasses adjusting and staff helped them make arrangements for this. Staff told us they took people to attend appointments where necessary, such as the GP or the hospital and we saw evidence of this in people's care records. The manager told us they had just been given a priority contact number to be able to contact the local GP for advice or refer concerns quickly about people's health. The care records showed people were referred to the relevant healthcare professionals when needed. For example, one person had been referred and attended hospital for investigations for a specific health need.

We found improvements had been made in the environment, which made it better for people who lived there. A new carpet had been fitted in the lounge and entrance hallway. The kitchen had been redecorated and new flooring fitted and the home was cleaner and tidier than when we last visited. Locks had been fitted to the toilet and shower area and privacy foils to the glass, which meant people's privacy was maintained. People told us they now had keys to their bedrooms and could lock them

Is the service effective?

when they went out. The communal areas provided space for people to spend time alone or with others as they wanted. People showed us the garden and greenhouse which they said they enjoyed spending time in.

Is the service caring?

Our findings

We found improvements had been made to meet the requirement about involving people and treating them with dignity and respect. When we inspected in May 2014 we found staff showed a lack of compassion and understanding for people and interactions were limited and of poor quality. As a result the atmosphere in the home was tense and we observed people were not at ease.

At this inspection we found a marked improvement. There were fewer people living in the home which meant staff had more time to spend with people. There was a relaxed atmosphere and we saw people were comfortable around staff. We found staff had developed good relationships with people and we saw they were kind and caring in their interactions. There was laughter and banter and we saw staff spent time with people chatting and relaxing, whereas at the previous inspection staff had distanced themselves from people. We saw staff spent time with one person helping them with their computer and playing a game with them. On another occasion staff were chatting with people about a recent trip to the bingo hall. Another person was helped by staff with a sewing activity. We saw staff encouraged people and gave praise which people responded to positively.

One person told us how much they missed a person who had left the home as they had been close friends. They told us of arrangements they had made with the registered manager to keep in touch with this person. We heard this being discussed and ideas suggested by people were

listened to by the registered manager and responded to positively. People told us how the registered manager and staff had supported them following a recent bereavement, which they said had helped them.

Our discussions with staff showed they clearly knew people's individual needs, personalities and preferences. Staff told us they knew when people were not well or unhappy because of their behaviour or how they looked as well as what they said. We saw staff noticed when a person was not happy and tried to find out why. Staff told us they had a good knowledge of people's social histories and this helped them support people in a meaningful way. We saw care records reflected people interests.

We saw people were supported to be independent and their privacy and dignity was respected and promoted. People had their own rooms, which had been decorated and furnished to reflect their choices. One person who showed us their room said, "I've got everything I need and it's all my favourite colour." People looked well cared for. People were wearing clean clothing and were well groomed.

We saw people were supported to maintain contact with family and friends. One person told us about their weekend visits to stay with relatives. Another person told us how they kept in touch with their relatives through regular phone calls and visits.

We saw staff consulted with people about daily decisions and they listened to their views. Staff told us they had undertaken recent dignity and safeguarding training with the local authority and this was verified in their training records.

Is the service responsive?

Our findings

We found improvements had been made to meet the requirement about people's care and welfare. People told us they received the support they needed from staff and had choices in their day to day care such as when they had a shower, what they had to eat and drink and when to get up or go to bed. We saw evidence of this when we visited. For example, one person told us they had enjoyed a 'lie in' and had a later breakfast than others. Another person said they always liked to get up early and have their breakfast 'first thing'. People knew about their care records and told us they could look at them if they wanted.

We looked at the care records for the three people living in the home and for a person who stayed for respite care on a regular basis. We found the records were more personalised than they had been at the previous inspection. We saw some care plans provided good detail of individual needs and preferences, although others needed further development. For example, one care plan provided detailed information about personal hygiene and the support the person required from staff. Yet other care plans were not individualised and we saw the same standard phrases used for all three people. Although some of the care documentation was provided in a pictorial format, other records were not, which meant they were not easily accessible to people. There was information about people's social interests and a weekly plan showed the different activities people took part in. People's daily records were well completed and provided a clear picture of how people had spent their days and what support and care had been provided. We found some records pertaining to people's care were kept separately such as review meetings and healthcare visits. This meant all the information about people's needs was not available in their care files, which could result in staff not being aware of changes to the care and support people required. We saw health action plans had been completed, although all needed dating and signing. We recommend that the home considers relevant guidance on person-centred care planning for people with learning disabilities.

There was limited information about the respite person's social history and their personal preferences. However, the registered manager told us they were in the process of updating this and we saw new 'person-centred plan' blank records to be used for this purpose. Risk assessments were

in place for this person and we saw they were assessed by the Speech and Language Therapy (SALT) team as having 'problems with eating and drinking'. As such, the plan stated the person's food must be soft and easy to swallow. There was a nutrition and dietetic advice list in the person's plan showing foods to avoid. Our discussions with staff showed they were aware of the person's eating requirements but said the person often ate food that was not soft or liquidised. Staff said this was the person's choice but there was no evidence of this in the care plan. We saw on the person's daily notes they had eaten 'cheddar crisps' and 'yorkshire pudding and roast beef'.

When we last visited in May 2014 we found people were given little choice about activities and their independence was not supported or promoted. We found at this inspection improvements had been made. People told us they enjoyed doing activities, sometimes all together and sometimes individually or with just one other person. For example, they said when they went to Joy's Hall this was a group outing, although they usually chose what to do when they got there, such as knit, read, use the computers or watch a film. At other times people told us they went out separately shopping, horse-riding or to the library. People told us they had recently started going to bingo and they all said they enjoyed this very much. Two people told us they had been 'dropped off' in town and enjoyed going to the market and having a coffee together. One person was looking forward to visiting their relatives and travelled independently on public transport.

People proudly showed us examples of what they had been doing. For example, we saw their knitting and sewing work and photographs of a recent holiday to Bridlington. Another person showed us tomatoes they had grown from seed in the greenhouse and told us they enjoyed eating them for tea. People talked about a forthcoming caravan holiday and said they were looking forward to this. They said they had a group discussion with staff about where they would go and what they would like to do there. People told us how they enjoyed visiting the hairdressers at the local college where they chose different styles and colours and had their hair done. We saw people were encouraged and supported by staff with daily living skills such as laundry, cleaning and meals.

Although we found people were supported to be more independent, we considered more could be done to empower people and optimise their quality of life. For

Is the service responsive?

example, exploring with people how they could access meaningful opportunities in the community such as volunteering, working, education or leisure activities. Our discussions with people showed they had a variety of interests and were keen to explore new opportunities. One person had worked in the past and told us how much they had enjoyed the job. We discussed this with the registered manager who acknowledged more could be done and agreed to look at ways this could be achieved.

People told us they were happy living in the home. One person said, "I like it here". Another said, "We are very happy". Another person told us, "We all get on really". We heard people sorted minor disagreements out themselves,

such as who was going to use the washing machine first. People told us they would complain to staff if necessary and 'staff would sort things out'. We spoke with the registered manager who told us there had been no complaints since the last inspection. She showed us a blank record book to note any complaints but none had been received. We saw the complaints policy and procedure was displayed in the entrance on the wall. There were also questionnaires available for staff and visitors to complete to share their views about the service. We saw people had completed pictorial surveys and feedback was positive.

Is the service well-led?

Our findings

At this inspection we found improvements had been made to meet the requirement about assessing and monitoring the quality of service provision.

When we inspected the home in May 2014 we found significant shortfalls in the way the home was led and managed which resulted in poor outcomes for people who lived there. The registered manager told us they had worked hard since the last inspection to make improvements and had addressed the actions raised. They said they recognised standards had slipped and had worked hard with staff to put things right.

We found a positive change in the culture. Over the two days we spent on the inspection the registered manager was open and approachable with staff and people who lived in the home. Interactions between the registered manager, staff and people were respectful and appropriate, which had not been evident at the last inspection. People looked happier and more relaxed around staff and the registered manager. We observed people's views were listened to and acted upon.

Staff we spoke with who had been there since the last inspection said things had improved. One staff member said, "Things have lifted, it's not as depressing." Another staff member said, "Things haven't changed much really." One staff member said people's plans were becoming more personalised with pictures and there had been improvements in the way people's money was handled and the activities they did. One staff member said the training they had received, and discussions with the registered manager, had made them reflect on how they spoke to people. They said they realised language they had used in the past was not appropriate and now thought about what they were saying and how it came across to people. The registered manager told us they had spoken with all the

staff following the last inspection and discussed their roles and responsibilities. Staff told us the manager was very visible in the service and involved in people's care as well as the running of the home.

We saw in staff files evidence of regular supervision meetings in which training needs and actions set were discussed.

We saw records of a recent residents' meeting where holidays and activities were discussed. The manager told us staff meetings were held monthly, which was confirmed by staff we spoke with.

We looked at accident and incident records and found there had been only one accident since our last inspection, which was well recorded.

We saw evidence that showed the health and safety works identified at the last inspection had been completed. We spoke with the fire officer before our inspection who confirmed actions had been completed apart from some work to the patio doors in one bedroom. The fire officer told us this was not a risk as the room was currently unoccupied, however the work required completion before the room was used. We discussed this with the registered manager who confirmed the work would be completed before anyone was admitted to the room. We saw records which showed regular health and safety checks were carried out and were up-to-date.

Although we found improvements had been made in addressing the requirements made at the last inspection, we considered more work was needed to ensure improvements were sustained, reviewed and developed further to ensure people received high quality care. While outcomes for people who currently live in the home had improved, further development is required in creating and embedding a culture where people are empowered and enabled to maximise their full potential. We recommend that the home explores the relevant guidance on providing high quality care for people with learning disabilities.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to care and treatment provided for them.</p>