

# Cartref Homes UK Limited

## Ulcomb House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Ulcomb House is registered to provide accommodation and personal care for a maximum of five people who have learning difficulties. There were four people living at the service at the time of the inspection. Some people at the service had one to one and two to one support. The service was spread over three floors of one adapted building and had an enclosed garden at the rear. This property housed several small buildings including office space for the provider and administrative staff and a maintenance workshop.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service could live as full a life as possible and achieve the best possible outcomes that included control, choice and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service:

People were treated with kindness, respect and compassion. We saw staff listening to people, answering questions and taking an interest in what people were saying. People were supported to express their views and be actively involved in making decisions about their care and support. People's privacy, dignity and independence were respected and promoted. One relative commented in a review, "My Son is well supported by the staff."

People were protected from abuse. Staff received regular safeguarding training, knew how to identify potential signs of abuse and knew how to report concerns. Risks to people and the environment were assessed and minimised. Risks associated with people's care had been identified and appropriate risk assessments were in place.

Staff were knowledgeable about the Mental Capacity Act 2005, knew how to seek consent for care and knew the process to help those who lacked capacity to make decisions. People's needs were met by the adaptation, design and decoration of the service.

People had good relationships with staff, who were knowledgeable of their support needs, as well as likes, dislikes and interests. Staff were responsive to changes in people's health needs. If needed, they sought advice from relevant professionals.

There were enough staff to keep people safe and meet their needs.

The registered manager recruited staff with relevant experience and the right attitude to work with people. New staff were given an induction and all staff received on-going training.

People's needs were assessed, and their care was delivered in line with current legislation.

People felt included in planning their care. People were supported to live the lifestyle of their choice. People told us they were listened to by the management of the service. One person told us about a future move to more independent living.

People could involve relatives and others who were important to them when they chose the care they wanted.

People received a person-centred service that met their needs and helped them to achieve their goals and ambitions. People were encouraged to be as independent as possible.

People were fully involved in their care planning and received information in a way that they understood. The care plans used were consistently reviewed and updated.

Care planning informed staff what people could do independently and what staff needed to do to support people.

Staff supported people to maintain a balanced diet and monitor their nutritional health. People had access to GP's and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Medicines were stored and managed safely. There were policies and procedures in place for the safe administration of medicines. People received their medicines when they needed them from staff who had been trained and competency checked.

People were protected by the prevention and control of infection.

People felt comfortable raising any complaints with staff and the registered manager.

People were asked for feedback about the service they received.

People said the registered manager was approachable and supportive.

Accidents and incidents were reported by staff in line with the provider's policy, and the registered manager took steps to ensure that lessons were learned when things went wrong.

The provider and registered manager made sure they monitored the service in various ways to ensure they continued to provide a good quality service that maintained people's safety.

The provider, registered manager and staff were working with a clear vision for the service.

Rating at last inspection:

This service was rated, 'Requires Improvement' at the last inspection (published on 26 July 2018).

At this inspection, we found the service met the characteristics of 'Good' in all key questions.

Why we inspected:

This was a comprehensive inspection scheduled based on the previous rating.

Follow up:

We will continue to monitor the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Ulcomb House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

One inspector carried out this inspection on the 5 July 2019.

#### Service and service type:

Ulcomb House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection:

This was a comprehensive inspection and was unannounced.

#### What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last comprehensive inspection, on 10 May 2018. This included details about incidents the provider must notify us about, such as abuse or serious injury.

During the inspection, we spoke with one person who lived in the service, one relative, the registered

manager, the head of care and two members of staff. We reviewed a range of records. This included two people's care records and medicine records. We also looked at two staff recruitment records, assessment, supervision and support records and reviewed records relating to the management of the service, staff training, recreational activity records and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People told us they felt perfectly safe when being supported by staff.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

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. One person said, "I am happy here, I feel safe."
- Staff knew how to identify different types of abuse and were confident that any concerns they had would be managed appropriately by the provider and registered manager. People and their relatives knew who to contact outside of the service if they had concerns, for example, social services safeguarding team.
- Training had been updated and was on-going, so staff could keep up-to-date with changes to legislation and best practice. The registered manager and provider liaised with the local authority safeguarding team when required.
- Staff were able to provide examples of pro-active actions they had taken to protect people from bullying and harassment. When we spoke to staff they were clear about how important it was to ensure that people were protected and the steps they had taken to protect people were evidenced in people's support plans and other documents.
- Staff were supported to understand how they could 'whistle blow' to external organisations such as social services if they had concerns. Staff told us that they had not had any concerns about people's safety.

Assessing risk, safety monitoring and management

- The risks involved in delivering people's care had been assessed to keep people safe. Risks to people and the environment were assessed before people moved in. The assessments included assessing and recording actions to reduce risks. Staff assessed people's mobility, nutrition and health needs and staff knew what actions to take to minimise risks.. For example, if people needed support going out and about in the community. The care records included instructions on what action to take if any changes in behaviour were noted.
- Individual assessments were carried out for those who required it. This included how to support a person who at times preferred only certain members of staff to support them.
- The maintenance of the premises was planned to reduce risks. The premises were in good order. Small repair works were attended to promptly.

Using medicines safely:

- Processes were in place to make sure people received their medicines safely. People's ability to manage their own medicines was assessed before they were admitted to the service. People were supported when taking their medicines.
- Medicines were stored safely. Following a recent visit from the pharmacy the storage of medicines had



been re-arranged following advice. Staff described how they kept people safe when administering medicines. 'As and when' required medicines (PRN) were administered in line with the provider's PRN policies.

- Processes were in place to safeguard people and staff when medicines were being administered. Staff supporting people with medicines had undertaken medication training.
- At the time of the inspection no one required 'end of life' care medicines.

#### Learning lessons when things go wrong

- A system was in place to record accidents and incidents. Accidents and incidents were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong. Actions were taken to reduce the risk of recurrence.
- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.

#### Preventing and controlling infection

- People were protected from the risk of infection. There were daily, weekly and monthly cleaning schedules which were followed by staff.
- Staff were provided with infection control training.
- There was a legionella risk assessment in place and water temperatures were checked regularly. This ensured that water quality was maintained and reduced the risks of exposure to waterborne illness.
- The kitchen and food storage areas were clean and free from clutter that could cause bacteria to build up. The dining space was in the conservatory and was clean and well maintained.

#### Staffing and recruitment

- There continued to be enough staff to keep people safe. Staffing was matched to people's assessed needs. Staff were deployed on shift as needed to support people. On the day of the inspection, there were two staff and the registered manager to support three people in the service. A further two staff were supporting a person in the community. There was one waking staff at night, with always a member of staff close by 'on call'. The registered manager was able to deploy more staff as and when people's needs changed.
- Staff continued to be recruited safely. For example, Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable. We reviewed two staff files for the newest members of staff and evidenced that a robust recruitment procedure was in place. Most staff had worked at the service for several years.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had now improved to Good.

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's needs and choices had been assessed before they received any care, so that care achieved effective outcomes in line with guidance. One relative told us about the assessment process and about the contact they had with the registered manager. Questions that were asked at the time of the assessment were to make sure that the service could meet the person's needs.
- Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.

Staff support: induction, training, skills and experience

We recommended at the last inspection that the provider reviewed staff training and ensured that training was up to date in line with the providers policy. We found that improvements had been made.

- People were supported by staff who had the skills, knowledge and experience to deliver effective care. We evidenced from the staff training records and staff confirmed that training had been updated and was now regularly undertaken.
- Staff received a mix of online and face-to-face training regularly, including subjects such as first aid, fire safety and health and safety. When people had specific needs, staff were provided with specialist training in order to effectively care for them. For example, behaviours that challenge.
- Staff received supervision and an annual appraisal and told us they felt well supported. Staff continued to have the support they needed to enable them to develop into their role with the skills and confidence required to support people well.
- Staff we spoke with had good knowledge and understanding of their role and how to support people effectively.

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

- Staff continued to support people very well with their health needs.
- People had access to healthcare to maintain their health and well-being. We saw in people's support plans that they had accessed services such as GP, dentists, and dietitians. For example, involving health care professionals to discuss ways of reducing risks. For one person, health care professionals had advised on a range of regular exercises to improve muscle strength. This information was seen in the care plan and records showed that staff followed the guidance provided.
- When needed external support and equipment had been secured promptly and helped people continue to

live independently and safely. For example, supported to access equipment to help them feel less anxious. We observed that the person had access to this equipment and was able to use it when they needed to.

- Staff knew people well and people's health continued to be regularly monitored. For example, staff supported some people to check for signs of ill health or injury when they were unable to do this for themselves. Where people needed to monitor their weight to stay well they were weighed regularly and changes were recorded. This information was recorded and monitored by staff. If there were concerns about the person's weight staff told us that they would contact the relevant health professional.
- Staff encouraged people to be active and exercise to maintain a healthy weight and some people went to the gym regularly. Where health and social care professionals had made recommendations, we saw that these had been listened to and were followed.
- There was information in place for people to take with them if they were admitted to hospital. This included important information that healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

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

- People did not always require assistance with nutrition or hydration. People were able to choose what they ate and when they ate although staff encouraged people to eat at regular times in order to remain healthy.
- People used laminated pictures to choose what items were on the menu. Staff told us that sometimes people would eat the same meal and other times they all ate different things and staff supported them to do so. Some people were able to cook for themselves with little or no support. Staff encouraged people to cook and eat healthy meals.
- Some people were being supported to learn to buy their own meals and cook for themselves. People had been supported by staff to use visual prompt cards which had photos of every step of a recipe to learn how to cook. This had enabled some people to learn to cook more independently.
- There was a gas and an electric cooker in the kitchen. Staff told us that they supported people to learn to cook using both types of cooker so that they would be able to do so if they moved. For example, some people were planning to move to a non-residential setting such as supported living.
- We observed staff supported people to wash up their dishes after a meal or drink. Staff spoke kindly to people and prompted them when needed. Another person made themselves a drink and staff carried the drink to the room the service user chose to go to.
- Where people were at risk of choking whilst eating staff had made a referral to the speech and language therapy team (SaLT). There was clear guidance for staff on how to support the person to manage this risk.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and found that they were. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear. We observed people choosing where they wanted to go, what they wanted to eat and what they wanted support with. Staff were respectful of people's choices and decisions.
- Where people did not have the mental capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests. The registered manager told us, that everyone currently living at the service had the capacity to make their own decisions.

Adapting service, design, decoration to meet people's needs

We recommended that the provider reviewed the environment and decoration of the service and took action according to their findings. We found that improvements had been made.

- Re-decoration of the hallways and communal areas had been undertaken and people told us that they had chosen the colours and some had helped with the painting. The registered manager told us that people chose the decoration for their own room.
- The registered manager told us that new carpet for the hallway and stairs was on order. We were informed after the inspection that the carpet had now been fitted.
- The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.
- The garden was secure and accessible and we observed people accessing the garden independently and enjoying the space.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

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; equality and diversity

- Staff continued to treat people with compassion and kindness in their day-to-day care. Staff spoke calmly and patiently to people with language that was appropriate to their needs. Staff told us they knew people well, it was a small service and staff said people received consistent support.
- People were comfortable and at ease in the company of staff. The atmosphere at the service was relaxed and calm.
- Staff sought accessible ways to communicate with the people they supported as some people needed support to communicate and express their views. Staff had worked with people to identify how they wanted to communicate and how best to support them. For example, one person had a device which had a pictures to speech application. This involved touching a picture on a screen to trigger the device to say a sentence or word. This helped the person to communicate more independently. Where people preferred to use picture cards staff had worked with people to develop these. We observed that staff would communicate with people about what they were going to do before they did it. This was detailed in care plans which explained when people needed reassurance.
- People were asked about how they wanted to be supported to meet their equality and diversity needs such as support relating to their religion or sexuality. Staff were supporting a person with their relationship and moving to more independent living.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support. One relative told us that staff were very supportive and involved people in decision making.
- Staff invited people and their relatives to the person's initial assessment and subsequent reviews of their care.
- One relative told us about the review meetings and said they felt able to speak up.
- If people did not have relatives to support them, the management team would refer to external advocates for support. Advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to be as independent as possible. Care plans considered people's strengths

and abilities, such as how they took part in making decisions about their care, or what aspects of the care they could complete themselves.

- People had their dignity and privacy respected. Staff said this might include shutting doors when providing intimate support. One person said, "We are treated with respect, this is our home."
- People at the service were being supported to become more independent. The service aimed to support people to learn the skills they needed to move to more independent settings. People were being supported to learn to undertake daily living tasks more independently. For example, some people were able to undertake more aspects of their own personal care. Other people were able to cook for themselves. People were also encouraged to visit the providers office and liaise with the administration staff, for example, to book their holidays. When people were being supported to learn new independence skills, staff recorded what went well and what challenges the person faced. This enabled staff to support the person to build upon this learning the next time and focus on areas that were challenging.
- The registered manager made arrangements which ensured that private information was kept confidential. Care and staff records containing private information were stored securely at the office when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Staff told us they would not share information about a person without their consent.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive support which was based around their needs, choices and preferences. Each person had their own individualised care plan which detailed the support they needed, and how staff were to provide that support. The plans were written in a personalised way.
- Family and friends who were important to people were recorded in the care plan. For example, different family members such as brothers and sisters as well as close friends who played an important role in people's lives. Support networks were clearly set out so that staff knew the relationships and who to contact.
- Care plans were regularly reviewed and any change in information was updated immediately by staff.
- Care plans were drawn up with people, taking into consideration information and advice from health professionals such as district nurses and occupational therapists.
- The provider met the principles of the accessible information standards 2016 (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in easy read format and staff used these easy read documents and other pictures explain things to people.

Improving care quality in response to complaints or concerns

- The complaints procedure was detailed, giving the information needed if people wanted to make a complaint. Guidance was given about where to take their complaint if people were not satisfied with the response, such as the Local Government Ombudsman (LGO).
  - The registered manager told us that they encouraged people to complain and express their views when they were unhappy or wanted something to change.
  - There was an easy read guide to complaints on display at the service and staff had signed people's support plans to acknowledge that they had explained the complaints policy to people.
  - People and their relatives told us that they knew how to complain and would do so if they felt the need.
- The registered manager told us, there had been no complaints made since the last inspection. One relative told us they had no complaints.

End of life care and support

- No one at the service was currently being supported with end of life care. Staff had discussed people's religious preferences with them. Staff were aware that people at the service would become anxious and would find end of life difficult to discuss. Staff told us that they had had discussions with some people's relatives and were working to develop end of life plans.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a clear vision for the service which was based on providing a service which respected people's rights and supported them to become independent, make choices and express their views.
- The registered manager had the skills they needed to manage a learning disability service. They were experienced and demonstrated that they were caring.
- Staff were aware and understood the vision and values of the service.
- It is a legal requirement that a registered provider's latest Care Quality Commission 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. The registered persons had conspicuously displayed their rating on their website and within the service, which were accessible to the public.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff if they wanted a copy. Staff had a good understanding of the values that were expected of them and agreed that a good quality service was what they all strived for.
- The registered manager checked if staff followed the values held by the provider by discussing them in supervisions. Staff told us, "The registered manager is always supportive and listens to us."
- Staff told us they thought the culture at the service was transparent and open, and the registered manager was available if they had queries or concerns. People who lived in the service said the service was well led.

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

- Arrangements had been made for the staff in the service to learn, innovate and ensure sustainability.



- The registered manager continued to carry out a number of audits and checks to make sure a safe and effective service was provided. For example, medicine, care plan, and health and safety audits. Additionally, the views of people, their relatives and staff were gathered and acted on to help improve the service.

#### Continuous learning and improving care

The provider had failed to monitor staff training and making improvements. This breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance, was now met.

- Staff training was now up to date.
- The registered manager continued to monitor the quality of service provided.
- The registered manager worked alongside staff on a regular basis and was able to lead, review and understand staff practice.
- Appropriate procedures were in place for investigations, staff grievances and disciplinary matters.
- Checks and audits continued to be completed. The registered manager audited aspects of care such as medicines, health and safety, support plans, training, infection control, fire safety and equipment. These checks ensured that people were getting the right support, that the service was safe and that medicine was being managed safely. The provider undertook unannounced bi-annual audits of the service covering all areas of the service.
- Regular staff meetings were held. Changes to peoples support and other areas of the service were discussed at these meetings. We saw detailed minutes of meetings held and confirmed that these took place. Staff told us they felt comfortable raising issues and ideas with the registered manager.

#### Working in partnership with others

- The registered manager and staff worked in partnership with people, their relatives and health and social care professionals to ensure people have the best outcomes.
- The registered manager and staff helped people to be part of their community, using local resources and keeping close contact with health and social care professionals to make sure people had access to joined up care when necessary.