

Cintre

Cintre Severnoaks

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

This inspection took place on 25 May 2017 and was unannounced. When the service was last inspected in March 2016 we found two breaches of the regulations of the Health and Social Care Act 2008. The breaches related to safe care and treatment and need for consent. These breaches were followed up as part of our inspection. The service was rated 'requires improvement.' in March 2016.

Cintre Severnoaks is registered to provide accommodation for up to seven people who have complex mental health needs. At the time of our inspection the service was providing support to five people.

A registered manager was in post at the time of 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 our previous inspection the provider was not fully adhering to the principles of the Mental Capacity Act (2005). Although some further work is required we found sufficient improvements had been made. We were advised that the kitchen and pool room were locked overnight. There was no evidence that people had consented to this restrictive practice. The registered manager agreed to review their protocol and ensure that the necessary consideration with people is taken forward as a matter of priority. Apart from this issue the service enabled people to make their own decisions and assisted them to understand the decision making process.

At our previous inspection the provider was not consistently managing medicines safely. We found sufficient improvements had been made.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff were supported to undertake training to enable them to fulfil the requirements of the role.

Risks to people were assessed and where required a risk management plan was in place to manage an identified risk and keep the person safe.

People were supported by a small experienced team. Enabling relationships had been established between staff and the people they supported. Support plans to enhance people's independence were promoted by the service and staff members.

A care plan was written and agreed with individuals and other interested parties. At people's requests some family members attend care plan meetings. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed.

People were supported to maintain good health and had access to external health care professionals when

required.

Staff described the registered manager as supportive. Comments from people confirmed they were happy with the service and the support received.

There were systems in place to assess, monitor and improve the quality and safety of the service.

Further information is in the detailed findings below.

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.

Medicines were managed safely.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk.

Is the service effective?

Good ●

The service was effective.

People's rights were in the main being upheld in line with the Mental Capacity Act 2005.

Staff received appropriate support through a supervision and training programme.

People were supported to maintain good health and had access to external health care professionals when required.

Is the service caring?

Good ●

The service was caring

We received a number of positive comments from people about the staff.

Enabling relationships had been established between staff and the people they supported.

Staff demonstrated they had a good understanding of people's individual needs.

Is the service responsive?

Good ●

The service was responsive.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

A care plan was written and agreed with individuals and other interested parties.

People undertook activities personal to them.

Is the service well-led?

The service was well-led.

Staff described the registered manager as supportive.

People were encouraged to provide their views and were actively involved in the decision-making process.

To ensure continuous improvement the registered manager conducted regular compliance reports.

Good ●

Cintre Severnoaks

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.

The unannounced comprehensive inspection took place on 25 May 2017. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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.

On the day of the inspection we spoke with two people, three members of staff and the registered manager.

We looked at three people's care and support and medicine administration records. We also looked at records relating to the management of the service such as the incident reports, audits, surveys, supervision and training records.

Is the service safe?

Our findings

At our previous inspection the provider was not consistently managing medicines safely. The provider sent us an action plan telling us how they intended to meet the requirements of the regulation. We found sufficient improvements had been made.

People were receiving their medicines in line with their prescriptions. Staff had received training in medicines and were assessed regularly. PRN protocols were in place for each person. The term PRN is given to a medication which is to be taken 'when required' and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. Medicines were stored in a lockable medicines cupboard to ensure that they could not be accessed by anyone who was not authorised to do so. Stock checks of all medicines were undertaken. The balances we checked were correct.

The service is committed to promoting independence for people. Where appropriate and safe to do so they actively promoted self-administration of medicines. Risk assessments were in place to manage people's self-medication. People who self-medicated had their medicines audited on a weekly basis and were checked and signed-off by the person and a staff member. To keep account of the medicines when leaving the service the provider has introduced a protocol for signing in and signing out medicines when a person leaves the service for a number of days.

People told us they felt safe living at the service. One person told us; "I feel safe I want to get my own place. The staff support me."

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was manageable. Staffing levels were maintained in accordance with the dependency needs of the people who lived at the service. We observed that there were sufficient staff to help people when needed, such as providing support with household chores and being available to provide advice when requested.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with the registered manager and that they would be listened to. Staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise

concerns in this way.

Risks to people were assessed and where required a risk management plan was in place to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as financial management, nutrition, accessing the community, epilepsy management and visiting relatives. Assessments were reviewed regularly and updated, when required. Where one person required assistance with their nutrition they agreed to preventative and protective measures with the staff team. This included; seeing a health professional; being reminded by staff about the health implications of eating unhealthy foods; and agreeing only to drink sugary soda on certain days of the week. Although a risk management was in place staff were mindful not to make negative comments if the person chose to buy treats.

In the event that people were involved in accidents or incidents, these events were reported and recorded by staff, and action was taken to reduce the risk of things happening again. For example, an incident regarding challenging behaviour resulted in a referral to the Community Learning Disabilities Team (CLDT) and a review of the person's positive behaviour support plan. The service provided reassurance to the person that their placement was secure. However, there was a need to manage their challenging behaviour.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained. Environmental checks had been undertaken regularly to help ensure the premises were safe. These included, fire safety, water and building maintenance. Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is a bespoke 'escape plan' for people who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency.

Is the service effective?

Our findings

At our previous inspection the provider was not fully adhering to the principles of the Mental Capacity Act (2005). The provider sent us an action plan telling us how they intended to meet the requirements of the regulation. Although some further work is required we found sufficient improvements had been made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and found that it was. No one was subject to a DoLS authorisation. Everyone had the mental capacity to make their own decisions.

Staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). When discussing the MCA and DoLS with staff they understood the importance of promoting choice and empowerment to people when supporting them. However, we were advised that the kitchen and pool room were locked overnight. There was no evidence that people had consented to this restrictive practice. One person commented; "How can I be independent if they restrict access to a room?" Apart from this issue the service enabled people to make their own decisions and assist them to understand the decision making process. Consent had been agreed by the person regarding their level of care and the areas of consent were documented in their support plan.

We recommend that the registered manager review their protocol regarding restrictive practices. When discussed with the registered manager they provided assurances that this issue would be taken forward as a matter of priority,

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed to ensure staff and people at the home were safe. For example, food hygiene, fire safety, health and safety and infection control training had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people who used the service had been provided for staff, such as epilepsy awareness.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's nutrition and hydration needs were met. People were encouraged to eat a healthy, balanced diet and their food choices were respected. People had the choice to eat together in the evening and assisted with the food preparation. Staff would offer assistance, if requested. To enable their independence one person with staff assistance cooked meals in their own flat. Staff prepared menu guidance for the person to follow.

People were supported to maintain good health and had access to external health care professionals when required. We saw people had received input from the GP, epilepsy nurse, dentist and psychiatrist.

Is the service caring?

Our findings

We received a number of positive comments from people about the staff. Comments included; "I discuss what I need. The staff support me. They help me with my money and budget"; and "It's fairly good here. The staff help with laundry. My room is always tidy and I'm organised. I can go out whenever. I get on with [staff member's name] really well."

People were supported by a small experienced team. Enabling relationships had been established between staff and the people they supported. Support plans to enhance people's independence were promoted by the service and staff members. Each care plan held essential daily living plan needs which specified the support required by the individual. To ensure their needs were met people had access to their own key worker. This provided the person with one-to-one time with a named member of staff to discuss their needs and formulate action plans. For one person this included assisting a person to attend exercise classes. In a recent newsletter it was reported how one person was currently being assisted to become independent so that they can live on their own. This included setting a budget and managing their own finances.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. One member of staff provided examples of how people preferred to be supported and told us they encouraged people to be independent, as far as possible. Staff told us that they would offer hands on support when requested or required. Staff enabled people to undertake tasks themselves. People undertook their own room management and household chores.

Our observations showed that good relationships had been established between staff and the people they provided care for. Staff spoke about people in a meaningful way and took an active interest in what people were doing. Staff offered support to people with their plans. We observed one person being assisted with their CV as they wanted to apply for voluntary work. Staff were talking through their personal strengths to help them compile a personal statement.

Staff respected people's privacy. People were able to have time alone and their personal space was respected. People were coming and going as they pleased. We observed that people had access to the staff room if they wanted to seek advice or pop in for a chat. People chose their own décor for their bedroom. One person told us how they helped in the garden. They grew their own vegetables and mowed the lawn. The atmosphere in the house was friendly and relaxed. Where one person was expressing challenging behaviour staff provided assurance and adopted distraction techniques to alleviate their behaviour.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared happy living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties. At people's requests some family members attend care plan meetings. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the independent living skills, education and placements, finance, physical health and social interaction. Staff responded to any issues identified by the person by amending plans of care. One person was being supported to attend an education centre to help them find employment. Staff were working with them on their areas of interests and strengths to support them to find a suitable course. One person had access to an advocate. An advocate supports people to have a stronger voice and to have as much control as possible over their own lives.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included profiles agreed with their keyworker and included what was important to the person and how best to support them. People undertook activities personal to them. Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. Activities included voluntary work, going to the gym, attending educational courses, attending church and music festivals. One person told us they had slept overnight in the town centre with their church group and had raised over six thousand pounds for charity.

The provider had systems in place to receive and monitor any complaints that were made. The service has received one anonymous complaint this year to date. The registered manager investigated the complaint and an audit trail of their findings and actions taken was documented.

Is the service well-led?

Our findings

Staff described the registered manager as supportive. Staff members confirmed that they would approach the registered manager if they had any concerns. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as assisting with people's goals to become more independent. Staff comments included; "My training prepares me for difficult situations"; "The registered manager conducts supervision. He is a very good manager, very conscientious. He will delegate but will still oversee"; and "He's approachable. Staff retention is very good and we offer a continuity of care. I'm supported."

The registered manager encouraged an open line of communication with their team. Regular staff meetings were held. We viewed minutes of the previous staff meeting and issues directly involving the running the home were discussed alongside company-wide issues. This meant that staff were informed about the proposed future strategic development of the provider.

Systems were in place to ensure that the staff team communicated effectively throughout their shifts. A communication board was displayed in the office which highlighted important events for staff consideration. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers before their shift commenced.

People were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals. Regular house meetings were held to seek people's views on the service and their thoughts on issues such as activities and house rules and chores. People told us they were happy living at the service.

To ensure continuous improvement the registered manager conducted regular compliance reports reviewing issues such as service user concerns, incidents, care plan reviews, well-being and training. The report identified compliant practice and areas where improvements were required. A recent audit identified the need to review one person's support regarding their transition.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.