Care Quality Commission

Care Management Group Limited

Care Management Group - 7 Birdhurst Rise

Inspection report

7 Birdhurst Rise
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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

Overall summary

This inspection took place on 19 May 2015 and was unannounced.

7 Birdhurst Rise is owned by Care Management Group, a specialist provider of care homes for adults with learning disabilities and challenging behaviour. This service provides accommodation and personal support for up to eight people. There are eight single bedrooms all with en-suite bathroom facilities.

We last inspected in November in 2013. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our 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

Summary of findings

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.

The service had safeguarding policies and procedures in place and staff were trained appropriately. This helped protect people from the likelihood of abuse or neglect. Recruitment procedures were robust, and only suitably vetted staff were employed to work in the service

People were comfortable and relaxed in the company of the staff supporting them. They were cared for by staff who were familiar with their needs and who they could communicate effectively with.

The service promoted positive risk taking and actively supported people to be independent and involved in all areas of daily living. Risks people may experience were assessed, and there were effective procedures for ensuring that any concerns about people's safety were appropriately managed.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Staff respected people's decisions about what they wanted to do such as choosing activities and lunch.

People received effective care and support because the service had sufficient numbers of staff to support people. The staff team had a variety of skills and experience and had undertaken relevant qualifications to care for people.

People using the service had up to date health action plans which gave an overview of the person's health needs and acted as an indicator of change in health requirements. Information on health and social care needs was kept up to date and reviewed regularly as people's needs changed.

There were hospital passports for each person to aid good communication with hospital staff. If they were unexpectedly admitted to hospital these contained essential information about the person, such as their age, any medical condition, medicines they were taking, known allergies and relevant contact numbers.

People were supported in a way that did not inappropriately restrict their freedom. Some people had some restrictions placed on their liberty to help ensure their safety. Staff had followed the procedures outlined by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were properly considered. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The service was well managed and run in the best interests of people using the service. People were empowered by being actively involved in decisions about their care and about the running of the service.

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?

Good

The service was safe. People felt safe, the home had appropriate numbers of well-trained and appropriately recruited staff available over twenty four hours to support them.

The service promoted positive risk taking and actively supported people to be independent and involved in all areas of daily living. The provider had systems in place that promoted a safe environment. Medicine procedures were safe.

Is the service effective?

Good

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included policies and procedures and guidance in people's care plans.

People were provided with a variety of nutritious food they chose and that met their needs. Staff liaised with healthcare professionals as required to ensure people had their health needs met.The home was pleasantly decorated and made comfortable to meet people's needs and preferences.

Is the service caring?

Good

The service was caring. Staff were respectful and polite when supporting people who used the service. They were aware of people's communication needs and communicated with them in a way they understood. Staff supported people to make day-to-day decisions about their care and they respected people's choices.

Staff promoted people's privacy and dignity. Staff supported people to maintain relationships with their family and friends.

Is the service responsive?

Good

The service was responsive. Care plans were regularly reviewed and updated to reflect any changes in the person's support. These helped staff respond to changes in individual needs and circumstances.

Staff had an excellent understanding of each person's care and support needs and their personal preferences. Each person had a designated member of staff who acted as a key worker. This helped ensure people received personalised care of an exceptionally high standard.

The registered manager ensured people, relatives and staff were able to continually express their views and give feedback on any issues or concerns.

Is the service well-led?

Good

The service was well-led. Staff felt supported and were aware of their responsibility to share any concerns about the care provided at the home.

The registered manager and the provider monitored incidents and risks to make sure the care provided was safe and effective.

The management team had an effective quality assurance process that audited processes and monitored outcomes experienced by people; they reviewed the way they worked in order to improve the way people's needs were met.

Care Management Group - 7 Birdhurst Rise

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We visited the home on 19 May 2015, the visit was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we spoke with eight people using the service, three care staff and the registered manager. Some of the people living at the service had limited communication so we spent time observing staff working with them. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed. We contacted the host local authority safeguarding lead, we spoke with the family members of four people who used the service. As none of the people were assigned a regular social worker to contact; we looked at the outcomes of two recent statutory reviews completed by duty social workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and their relatives said they thought the service was safe. One person told us, “A really good place to live, myself and my friends feel safe here.”

There were policies and procedures regarding the safeguarding of vulnerable adults which staff knew how to use. Staff were trained in procedures for safeguarding people; this was confirmed by training records. Staff we spoke with were aware of what to do within the service if they had any concerns about the safety or welfare of people. Staff were aware they could report any concerns to the local authority safeguarding team and felt people were safely cared for as they knew what to do to keep people safe. There have been no concerns raised about the welfare of people using this service.

Robust systems were in place to ensure that staff looked after people's money safely. Appropriate documentation was in place with regard to income/expenditure made on people’s behalf as well as policies and personal risk plans to safeguard their interests. Records were kept of all financial transactions and daily checks were made at the staff handover to ensure that these were correct. The provider also carried out regular audits of financial expenditure records to ensure accuracy.

The service promoted positive risk taking and actively supported people to be independent and involved in all areas of daily living. Records showed that the risks people may experience had been assessed, and there were effective procedures for ensuring that any concerns about people’s safety were appropriately managed. There were risk assessments in place in relation to people maintaining their independence, doing household chores such as shopping laundry. Staff knew how to keep people safe while encouraging them develop independent skills. For example we saw a staff member support a person use the electric kettle safely, they gave the person clear instructions to make sure they placed water in the kettle before switching it on. Another staff member was observed supporting a person to be independent in getting their breakfast ready, they continued to prompt them throughout the task. The information was personalised and covered risks that staff needed to be aware of to help keep people safe. Examples included activities such as swimming, behavioural support in accessing the home and wider community.

Relatives said the staff made sure people were safe and knew how to support people who

had behaviours which challenged others. We saw information about how staff should support people who may behave in a way that put themselves or others at risk of being physically harmed. Each person had a positive behaviour support plan. The care provider had a clinical team that supported the staff team with training and advice on issues such as behaviour management. Staff we spoke with were familiar with individual behaviour support plans; all staff had received training in promoting positive behaviour. We observed a staff member managed a situation appropriately when a person becomes anxious due to their routine change in attending a day club. During discussions the staff member said, “I have learnt to understand the person’s communication needs, they communicate sometimes, I can reach out to them and make them understand.”

Staffing levels were appropriate and reflected the needs of the people using the service, and rotas were flexible to fit around people's individual lifestyles for the needs and number of people using the service. The staff rotas we looked at confirmed that the home was staffed efficiently, staff we spoke with told us there were sufficient numbers of staff on duty. The registered manager told us there was always a minimum of four staff to support people with their day to day activities. One member of staff worked at night, whilst another member of staff slept on site in case of an emergency. Rotas showed that where individual needs directed, staffing levels were increased or adjusted appropriately. For example, where there were planned outings or activities where a person required one to one support. During our inspection a member of staff accompanied one person to visit their relative, while another staff member supported people to a day centre.

The registered manager showed us the procedures in place on recording incidents and accidents. Following an accident or incident, a form was completed and the registered manager kept an overall log. We noted an analysis had been undertaken of all the accidents and incidents and an action plan was developed to minimise the risk of reoccurrence. There were regular health and safety checks completed that helped promote a safe environment. The premises and equipment were

Good

Is the service safe?

maintained to a good standard. Fire precautions were operated and individual evacuation plans were in place to ensure people were moved to a safe place in the event of a fire.

Records we saw relating to the recruitment of new staff showed that relevant checks were completed before staff worked at the home. These records included employment references and disclosure and barring checks (DBS checks) to ensure staff were suitable. We looked at records for three staff and saw the provider followed a consistent and robust recruitment and selection process. People who used the service were involved in the selection process for new staff.

There were arrangements in place to deal with foreseeable emergencies. Staff were trained in first aid; each day there was a named first aider on duty. We saw there were hospital passports for each person if they were unexpectedly admitted to hospital. These contained essential information about each person, such as their age, any medical condition, medicines they were taking, known allergies and relevant contact numbers.

Medicines were prescribed and given to people appropriately. Information about the different types of medicines and their side effects was made available for staff to learn. Medicines were stored in medicine cabinets fitted in each person's bedroom. We saw that the temperatures for stored medications was checked daily by staff. Staff training records showed that staff had undertaken training in the safe handling of medicines. People using the service needed assistance with taking their medicine, and there were appropriate risk assessments in people's records to support this. People's medicines were reviewed by the GP every six months. Prescribed medicines were recorded on MAR charts (medicines administration records). The three MAR charts we examined were fully completed with no gaps and were signed by staff to show that people received their medicines as prescribed. Audits were done daily of the medicine records and of medicine stock to identify if there were any missed medicines or if any were missing signatures. The registered manager completed weekly audits of medicines to ensure the stock and administration were correct.

Good

Is the service effective?

Our findings

The home employed suitably qualified, skilled and experienced staff to meet people's needs. The provider had a training department and a comprehensive training programme was developed for all staff working in this service. The staff training and development was well organised and the facilities allowed the manager and personnel department to monitor staff attendance. The data base system alerted staff when they were due to attend refresher training courses. There was an electronic training record which was up to date and showed what training had taken place and what was planned. Examples included safeguarding, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, infection control, fire safety, food hygiene, first aid, moving and handling, equalities and diversity, health and safety, handling medication and communication.

Some courses were completed through e-learning (computer training) while other face to face training was held at local venues within the organisation. The training records we saw demonstrated that staff had completed a range of training and learning to support them in their work and to keep them up to date with current practice and legislation.

New employees completed a comprehensive induction programme and a six month probationary period. A staff member told us, "The support network is good, there is always help available for new staff." Records showed that staff were supported in their jobs through regular supervision and had an annual appraisal of their work. This meant that staff had the opportunity to routinely review their practice and identify any learning or development needs. Staff we spoke with confirmed they had regular supervision and could raise any issues with the manager.

A staff member explained that some people were unable to communicate verbally and the person expressed their needs through their behaviour and body language. Methods of communication used by the person were recorded, and a staff member we spoke with demonstrated they were familiar with these methods. A social care professional who had conducted a statutory review wrote in the review, "The person has their needs met appropriately and experiences positive outcomes."

Before people received any care or treatment we saw that staff sought people's consent. Picture cards and photographs were used to encourage a choice of activities, places to go and preferred meals. Care records showed that staff respected people's wishes to refuse treatment. For example one person was invited to attend their GP practice for a routine health check but declined to go. The manager told us that they discussed the purpose of the appointment with the person who then attended. We saw that a person's best interests plan was put in place following consultation with the clinical team and relatives.

The provider acted in accordance with legal requirements where people did not have the capacity to consent. There was a written record to show that people's mental capacity to consent to treatment and care was considered. This included the action to be taken by staff should a person be assessed as not having capacity in specific areas to consent. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. The aim is to make sure that people in care homes are supported in a way that does not inappropriately restrict their freedom. The registered manager and staff demonstrated an understanding and knowledge of the requirements of the legislation. We looked at the documentation for a person who lived at the home and who was subject to a DoLS authorisation in regard to aspects of their individual support needs. Staff understood why this was agreed and followed the plans in accordance with the regulations. All relevant parties were informed in accordance with legislation.

People told us they enjoyed living in their home, it was a comfortable pleasantly decorated house, each person had their own spacious bedroom and was given a key to their room and had the option to keep their room locked. People said they were consulted about the decoration and design of the home. At house meetings, people were able to use photographs to choose colour schemes and furnishings in their rooms and in the communal areas. People told us they liked the garden and staff involved them in putting out the garden furniture. We observed people were using the communal areas of the home which included the lounge area, dining room/kitchen, an activities room and the garden. On person we spoke with enjoyed gardening, they said staff had assisted them with buying plants and with preparing the ground for planting.

Good

Is the service effective?

The service had support plans in place containing details about individual choices and the decisions people had made in relation to their care and support. Where relevant people close to them, such as family members, were also involved in decisions about their care. Each person who was non-verbal communicating had illustrated communication guidelines that gave staff clear information about the ways they expressed themselves. People we spoke with said they made their own decisions about their care and support and that their relatives were also able to be involved. People's needs were regularly reviewed to make sure they got the right care and support.

The service promoted the healthcare needs of people using the service and enabled them to access health professionals. From care records we looked at we saw people had up to date health action plans. These gave a detailed view of the person's health needs, appointments with health professionals and acted as an indicator of change in health requirements. Each person was supported to have an annual health check. A staff member told us the support received from the local GP was excellent.

People were supported to have a balanced diet and adequate food and drink. Details of each person's dietary needs were assessed and recorded. Records included any special dietary needs such as diabetes as well as people's preferences for food. One person using the service told us he enjoyed the food and was able to choose what he wanted to eat. People decided the menu on a weekly basis. The menu was available in pictorial format for those who found it more accessible and easy to understand. If someone did not want to eat with the rest of the group or decided they wanted to eat something else, staff supported them. Food and drink was accessible throughout the day for people to help themselves to if they were able, or with staff support if needed. Staff encouraged people to learn new skills and increase their independence in the kitchen, such as helping with meal preparation.

Good

Is the service caring?

Our findings

People found the service was caring. We observed how staff provided comfort to people, one person was becoming anxious about their visit to meet a relative, the staff member placed their arm around the person and reassured them about the plans for the day. Relatives of people who lived at the home told us the staff treated people with respect, kindness and as individuals. For example, one person said, “They have done so much for our relative; they are patient kind and inspirational. The staff get to know them as an individual, and the response from our loved one is amazing.”

We saw that individuality was respected, one person liked to dress smart every day which staff respected. People were helped maintain their appearance, good grooming was encouraged and clothes people wore were freshly laundered and ironed. These actions helped promote their self-esteem and emotional wellbeing. Plans of care were person centred, well developed and closely reflected the specific needs of the person. We observed staff to be patient and understanding, when one person had restrictions placed on them by the day centre staff they made alternate arrangements; they supported them to deal with this sensitively, and ensured there was a positive outcome for the person. We observed the staff approach was meaningful; they offered the person the opportunity to go out to the shopping centre in the afternoon and to buy something they liked. On their return we saw staff were observant and recognised the person was wearing a new necklace and complimented them on their choice. The person responded well to the extra attention they received.

The care records we saw showed that people were consulted about daily life in the home and able to contribute their ideas for activities, menus and holidays for example. Examples included support plans, health action plans and monthly keyworker reports. Care records were written in a person centred way such as “things I like / dislike “, “my morning/ evening routines” and “how I communicate”. This information helped staff make sure people were involved in daily decisions about their care.

People spent time in their rooms or within communal areas of the home, as they wished. Staff were respectful in their approach to people and knocked on doors before being invited into people's rooms. One person showed us their movie magazines as they had a particular interest for films and pointed out to staff about a new movie just released. The staff member responded by saying they would arrange for them to go to the cinema and view it. This demonstrated a clear choice being made and the choice being understood by a member of staff. Throughout the house, there were photos, symbols and pictures to help people identify with their surroundings and recognise their daily routines. There were leaflets and posters in easy read formats to promote people’s understanding. We saw information displayed on social events and celebrations.

People’s diversity, values and human rights were respected. Care records included information about individual’s specific ethnic or cultural preferences. We saw that people from specific ethnic groups had been supported to attend Black History month. There was evidence that staff respected and effectively responded to individual needs. For example, the parents of one person told us their relative had been supported to sample other people’s choice of food dishes. People's religious beliefs were recorded and we saw that one person was supported by their keyworker to attend their place of worship every week. There was a ‘Dignity Champion’ who was responsible for overseeing and promoting the privacy and dignity of everyone in the service.

Good

Is the service responsive?

Our findings

People told us they had their care and support needs met. One person said, “Staff know how to support me, some days I may decide not to attend the day centre and they respect that.” Another person had issues with sleeping in their bed, staff recognised the person did not have restful nights; they had involved a psychologist to help the person deal with these issues.

People had their needs assessed and suitable support plans were developed from these. People found their care and treatment was planned and delivered as agreed in the care plan. There were separate folders with care records which provided staff with accurate information about each person’s needs such as their physical and mental health, social networks, preferred activities and interests. Illustrated with photos, symbols and clear language, the care plans reflected a person’s capabilities, and what support they needed to achieve their personal goals in life.

Records showed there were on-going reviews of people’s care needs. We saw that care plans had been reviewed and updated to reflect any changes in the person's support needs and circumstances. A relative we spoke with told us, “We have a meeting regularly with staff and they bring out all the care documents so that we can discuss the care.” Two statutory reviews were completed by social workers recently. These both reported positively on the individual’s progress, and stated staff were helping people achieve their goals and aspirations.

Each person had a designated member of staff who acted as a key worker; their personal choices in these were considered. Two people using the service told us they went shopping regularly with their key workers to buy food and clothing. We saw staff supported three other people attend a day centre. We saw that staff completed daily records and monthly summary reports which reflected any changes concerning peoples' general health and well-being and any other significant issues. Staff told us this helped them to monitor if the planned care and support met people's needs. Relatives we spoke with felt fully involved with their family members' care and were kept informed about anything significant. They said they were always invited to care plan reviews and meetings. One relative told us “They always send me details of my relative’s progress.”

The service actively supported people to be independent and involved in all areas of daily living. We saw that people were encouraged to cook and help keep their home clean and tidy and each person had a designated day to take part. There was also a pictorial rota to help people identify with the day they were cooking as well as their chosen meal. People had chosen activities they liked they said, such as shopping, trampolining, going to the centre, the cinema. During our inspection visit people were busy and engaged with their regular day to day activities. Relatives we spoke with told us people were provided with a good range of activities.

People were made aware of the complaints system and were given a copy of the process in a pictorial format and included photographs of who to go to if the person was unhappy. It was also supplemented with symbols to help people understand the information. This ensured that people had information to support them in raising a concern or complaint.People we spoke with told us they could speak to the staff if they were unhappy with the service. One person told us, “If small things happen I can just talk to staff.”

We saw from records that people using the service could raise any issues at their monthly meetings. Relatives we spoke with said they had confidence their concerns would be dealt with. One relative spoken with told us, “I have no complaints. I have a list of people to contact if I want to make a complaint, staff here approachable.” People’s complaints were fully investigated and resolved, where possible, to their satisfaction. The home kept full records of any complaints and concerns.. We saw that there had been no recorded complaints since the last inspection. We had received no complaints about the service at the time of this inspection. The registered manager told us people using the service were encouraged to talk about any concerns through monthly key working sessions and meetings as well as their care plan review meetings. The manager also liaised with relatives to check with them if there were concerns.

Good

Is the service well-led?

Our findings

People we spoke with had confidence in the management. One person who used the service told us they had a good relationship with the manager; they could approach them about anything and felt they took time to listen. A relative we spoke with said, “It was a good appointment, the registered manager was an experienced support worker who showed great qualities, and had a good knowledge of the people in the home.”

The service was well run, the staff team felt there was clear direction and the manager was open and transparent. One staff member said, “We have meetings with the manager regularly, and the manager welcomes staff views.” The provider had a system of management support for staff at all levels. The service had a registered manager in post who had developed the necessary skills and competencies in the services. We found that processes and records were well organised. Staff rotas were organised and planned so that staff completed necessary training and got their supervision. There were regular meetings of the management team. Staff told of being able to express their views openly at the meetings. Staff were clear about using whistleblowing procedures.

The registered manager investigated any incidents or accidents in the home. These included incidents regarding people’s behaviour which challenged others. Care plans were reviewed and amended to reflect the changes in the way people needed support and supervision.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We noted that people were asked what they thought of the service in monthly house meeting. We also saw the outcome charts maintained, these demonstrated how well a person was achieving their goals and aspirations in life.

There were a number of systems in place to monitor the quality of the service provided. We saw that monthly unannounced visits were being undertaken by the regional director. The reports focused on standards set by the Care Quality Commission and showed how the provider closely monitored service provision. Any areas for improvement were identified in an action plan. We saw that these were kept under review by the provider’s quality assurance department. There was an annual quality survey carried out and questionnaires were sent to people using the service, families, advocates, staff and other professionals involved in people's care. From the findings and analysis, an evaluation report was written up that identified the aims and outcomes for the following year. We saw the service received a number of compliments. Relatives of people using the service told us they felt involved and were kept up to date by staff about their family members. A relative we spoke with described the confidence the family members had in the management team.

Regular health and safety checks were carried out on all aspects of the service; these included the premises and equipment. Other audits were undertaken weekly and monthly and looked at areas such as, food safety, infection control and fire safety. People who used the service also took part in these checks.