

Care Management Group Limited

# Care Management Group - 29 Bushey Hall Road

## Inspection report

29 Bushey Hall Road  
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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

The service at 29 Bushey Hall road is a large house which is home to five people with learning disabilities and complex needs. These high needs mainly relate to their learning disability.

The inspection was carried out on 1 and 5 December 2015 and was unannounced. At the previous inspection in November 2013 the provider was found to be meeting all the standards we tested.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

# Summary of findings

We observed that people received personalised support. People had limited verbal communication due to their complex needs so were not able to tell us about their experience of living at the home. We used the short observation for inspection (SOFI) to help us assess people's experiences. Staff were aware of people's needs and abilities and support was tailored around individual's needs to maximise their potential. Staff spoke about people they supported at the service in a way that was sensitive and caring. We found the registered manager and staff to be open and transparent in their approach to all aspects of the service.

People's needs were met by adequate staff on duty at all times. People were supported in a timely way and we saw that rotas were flexible.

There were appropriate recruitment processes in place which helped to ensure that people who were employed were appropriate to work with people who lived in the home. The staff were passionate about their work at the home and treated people in a way that respected them as individuals as well as their privacy and dignity. Staff worked at a pace that suited people and did not rush them.

There were processes in place to manage safeguarding incidents. These were appropriately reported and investigated and where appropriate had also been reported to CQC by the provider. There were quality monitoring audits that were in place. We saw that accidents and incidents were recorded and reviewed to avoid reoccurrences of incidents.

There was a complaints process and staff told us that people were supported to make a complaint or to raise a concern as necessary. We saw that the complaints process was available in an easy read format supported with pictorials to enable people to understand the process.

Staff demonstrated they were clear about their roles and responsibilities and received support from the manager and staff also supported each other. Staff had received training relevant to their roles and had regular supervisions with their line manager. Staff were supported and given opportunities to develop their skills and undertake specialist training relevant to the needs of people who lived at the home.

People were offered a choice of healthy and nutritious meals and snacks and were supported to help themselves to drinks whenever they wanted them. People were encouraged to help staff in the kitchen. People were supported to maintain good health and staff accompanied them to attend appointments at the GP, opticians or other health related appointments.

People were supported to participate in personalised activity programmes, both in the home and in the local area. Activities were developed around the abilities and interests of people who lived at the home to maximise people's potential.

People had detailed and individualised care and support plans and these were regularly reviewed and updated to make sure they remained current. We saw that there were a range of risk assessments in place which were reviewed whenever there was a change to people's abilities. People's support plans ensured staff had all the guidance and information they needed to provide individualised care and support. The same was evident with risk assessments.

There were systems in place to monitor the quality of the service. The provider had obtained feedback from all stakeholders. This was used to enable the manager and staff to identify where improvement were required and to support continual improvements. The manager and staff worked well as a team with common objectives to improve the care experience for people who lived at the home.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were

# Summary of findings

being met. We found that most people living at the service were able to make their own decisions and those who were unable had their capacity assessed. The manager and staff understood their roles in relation to DoLS.

# 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.

People were protected from the risk of harm because the provider had systems in place to manage risks. Risks associated with activities were assessed and where possible mitigated.

People were safeguarded from the risk of abuse. Staff had been trained to recognise abuse and respond appropriately.

Medicines were managed safely and recruitment procedures ensured the employment of suitable staff.

Staffing levels were appropriate and were determined by people's dependency and needs.

Good



### Is the service effective?

The service was effective.

People received care from staff who understood the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards to ensure people's rights were protected.

Staff received appropriate training to support them in meeting people's needs.

People were encouraged to eat a healthy balanced diet.

People were supported to stay healthy and were supported to attend health related appointments.

Good



### Is the service caring?

The service was caring.

People received care from staff that was kind and compassionate.

People enjoyed positive relationships with staff and were based on respect by all parties.

People were treated with dignity and their confidentiality and individuality was respected.

Good



### Is the service responsive?

The service was responsive.

People received care that was responsive to people's changing needs.

The care people received was personalised to meet their individual needs and preferences.

People or their advocates were involved in planning and reviewing their care and were supported to lead full and meaningful lives.

People's views and opinions were obtained and were used to make continual improvements.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

People were supported by staff and management who promoted an open and transparent approach and staff worked in the same way.

People were supported by a service who worked effectively in partnership with other organisations within the community to improve the lives of people they supported

There were systems in place to monitor quality of the service.

# Care Management Group - 29 Bushey Hall Road

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 1 and 5 December 2015 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service including notifications received by the Care Quality Commission. A notification is information about important events which the home is required to send

us. We also reviewed the Provider Information return (PIR) which sets out how the service is meeting the standards. We also contacted commissioners and health professionals who had experience of dealing with people at the service to obtain feedback.

During our inspection we spoke with a person who used the service, two relatives and two members of staff. We also spoke with the registered manager and the deputy manager. We reviewed records, which included two care and support plans and two health records. We reviewed two staff recruitment records, four weeks of staff rotas, two risk management plans, audits and quality monitoring records relating to the overall management of the service.

We used our Short Observational Framework for Inspection (SOFI) to see how people who could not speak with us were treated and cared for.

# Is the service safe?

## Our findings

People were unable to communicate with us verbally due to their complex needs. However, we observed that people who lived at 29 Bushey Hall Road were kept safe. Relatives also told us they felt their relatives were kept safe. One relative said, “The staff are really aware of potential hazards; I do think people’s safety is well managed.” For example, they were learning how to make hot drinks by buying a one cup kettle, which enabled them to do this task safely.

There were systems and processes in place to help keep people safe. People were kept safe while accessing facilities and activities in the community. For example two members of staff accompanied a person to their Horse riding activity so they could support the person during the journey. This was managed by completing risk assessments which were regularly reviewed. People were also being supported to manage their safety in the community by minimising risks associated with a medical condition.

Staff demonstrated they were very aware of the need to keep people safe and were observed to be consistently monitoring the environment to ensure people were not put at risk. We saw that risks were assessed and reviewed regularly. Staff told us the risk assessments provided guidance for staff to follow on how to mitigate and or minimise risks. The risk assessments identified specific risks and measures which had been put in place to minimise those risks. For example, a person had been moved downstairs due to the risks of falls as they had decreased mobility. We saw that people’s bedrooms were personalised, clean and reflected people’s individual personalities, and some were sensory themed to support people appropriately.

Staff had received training on how to protect people from avoidable harm. We saw details of the local authority safeguarding procedures in the office which was accessible to all staff. Staff demonstrated they were aware of what constituted abuse, and told us how they would elevate concerns. Staff were confident that any reports of abuse would be acted upon appropriately. There had been no safeguarding concerns raised since our last inspection.

There was a robust recruitment and selection process in place. Staff confirmed the process that had been followed when they were recruited to work at the service. We

reviewed recruitment files for staff employed at the service. We saw that pre-employment checks were carried out before staff started work at the service. These included obtaining a minimum of two written references from previous employers, criminal records check and proof of identity. In addition we saw that application forms had been completed and gaps in employment history had been explored which helped to ensure the staff employed to work at the service were of the right calibre to work with people who lived at the home.

There were adequate staff employed and deployed to meet people’s needs safely. We observed that there were staff present supporting and monitoring people throughout our inspection. Staff were quick to respond when they observed people required support or reassurance. Staff told us there was enough staff on duty to meet people’s needs and support them with all aspects of their support including their activities, both within the home and in the wider community. Rotas confirmed that these staffing levels were consistent.

People had personal emergency evacuation plans (PEEP) in place and regular fire drills were carried out. We saw that these formed part of people’s individual support plans and were supported by pictorials so that in the event of a real fire people would remain calm and be aware of the plans and arrangements. The manager told us that one of the people that lived at 29 Bushey Hall road was an assistant ‘fire marshal’ and assisted staff with the weekly fire testing. This action was put in place to support the person to be safe in the event of a real fire, as previously they had been reluctant to leave their room when the fire drill was completed.

There was a safe process in place for the management of medicines. Staff described the process for the ordering, storage administration and for the safe disposal of any unused medicines. We saw that medicines were audited regularly. There was information available to support staff and they had received training in the safe administration of medicines. The manager told us staff competency checks were undertaken to check that good practice was maintained. These processes helped to ensure that medicines were managed and administered safely and people received their medicines in accordance with the prescriber’s instructions. The last medication audit undertaken last month met all the requirements and did not identify any issues or concerns.

# Is the service effective?

## Our findings

People received care that was effective and met their needs appropriately and in a timely way. Staff asked people in advance of providing any support if it was ok to assist them. People were given choices about what they wanted to do, for example what clothes people wore, and what they wanted to eat and drink. We saw that a person who was getting ready to go horse riding, was becoming slightly impatient whilst last minute checks were being done. A member of staff asked the person, "Shall we go for a walk?" This alleviated their anxiety and they were then ready to go Horse-riding. This action helped to demonstrate how staff were effective in meeting people's needs.

Staff communicated effectively with people throughout our inspection. For example, whenever people came into the vicinity staff acknowledged them and asked if they were ok, when people did not respond they went through other options like would you like a cup of tea, or do you want me to assist you with something? Although people who used the service had limited verbal communication, staff had found meaningful ways of communicating with them and took the time to observe people closely to understand what their wishes were. We were shown a range of 'talking tiles'. These were small tiles with pre-recorded everyday messages with a button on with a variety of key messages. For example, if a person wanted a drink they pressed the button with a picture of a drink and the recorded message alerted staff what the person wanted. There were talking tiles in various areas of the home with appropriate messages which facilitated effective communication between staff, managers and people who lived at the home.

Consent was obtained and this had been recorded in people's care and support plans for different aspects of their care and support. For example, people had consented to have their photograph taken. Staff told us it was important to know people well in order to establish what their wishes were and were aware of people's likes and dislikes.

The service was working in line with the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met. We found that people required constant supervision and they were being

deprived of their liberty to keep them safe. The manager ensured they completed the relevant assessments and these were submitted to the local authority and were awaiting authorisations.

Staff told us they were happy with the support they received at the home and said that they received regular training and support which enabled them to meet the needs and preferences of the people they supported. One member of staff told us the manager encouraged staff to develop their skills and in particular they were supported to undertake training in relation to some of the health conditions for example autism training which helped to support people who lived at the home. Staff told us these opportunities really gave them a good insight into people's medical conditions and how they could best support them.

Staff had completed a range of different types of training. For example, Health & Safety, moving and handling, food hygiene. In addition to the ongoing training staff received we saw that staff were required to complete a detailed induction programme at the commencement of their employment. Staff told us that they 'shadowed' more experienced colleagues until they were competent to work in an unsupervised capacity. One member of staff told us, "This was really valuable and gave me the confidence to support people effectively."

The manager and staff told us that staff had regular team meetings; one to one's with their manager. Staff also had an annual appraisal to review their overall performance and help to identify areas for development or anything relating to their work and the people they supported. There were also staff team meetings. People who used the service were able to attend the meetings if they wished and part of the meeting was dedicated to an area of learning where a different topic was discussed and learning reinforced for example 'effective communication'. During these meetings there was also an allocated slot called 'CUDOS' where people's valuable contribution to the service was discussed and positive feedback shared. This was for both staff and people who used the service.

Staff encouraged and supported people to eat a healthy and nutritional diet. People were able to choose their favourite meals from pictures displayed in the kitchen and were able to show us using the tiles and supporting pictures which foods they liked best. We saw that staff were



## Is the service effective?

patient and knowledgeable about peoples eating habits. We also saw a range of vegetables which were being grown in the garden to support people with making 'healthy choices'.

People had individual 'placemats' which had a photo of the person and their name on one side. On the other side there was detailed information about the persons dietary requirements for example, type of food the person eats, swallowing, risks, any equipment required, how the person chooses their food, this approach ensured people were assisted appropriately and had effective support when eating. People were weighed monthly and if there were any concerns relating to weight loss or weight gain they were referred for specialist dietary advice and support.

People were supported to attend a range of health related appointments and we saw evidence of these records in a health needs folder which was a summary of the person's health requirements. They took this folder with them to all health related appointments to ensure everyone was aware of the persons health needs and there was a continual and current record.

Staff ensured effective communication by updating records during their shift and also handing over relevant information to staff at the beginning and end of every shift. This helped to make sure staff had up to date and current information to enable them to support people appropriately.

# Is the service caring?

## Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well. Staff were familiar with people's needs and demonstrated they were thoughtful and considerate in the way they supported people. Staff and the manager told us about small but important characteristics about people which helped them identify people's moods and staff were able to support people according to some of the traits they were displaying. We saw that when staff spoke or interacted with people they were gentle in their approach and spoke in an appropriate tone. We observed staff smiling bending down so they were at the same level as the person they were speaking with, they made eye contact and spoke in a gentle tone asking open questions.

Staff were respectful when they supported people and they did this in a way that promoted people's independence, dignity and maintained their privacy at all times. We saw that staff and the managers had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. We observed people being supported discretely in relation to their personal care needs. People were appropriately dressed and were well groomed. Staff demonstrated a positive culture which valued people as individuals and they told us the care and support they offered people was personalised and everything they did was to achieve the best possible outcomes for people.

Throughout our visit we saw positive interaction between the staff and the people using the service. Staff took the time to speak with people at all times or whenever they walked into the room we were in. We also saw that staff engaged with people while providing support. People were encouraged to maintain positive relationships with friends and family members, where this was appropriate and staff told us were welcome to visit them at any time. For example family members visited their relative every weekend and told us the staff and managers always welcomed them and offered them refreshments and also always kept them updated about any changes to their relative's condition.

People and their relatives had been involved in the planning and reviews of the care and support provided. One relative said, "I was involved with my [Relative's] care plan initially and have been asked to contribute when they had their reviews." People had recorded their end of life wishes and these had been incorporated into their care plans and signed by their GP. This meant that people had the opportunity to state their wishes and preferences and decided how they would like to be cared for if their health deteriorated.

People were also encouraged to use advocates for a range of different issues. For example, one person had had a very poor experience during a stay in Hospital. This resulted in a change in the practices and procedures at the Hospital. This resulted in people have better support and being taken seriously and listened to when they present at Hospital with health problems. Another example of positive use of an Advocate was when another person was supported to gain additional funding to ensure additional resources were made available to meet the person's needs.

Staff were mindful of the need for confidentiality and was maintained throughout the home. Information was stored appropriately and access was only permitted to people who had a right to access it. For example, the staff recruitment files and people's care and support plans were provided for us to review but the manager told us to tell them when we had finished so they could be put back in the locked cabinet. The manager told us that people had been supported to access local advocacy services and we saw that there was information available to explain the type of support you could expect from the advocacy service.

We observed there to be a positive and relaxed atmosphere during our inspection and staff told us it was always like this. It was a small home which operated like a family home. We saw that one person who had been out at day care returned home and staff had put music on and their sensory lighting to help them feel relaxed. Staff explained they did this every day for the person as the sensory lighting and music created positive reactions from the person. This demonstrated a positive and caring environment where people were cared for and respected.

# Is the service responsive?

## Our findings

People received care and support that met their individual needs. We observed that the service responded appropriately to people's changing needs.

Staff responded to people in a proactive way. We observed that when people displayed certain characteristics staff immediately knew how to assist them. For example, one person who was pacing up and down the corridor was offered a cup of tea and came in the office to see what was going on. They then sat in the lounge and staff told us the characteristics they displayed were of happiness. They appeared much calmer.

People were encouraged to pursue hobbies and activities and take informed risks. For example, a person who had epilepsy was going swimming regularly and another person was supported with horse riding. People had been on various holidays, including a person going on a cruise. The managers and staff applied a 'can do' attitude to everyone and everything was possible.

People were supported to access all the things that people without disabilities could access and enjoy. This demonstrated that people's strengths and values were promoted and potential developed. For example, three people were being supported to access employment opportunities. One person who had an interest in Gardening was being assisted to work at a local garden centre. Another person was being supported to find work in a kitchen and a third person who loves walking will be assisting with leaflet dropping or a paper round. We saw that people were supported to be as independent as possible.

Staff told us they supported people through sensory groups to observe when they were happy or when they

were not happy in a particular situation. This was an innovative way of observing people's responses to situations. Staff told us when people responded positively they replicated the situation for people to maximise their happiness and positive responses. This method of monitoring people's moods was successful in monitoring changes in people's behaviours.

On the two days of our inspection we saw staff involved in a range of activities both in the home and in the community. The manager told us they were in the process of assisting people to get educational achievements. These were similar to a national vocational qualification (NVQ) and were in stages so that people could work towards achieving a qualification. The awarding body Award Scheme Development and Accreditation Network (ASDAN) was available to support people to recognise their skill progression in a national qualification instead of traditional goal paperwork.

The home had a complaints log and a process for investigating and responding to complaints. We saw the home displayed the complaints procedure in visible areas and it was in an easy read format supported by pictorials to help people to understand the process. Any observations of dissatisfaction or negativity were discussed in staff meetings to ensure positive lessons were learned. This meant that the provider encouraged an open and transparent culture and they were innovative in getting feedback about the service.

Staff attended regular staff meetings and were listened to. They told us they were consulted on all matters relating to the overall running and management of the home and they felt their opinion was valued. People also had regular meetings where they could discuss matters important to them. For example, how people are supported with a range of hobbies and activities.

# Is the service well-led?

## Our findings

Staff and relatives of people who used the service told us they felt that the home was managed and well-led. They told us that the home manager and deputy manager were present and supportive working 'on the floor' when required. Staff told us the manager was approachable and that they were well managed. One member of staff told us "the manager is so passionate, they really care about the people and the staff team here. Another said "despite moving home they continued to travel miles to work here because it was such a nice place to work.

The staff team was dynamic and put forward innovative and creative ideas for improvement. For example, the introduction of the educational qualifications for people who used the service. We saw that they had received positive feedback from members of the public, such as the local shop keepers, families and health professionals. Results of the latest stakeholder surveys were positive. For example, the use of sensory observation and talking tiles to facilitate better communication.

People's views and opinions were sought through a survey that was sent to all stakeholders. The results were analysed and discussed at team meetings and action were agreed to make any required improvements.

People's ideas were listened to and put into practice. For example, the use of assistive technology such as epilepsy monitoring unit and audio boards/communication tools/talking tiles to encourage choice and provide accessible information.

The service had won internal awards for the last four years for example they won the best home manager award and an award in the development of dignity and they had won 2nd place this year in staff awards for Excellence in Positive behaviour support. People who used the service were also nominated for awards and one person had won an award this year for excellence in promoting and embracing healthy lifestyles. The service used many different systems such as the use of sensory equipment to engage people. We saw that recently they had a food tasting session where people were able to choose foods they liked the look of from a selection of small plates of food.

Records were completed appropriately and in a timely way. We saw that staff and managers involved other agencies, such as social workers key workers and day care workers in reviews and meetings about people who lived at the home. This demonstrated an open and transparent approach and also ensured that everyone involved worked seamlessly to achieve the best possible outcomes for people who use the service. The entire staff team were positive in all aspects of their work and as a result this helped to ensure people received good outcomes.