Care Management Group Limited

Essex Road

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?	Requires Improvement

Summary of findings

Overall summary

Essex road provide supported living services including personal care and support to people with a learning disability, autistic spectrum disorder or a mental health condition. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Currently the service provides support to eight people.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy.

This was the first inspection of the service that was registered in May 2017.The service had a registered manager in post. 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.

There was good overall feedback about the service, from people using it and their relatives. We found people were treated with kindness and compassion, and that they were given emotional support when needed. The service ensured people's privacy and dignity was respected and promoted.

People's needs were identified and responded to well. The service was effective at working in co-operation with other organisations to deliver good care and support. This included where people's needs had changed, and where people needed ongoing healthcare support.

The support staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the service and told us that the culture and management of the service had improved since the new registered manager had started in January 2018. Staff told us that they were encouraged to openly discuss any issues

Staffing levels were sufficient to meet people's needs during the day. However, we found that at night there was only one staff member and staff told us this was not sufficient to meet the number of people with complex needs. Care records confirmed this was the case. Staffing support was determined by the local authority and immediately following our inspection the provider has formally requested an increase of an additional staff member to cover the night shift and we saw evidence to confirm that this had been agreed.

Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People participated in a range of social activities and were supported to access the local community.

The registered manager and staff ensured everyone was supported to maintain good health.

Staff were well supported with training and supervision which helped them to ensure they provided effective care for people.

People and those important to them, such as their relatives or professionals were asked for feedback about the quality of the service.

The provider had a complaints policy in place and the registered manager and staff knew what they should do if anyone made a complaint.

The service was well led. The registered manager demonstrated leadership and a good understanding of the importance of effective quality assurance systems.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support.

The service learnt lessons and made improvements when things went wrong.

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 were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff told us that there were insufficient staffing levels during the night. following our inspection, the provider has formally requested an increase of an additional staff member to cover the night shift and this had been agreed.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found that medicines were administered safely.

Is the service effective?

Good

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes because of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring. Managers and staff were committed to a strong person-centred culture.

People who used the service valued the relationships they had with staff and were satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Is the service responsive?

Good

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences to provide a person-centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

Is the service well-led?

Requires Improvement

The service was not entirely well-led.

The registered manager had not identified the need for additional night staff which may have put some people at risk

The service promoted a person-centred culture.

Staff were supported to understand the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service.

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

This inspection took place on 11 July 2018, and was undertaken by two adult social care inspectors 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 care service.

We gave the service 48 hours' notice of the inspection visit because it is small. We needed to be sure that the registered manager would be available for the inspection visit.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

Inspection site visit activity included a visit to the supported living scheme, to meet people living at the scheme, staff working with them, and to check records kept.

During the inspection, we spoke with five people using the service, two relatives, three support staff, the deputy manager, and the registered manager.

We reviewed the care records for four people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at personnel records for three members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas, medicines administration records and quality assurance processes, to see how the service was run.

Good

Is the service safe?

Our findings

People we spoke with told us how they felt safe within the service. One person said, "I feel safe because of the friendly staff." A relative told us told us "my son's alright, and safe there".

Staff we spoke with demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They could describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "You can tell if something is wrong, people become withdrawn." They explained that if they saw something of concern they would report it to the registered manager immediately. Another support worker told us,"I know when something is wrong with X when I touch her she pulls back, we must report everything to the manager."

People had individual risk assessments to enable them to be as independent as possible and to promote and protect people's safety in a positive way. These included medication, drugs and alcohol risk assessments and risks to children. there were summary risk documents in place with detailed risk assessments to address specific concerns. For example, one person's risk assessment for swimming emphasised the need to use a pool with a gradual slope. Another risk assessment around one person's food issues emphasised the importance of staff not having food about their person and teaching 'mine' and 'yours' as a preventative approach when the person was calm to minimise the person snatching food from other people.

The service had people's personalised emergency fire evacuation plans three people would need support from staff in the event of a fire as shown on Peeps if they were required to leave the building.

Staffing levels were assessed and commissioned by the local authority via personal budgets. We saw that staffing levels ensured sufficient staff were available during the day to enable people that required support to shop, cook and attend appointments and social activities. Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention. People who used the service had the support of one or two support workers when in and out of the service and that there was always enough staff on duty. However, we found that at night there was only one staff member on duty and staff told us this was not sufficient to support the number of people with complex needs. Staff told us that two people living at the service, "were often up during the night" and "I feel people are at risk with only one staff on at night." We discussed this with the registered manager who told us he would contact the local authority to request an increase of staffing hours at night. The registered manager sent us evidence that he had done this immediately after our inspection visit. At the time of writing this report the local authority had agreed to fund an additional waking night staff member.

Safe recruitment practices were in place. We saw the provider checked the suitability of staff prior to employment including the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. However, it was not always clear that the service had attempted to get two references from previous employers when staff had worked with vulnerable adults. We spoke with the

registered manager who told us they had tried to get references but organisations had not always responded, so they had then sought a character reference as the second reference. The registered manager told us they would ensure this was documented in the future. They would also ensure the provider stipulated this in their recruitment policy.

People who were accessing supported living services were supported with medicines administration. Medicines were stored in a lockable cupboard in their flats.

For people who required support with their medicines an administration record was kept in the staff office. Staff told us that they always signed the medication administration records (MAR) after giving medication. We looked at MAR charts and noted they were fully completed with no gaps or omissions. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. There were regular medicines audits, where actions had been taken to improve practice. Staff had competency assessments before being able to administer medicines

We could see from records that there was learning and improvements made when things went wrong. For example, we could see from records that accident and incident events were documented and reviewed by the registered manager for example, one person who was at risk of running in the road, and had attempted to do so was now supported via taxi as the registered manager had deemed the risk too great for staff to support her using public transport or walking freely in the road with 2 staff.

Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons. The communal areas were clean and well maintained.

Good

Is the service effective?

Our findings

Staff received training to develop their skills and understanding. One member of staff said, "The training is good; we do a mix of e-learning and face to face training." Each member of staff did an induction which included familiarising themselves with the provider's policies and reading through service user records to understand their needs. They also shadowed a more experienced member of staff before being assessed by the registered manager as sufficiently competent to be a lone worker.

Training records showed that staff were up to date with their mandatory training. This included infection control; safeguarding adults, first aid, diet and nutrition, medicines and equality and diversity. There was training which enhanced staff understanding of the issues which may be presented by the service user group they supported. This included coping with aggression in the workplace, mental health matters and managing a crisis. In addition, there was recent face to face training which included positive behavioural support and breakaway techniques, autism and, a sign language called Makaton. The registered manager had oversight of all staff training and receive alerts of any training was overdue. Many staff had also been supported to gain recognised qualifications in care.

Staff told us that prior to the new registered manager being in place they had not received regular supervision, and we could see from records this was the case. Staff now received regular supervision and there was a plan to manage this. One member of staff said, "The support now is very good; not just at supervision but anytime from the managers." And "The manager has put everything in place, if we need support or any training he doesn't hesitate."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Mandatory training for all staff included The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There was some restrictive practise in place for example locking a person's food cupboards and allowing them limited access to them. A Best interest meeting had recently taken place in relation to this and we saw that a DoLS application had been made. Staff said they recognised when a person's capacity to take specific decisions may need to be assessed whilst at the same time "enabling the person to take measured risks." One member of staff said they understood the need to seek people's consent before carrying out support and they demonstrated a good understanding of peoples' rights regarding choice. They told us "some people can do most things themselves, we are here to enable and support them, you must find a balance"

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. We saw evidence on care records of

multi-disciplinary work with other professionals and consultation with psychiatrists and social workers. We also saw that people were supported to go to their GP. An appointments' book was maintained by staff for people's various healthcare appointments to ensure they were not missed. People had information set out in a document regarding their health and communication needs in the event they needed to go to hospital. These are called 'hospital passports'.

The service supported people to eat and drink enough and maintain a balanced diet. People were supported to shop and prepare their meals. Care plan detailed people's likes and dislikes in food and drinks. Staff comments included "We help people to cook for themselves" ` And "When I go shopping I encourage a varied diet, it is not always easy but I try to encourage healthy eating." Any special dietary requirements and support required such as portion size, allergies or food intolerances were clearly documented within care plans.

Good

Is the service caring?

Our findings

People who used the service and their relatives were positive about the attitude and approach of the staff who supported them relative told us "I believe they are respectful of my son I have no worries there."

Staff were clear that treating people well was a fundamental expectation of the service. One member of staff said that treating people with respect and maintaining their independence was "paramount." Staff told us that they would involve people in their day to day tasks according to their ability including domestic tasks and cooking.

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

There was good evidence in the person-centred support plans we looked at that staff encouraged those who used the service to be as independent as possible. People's individual care plans included information about their cultural and religious beliefs and daily activities. For example, on care records key information included 'What I like to use' this detailed the type of toiletries people liked to use It also stated people's clothes and shoe size. There was also a document on 'how I like to live 'which outlined people's preferences for music, food and activities. Key relationships in people's lives were captured in care records which was important when people used non-verbal language to communicate. We saw many positive interactions with staff on the day of our inspection.

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff could identify possible triggers that caused people to become anxious. We observed occasions where workers noticed when people had the potential to become anxious. The staff members could use techniques to distract people or support them to manage their anxiety before it escalated.

Staff could explain how they provided compassionate and dignified care and support for people. They spoke passionately about the people they supported and showed a genuine warmth and empathy. Throughout our inspection visit, we observed staff demonstrating kindness, patience and respect. From our discussions with staff, it was apparent they knew people well which reduced the occurrence of challenging behaviours. There was a small team of staff built around the person which provided continuity and consistency of approach for the service user

Staff could describe the importance of preserving people's dignity when providing care to people. Staff told us they supported and encouraged people in closing their bathroom and bedroom doors to maintain their privacy

Staff told us that they were praised and rewarded by management for displaying compassionate care and

that they felt their caring attitude was appreciated and acknowledged. They were motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about understanding when people may feel particularly sad or in need of extra attention.

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and most said they were happy with the choices their family members were given. A relative said; "On the whole my son is happy, but I would like to be more involved"

We saw that staff did as much as they could to support people to maintain contact with their family. People had their religious and cultural needs respected and people's spiritual belief were recorded in their care plan for example we saw that a Greek service user was supported to shop for Greek food.

Good

Is the service responsive?

Our findings

We found that people received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. Care plans were very detailed; person centred and provided good information for staff to follow. They contained detailed support the person needed with various aspects of their daily life such as health, personal hygiene, medication and behaviour as well as a communication profile. Care support plans included comprehensive details about people's support needs and what was important to them; physical and emotional needs were well documented. The care plans focused on ways to promote people's independence and achieve agreed outcomes. Care plans provided prompts for staff to enable people to do tasks that they could do by themselves. We found that care plans provided good detailed information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met. For example, for one person it was stated "I will come to you with 2 pots. Staff should put shower gel in one and toothpaste in the other. "and "After my shower I like to clean the whole bathroom with a towel and "I don't like being interrupted during this routine. "for another "I like to use my electric toothbrush for 2 minutes" and "I would like you to sit and talk to me whilst I eat "This provided staff with a real sense of people and what worked for them in their world. People were supported with independent living skills such as cooking, cleaning, tidying the flat and shopping. Relapse prevention plans were also in place for all the people using the service so that deterioration in mental health could be monitored and quickly acted upon.

Discussions with the management team and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed. Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Each individual had their own activities timetable which was based on their interests. Activities included snooker, table tennis and going to the gym, Other goals people had expressed a desire to achieve were fulfilled through them being supported to follow their interests and enjoy an active social life. People were also supported with social activities including going to local cafés, restaurants, pubs and museums. Everyone had their own activities timetable which was based on their interests. One person told us "yes I go out. I go out for lunch, today I am going to the farm. I go to New Options Day Centre as well."

The service had a complaints policy which was displayed in the communal areas. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. People who used the service told us they knew how to make a complaint if needed. There were no formal complaints for us to review at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

There was a new registered manager at the service, who demonstrated a strong and visible leadership at the service. The managers of the service knew people well and understood each person's individual needs and personal preferences. Staff told us they felt supported in their roles and felt that they could approach the management team with any issues they may have. Comments from staff included "it's very well run" "since the new manager has been in place it's all so much better" and "our manager is very good, knowledgeable and supportive"

We saw that staff performance was regularly assessed to ensure that staff were happy in their roles and that they felt supported at the service. Regular staff meetings were held and it was clear from staff meeting minutes that staff would be able to raise issues as needed. Staff training was monitored and updated as and when necessary and was designed to meet the needs of people using the service. There was an 'Employee of the month' competition where staff are nominated by colleagues or people using the service. Staff told us that this made them feel appreciated and valued.

People who used the service were involved in how the service was run. People made choices wherever possible about how they spent their time and how they wanted their care and support provided.

The registered manager and deputy manager monitored the service regularly to assess the quality of the care and support provided. For example, they carried out audits of medicines, infection control care records, health and safety and staff performance. Care plans and risk assessments were regularly reviewed to check people were getting the care and support they needed to keep them safe. The registered manager also carried out regular spot checks at night. However, they had not identified the need for additional staff at night which may have put some people who use the service at risk. For example, we identified that at least two people who used the service had limited mobility and needed two staff to assist them out of the building in case of fire or any other emergency situation. We saw that regular audits were undertaken by the provider to check quality in a number of areas including person centred planning and heath action plans.

People and their relatives and representatives were asked for their views on how the service was run. There were regular keyworker meetings where staff could raise any issues and the management of the service was in regular dialogue with staff, people who used the service and their families. We found that incidents were logged when these took place and that the appropriate authorities were notified as and when needed. Records showed that incidents were fully reviewed and that action was taken to minimise the possibility of them happening again.

The service worked in partnership with other agencies to support care provision and development. The registered manager had built up a good relationship with the housing provider and we saw that maintenance issues were dealt with in a timely way. We saw that the service had recently passed a fire inspection that was carried out in June 2018.