

Care Management Group Limited

231 Brook Lane

Inspection report

231 Brook Lane
Sarisbury Green
Southampton
Hampshire
SO31 7DS

Tel: 01489589028
Website: www.cmg.co.uk

Date of inspection visit:
03 December 2018
04 December 2018

Date of publication:
18 December 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection visit took place on the 3 and 4 December 2018 and was unannounced.

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

231 Brook Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide care and support for 10 younger adults with learning disabilities, autistic spectrum disorder and or sensory impairment. At the time of our inspection six people were living at the home. Due to people's complex health needs we were not able to verbally seek people's views on the care and support they received.

There was a registered manager. 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.

The service followed the principles and values that underpin the Registering the Right Support and other best practice guidance for people with a learning disability living in a care home environment. 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.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the management team.

Medicines were stored safely and securely. Procedures were in place to ensure people received their medicines as prescribed.

The service had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence.

There was a range of activities available to people living at 231 Brook Lane.

People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments. There were systems in place for care records to be regularly reviewed.

There were effective systems in place to monitor and improve the quality of the service provided. Safety and maintenance checks for the premises and equipment were in place and up to date.

Relatives and staff told us the registered manager was supportive and approachable.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	Good ●
Is the service effective? The service remained effective.	Good ●
Is the service caring? The service remained caring.	Good ●
Is the service responsive? The service remained responsive.	Good ●
Is the service well-led? The service remains well led	Good ●

231 Brook Lane

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 3 and 4 December 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

We also reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service.

People living at the home were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with the registered manager, the area regional director and three members of staff.

Following our inspection, we contacted the relatives of three people living at the home by telephone and one health and social care professional to seek additional feedback on the delivery of care and support at 231 Brook Lane.

We looked at the provider's records. These included four people's care records, four staff files, training and supervision records, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and

procedures.

We spent time observing the daily life in the service including the care and support being delivered by all staff. We also checked the building to ensure it was clean, hygienic and a safe place for people to live. We last inspected the service in September 2016 and rated the service as Good.

Is the service safe?

Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

People were cared for by staff who knew how to protect them from avoidable harm. People using the service could not always express themselves verbally; however, one person we spoke with described it as, "A good house" and people were clearly relaxed and comfortable with staff.

Relatives told us they felt their family members were safe at the home and they did not have any concerns about their safety. One relative told us, "Yes my son is very safe at the home I have no concerns at all". Another relative told us, "His needs are met and he is cared for safely. Can't really fault anything". A Health and social care professional told us, "We have no concerns at all. Brook Lane works well at ensuring people are safe and well cared for".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They could describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse.

The provider had systems in place to support learning from when things went wrong and to use what they had learned to make improvements to the service. Staff responded appropriately to accidents or incidents. Staff recorded all accidents and incidents and the registered manager ensured further actions were taken to prevent incidents reoccurring. The registered manager told us that by reviewing these they could put measures in place to minimise future risk and to try to prevent the same thing happening again. Incident and accident records we viewed confirmed this. Incidents and accidents needed to be reported to which regulatory bodies such as and Health and Safety Executive, the CQC and local safeguarding team.

Risks to people's health and safety were assessed and reviewed and they were supported to stay safe while not unnecessarily having their freedom restricted. For example, there were risk assessments for people accessing the community. These included information about the number of staff needed to support people safely, signs the person may be becoming distressed and how staff should support the person, depending on the situation. Staff were trained to provide safe interventions when people presented with behaviours that might place others at risk and to manage a person's behaviour in the least restrictive way. The staff used positive behaviour support plans that provided detailed information about things which might act as triggers for a person's behaviour and things that might be helpful in calming or distracting them.

Key safety issues in relation to people's care were highlighted in their care plans. For example, a person had epilepsy and their care plan highlighted safety precautions when they had a bath. They also had a health care plan which gave clear guidance for staff to follow in the event the person experienced a seizure.

Staffing levels were set to provide a safe level of support for each person. At times when people needed one to one support or an additional member of staff to accompany them in the community, this was provided.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post and this was confirmed by Disclosure and Barring Service (DBS) checks before people commenced work at the home.

People's medicine was stored securely in a medicine cabinet's that was secured to the office. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medicine Administration Records [MARs] were appropriately completed and staff had signed to show that people had been given their medicines.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems and water temperatures.

There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, flood, fire or loss of services. This also included information about evacuating the premises and important telephone numbers.

The home was visibly clean throughout and cleaning schedules we reviewed, showed that all parts of the home were regularly cleaned. Staff had completed infection control training and where required, training to ensure food was prepared hygienically and safely.

Is the service effective?

Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection, we found this section remained good.

People's physical, mental health and social needs were assessed and their care and support was planned and delivered in line with legislation and evidence-based guidance. Care records we viewed indicated the involvement of other professionals including occupational therapists, speech and language therapists, psychologists, dentists and chiropodists. For example, the service worked closely with the community mental health team in safely reducing some people's medication using the 'STOMP' healthcare pledge. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.

Staff had access to the providers policies and guidelines electronically and in a folder kept in the home. Staff had signed to say they had read and understood the policies.

Staff continued receiving training and support to enable them to provide safe and effective care and support. Staff told us they were provided with all the training they needed and were encouraged to undertake further professional development. The registered manager told us of several members of staff who had progressed and taken on more senior roles, including the deputy manager. All staff had undertaken training in managing behaviours that may challenge others.

Support for staff was achieved through individual supervision sessions. Supervision are important processes which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff told us supervision meetings were very frequent and they found them helpful and informative.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people lacked the ability to consent to decisions about their care, their support records contained assessments to ensure decisions that were made, adhered to the principles of the MCA. Documentation showed how decisions were made in the person's best interests. We saw examples of best interest meetings, where family and a range of professionals involved in the person's care, came together to discuss alternatives and reach a decision which was the least restrictive for the person.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the required authorisations were sought and where conditions were in place, the service was taking the required actions to meet those conditions.

People were supported to prepare and cook meals, set the table and clear their plates away after. People had access to the kitchen and were supported by staff in food preparation or when using hot water to make a drink or when using the toaster or cooker. Most people needed minimal assistance to eat their lunch but staff were available if help was needed.

People's individual needs were met by the adaptation, design and decoration of the home. The home was well lit throughout with several areas where people could relax if they wished to do so. People's bedrooms were decorated with their own personal furniture, photographs and items of importance to ensure the environment was suitable to them. The home and surrounding gardens were accessible to all. The provider had a car to enable people to access the community and to visit external venues.

Is the service caring?

Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection, we found this section remained good.

Most of the people living at the home were unable to tell us about their experiences of living there. However, they reacted very positively when we asked if the staff were kind to them and they were clearly relaxed and comfortable with the staff. One relative told us, "I now have a great relationship with my son. Living at Brook Lane has enhanced both his and my life". Two other relatives told us their family members appeared very happy at the home and that staff were caring, relaxed and friendly. They said they had never had any concerns about their family member's care or the attitude of staff. Staff spoke positively about the people they supported and demonstrated they respected people and cared about them. One staff member said, "I love working here; it's the people that make it so good".

People's privacy, dignity and independence was promoted. Details of what people could do and those things they needed support with were recorded in their care plan. There were instructions in care plans on how staff should continuously promote independence when supporting a person for example with personal care. Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.

Family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

Throughout the inspection we observed positive interactions between people and staff. Staff were attentive to people's needs and respectful. Staff took time to make sure they had understood what people were saying. People living in the service had limited ability to verbally communicate. However, we observed that members of staff understood what they were trying to communicate and engaged with them accordingly. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication. They gave people the time they needed to communicate their needs and wishes and then acted on this.

Is the service responsive?

Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection, we found this section remained good.

Staff knew people and their preferences in relation to their care and support very well. Some people had specific routines to reduce their anxiety and maintain their sense of well-being and these were clearly identified in their care plans. Staff were able to recognise subtle behaviours from people that enabled them to respond appropriately to their needs. They spoke to us about activities each person particularly enjoyed, their interests and how they liked to spend their time.

Each person's daily activities were based on their choices. People planned their activities for the week with the staff, and pictures were used to display them on a board. People were encouraged to access community events such as trampolining, swimming, going to a pub, visiting a gym and daily walks. On the day of the inspection, we observed people spontaneously asking to go out and staff supported them to do this.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it. This helped to ensure the service was complying with the Accessible Information Standard. For example, information in large print, picture exchange cards [PECS], social stories in pictorial format and Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One relative told us, "The home has had amazing success using PECS with my son over the past year. He has really come out of his shell and leads as normal a life as possible".

Relatives told us they were involved in regular reviews of their loved one's care and staff communicated regularly with them about their family member's well-being. A relative told us they were unable to visit as often as they would like due to the distance. They added that staff sent them a weekly email or had a telephone conversation to keep them in touch with their relative and how they were progressing.

There was clear accessible information displayed throughout the home about how to raise concerns or complaints. The complaints policy was readily available near the front entrance and the registered manager and staff we spoke with were aware of their responsibility for managing complaints. Relatives told us they had had no reason to make a complaint and they were confident any issues would be addressed and resolved.

Is the service well-led?

Our findings

At the last inspection we found the service was well led and awarded a rating of good. At this inspection, we found this section remained good.

The registered manager had values that clearly put people at the centre of the service and focused on their needs and wishes. This was also echoed by staff. One member of staff said, "The residents are the most important thing, they are free to do anything they wish and we try to make it happen". We saw evidence that people's views were sought regularly through meetings and individual discussions.

People's relatives had confidence in the service and the quality of the care provided. They said they had no concerns about the staff's ability to provide the care people needed and they were always kept up to date with information about their family member's care. They expressed confidence in the registered manager and deputy manager and their response to any queries or concerns.

Staff confirmed they had regular team meetings and they were encouraged to express their views. They told us communication was very good and they were kept up to date with developments. One member of staff told us, "The home continues to improve under [registered managers name]. It is structured and staff know what is expected. This has a positive impact on people we support. It's a very happy home".

Effective systems were in place to monitor the quality of the service and the care provided. A range of monthly and quarterly audits were completed by the registered manager and provider. Audits were also completed of areas such as health and safety and infection control. The registered manager had an action plan to address areas for improvement identified in the audits. The registered manager submitted weekly data on key performance indicators to the provider and clear thresholds or targets were identified for the service. The provider held monthly governance meetings and quarterly managers meetings that were attended by managers of each service, to review quality, safety and peoples' experience and facilitate shared learning.

Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

The rating from the previous inspection of 231 Brook Lane was displayed prominently in the home for people to see and on the provider's web site.