

Care Management Group Limited

Fiveways

Inspection report

72 Croydon Road
Beddington
Croydon
Surrey
CR0 4PB

Date of inspection visit:
05 December 2019

Date of publication:
08 January 2020

Website: www.achievetogether.co.uk

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

About the service

Fiveways is a supported living service providing personal care to people within one house. At the time of our inspection six people with learning disabilities were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received the support they needed in relation to their individual risks. People were supported with their medicines safely. There were enough staff to support people safely. Suitable recruitment checks were carried out on staff. Staff followed good infection control practices and received training to understand their responsibilities.

Staff received the regular training in a range of topics to help them understand people's needs, including those relating to people's learning disabilities and autism. People received the support they needed to maintain their day to day health. People planned, shopped for and cooked their own meals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who understood them well and were kind. Staff treated people with dignity and respect and people determined the care they wanted. Each person had an activity programme in place based on their individual hobbies and interests and some people were involved in campaigns for the rights of people with learning disabilities. People were supported to attend group events, including many for people with learning disabilities arranged by the provider. Staff understood people's communication needs well. The provider had a suitable process in place to respond to any concerns or complaints.

A registered manager was in post and people, a relative and staff had confidence in them. Our inspection findings showed they understood their role and responsibilities, as did staff. The registered manager engaged well with people, relatives and staff to hear their view and update them on service developments. The provider had good oversight of the service with checks and audits of every aspect of the service to ensure standards remained high.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This was our first inspection of the service since it registered with us in November 2018.

Why we inspected

This was a planned inspection based on the date the service registered with us.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fiveways

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service two days' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

The inspection site visit took place on 6 December 2019.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs).

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people using the service and one relative, the deputy manager, regional manager and one support workers. We communicated with the registered manager after the inspection via email. We reviewed two people's care records, medicines records, two staff files, audits and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The key question was rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People felt they were safe in their day to day lives. Our discussions with staff showed they understood risks relating to people's care.
- The provider assessed risks and put guidance in place for staff to follow, such as guidance on how to ensure people were safe when preparing food and when in the community.
- The provider supported some people with travel training to help them get to know the local area and how to travel safely. For one person the provider worked with health and social care professionals to help them stay safe in their relations with others.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the potential risk of abuse and the registered manager took the necessary action in relation to any allegation of abuse.
- Staff understood their responsibilities in relation to safeguarding and received training in this to keep their knowledge current. Safeguarding was discussed at supervision and team meetings to share learning.
- The provider recorded and analysed any accidents or incidents or safeguarding allegations and had systems to learn and improve if things went wrong.

Staffing and recruitment

- People, relatives and staff told us there were enough staff to support people safely. Each person had a set number of hours to receive care, agreed by their local authority and no concerns were raised about the level of support people received.
- There were enough staff during our inspection and we saw people received individual care to attend activities in the community.
- The provider checked staff were suitable to work with vulnerable people and people using the service were involved in selecting staff. The provider checked criminal records, previous work history, proof of identification and right to work in the UK. The provider told us they would improve their systems to check staff were of suitable physical and mental health to support people. This was because we found new staff had not always returned these self-declarations in a timely manner.

Using medicines safely

- Our checks of medicines stocks and records showed people received their medicines as prescribed.
- The provider assessed risks relating to medicines management, including people who self-administered to check it was safe for them to do so. Support plans were in place to identify individual support needs.
- Staff understood how to administer medicines safely as they had regular training with annual competency checks.

Preventing and controlling infection

- Staff received training in relation to infection control and followed best practice, including reducing the risk of food borne infections.
- People and relatives told us the service was clean and our observations were in line with this. Staff followed a schedule to ensure the service was clean and free from malodours and cleanliness and infection control practices were regularly audited.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- A relative told us, "I think staff training must be ok" as they spoke positively about staff. People were supported by staff who received a suitable induction and regular training in a wide range of topics relative to their role, including autism and learning disability awareness. Specific training was arranged for staff before a person began receiving care from the service if required. Staff told us the training helped them understand people's needs. Staff were also supported to complete diplomas in health and social care.
- The provider closely monitored staff training needs and records showed staff remained up to date with their training.
- Staff felt supported by the management team on a day to day basis and they also received regular supervision and annual appraisal.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments were completed before people started using the service for the provider to check they could meet people's needs. The assessment process involved discussion with people and their relatives and a schedule of visits to the service.
- The provider continued to assess whether people's care met their needs through regular reviews and meetings involving their social workers and relatives.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access the healthcare professionals they needed to maintain their health and staff understood people's health conditions, including those relating to eating. One person told us, "I go to the hospital when I need to and I see the dentist and optician if I need to."
- A relative told us their family member could help themselves to food. People planned, shopped for and cooked their own meals and people told us about their meal plan with pride. Cooking for others in the service was encouraged.

Ensuring consent to care and treatment in line with law and guidance

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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 had the appropriate legal authority and were being met.

- Most people had capacity to make all decisions relating to the care they received. One person newly admitted to the service was suspected to lack capacity in relation to one area of their care. The provider carried out a capacity assessment soon after our inspection which they shared with us and then arranged a meeting to make decisions in the person's best interests.
- The provider liaised with a person's social worker to review whether legal authorisation was necessary to deprive them of their liberty.
- Staff received training in relation to the MCA and DoLS and our discussion showed they understood their responsibilities in relation to the Act.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

The service was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All people we spoke with and a relative were positive about staff, describing them as kind and understanding. A person told us, "Staff understand me well and listen to me. I like them all." A relative told us, "I'm happy with it here and [my family member] likes it here. Staff are supportive and they understand [my family member]", and this was in line with our observations. We observed staff engaged with people well, listening and responding carefully to their queries. Relationships between people and staff were positive.
- Staff were aware of people's cultural and social needs and these were reflected in care planning. For example, some people were supported to cook cultural meals.
- Staff received training in equality and diversity and our discussions with staff showed them to be understanding and accepting of people's differences.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views verbally or indicate their preferences to staff in other ways. Our discussions with staff and our observations showed they understood how people preferred to communicate. Using people's preferred method of communication supported them to make decisions about their care.
- Each person worked closely with one member of staff in particular who checked they were happy with their care on a regular basis.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as they wanted to be. For example, people were involved in their own meal planning and cooking, laundry and cleaning and tidying their rooms. Some people attended college to learn life skills and skills to help them secure a job in the future.
- One person told us, "Staff always knock before coming into our rooms." Staff described how they ensured people's privacy and dignity when carrying out personal care. Staff also understood how to maintain people's confidentiality and had received training in this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This key question was rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed how they would like to receive care from staff, their backgrounds, personalities and those who were important to them. Care plans were personalised to people's individual needs and preferences.
- Our discussions and observations showed staff understood people's care needs well. This meant people received care based on their individual needs and preferences.
- Staff reviewed people's care plans regularly to ensure they remained current and continued to reflect people's care needs well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people communicated verbally and staff understood the need to adapt their communication style to aid understanding. Staff understand the communication needs of a non-verbal person well and their care plan described their communication needs in detail.
- Staff recorded the different ways people communicated in their care plans so staff had clear information to refer to.
- Much documentation was recorded in an easy read format to help people using the service understand it better. The provider could produce information in alternative formats if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us about the activities they enjoyed each week, such as going to the gym and shopping. Each person had an activity schedule in place based on their individual hobbies and interests. The provider also encouraged people to attend group activities including as parties and events for people with learning disabilities, many of which the provider arranged across the organisation. One person was involved in campaigning for people with learning disabilities through the provider organisation, campaigns included the right to be transsexual, hate crime, loneliness, the right to a good time and to stay up late.
- The provider recognised people's individual achievements at award ceremonies.
- Staff supported people to stay in touch with their family members and relatives were welcome to visit people at the service.

Improving care quality in response to complaints or concerns

- There was a suitable complaints procedure in place to respond to any concerns, although there had not been any since the service was registered with CQC.
- People and relatives were encouraged to raise concerns and had confidence in the registered manager and deputy to investigate them appropriately.

End of life care and support

- Training in end of life care was available to staff.
- People were supported to consider and record how they would like to receive their end of life care in 'advanced care plans'.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

This key question was rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a wide range of regular checks and audits in place to ensure the quality of service remained high in all areas. This included regular checks by the provider's quality team and the regional manager and records showed any areas for improvement were promptly addressed.
- There was a registered manager in post. Our inspection findings showed they understood their role and responsibilities well. The registered manager was supported by a competent deputy manager. People, a relative and staff were positive about the registered manager and deputy. Our discussions with staff showed they had a good understanding of their roles and responsibilities.
- The provider had sent us notifications in relation to significant events that had occurred in the service, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager kept people, relatives and staff informed of developments at the service through regular meetings. People and staff felt valued and listened to.
- The provider had systems to meet their duty of candour responsibilities.

Working in partnership with others

- People were encouraged to be active within their local community by using services such as clubs, shops and cafes.
- The provider communicated with external health and social care professionals to ensure people received the care they needed.