

Care Management Group Limited

Care Management Group - 1 Fengates Road

Inspection report

1 Fengates 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

1 Fengates Road provides accommodation and personal care for up to six people who have a learning disability, such as Asperger's or epilepsy. People's accommodation is arranged over two floors. All bedrooms are for single occupancy, with en-suite showers. There were six people living at 1 Fengates Road on the day of our inspection.

There was 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 and associated Regulations about how the service is run.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff met with their line manager on a one to one basis and staff said they felt supported and told us the provider had good management oversight of the home.

Summary of findings

People lived in an homely environment which they were clearly proud of. Everyone was involved in maintaining the upkeep of the home by taking part in the cleaning and general housework duties.

People were extremely independent and encouraged and supported by staff to continue to be so. Staff supported people to keep healthy by encouraging people to eat a good range of nutritious foods. Everyone was involved in the menu planning, cooking and shopping. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People were encouraged to take part in a range of activities which were individualised and meaningful for people. We heard people chose what they wished to do on the day, not only within the home but if they wished to go out.

People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people. For example, those people who, at times, liked to eat less healthy food. The registered manager logged any accidents and incidents that occurred and staff responded to these by putting measures in place to mitigate any further accidents or incidents.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). No one was restricted in the home and were free to come and go as they pleased.

There were a sufficient number of staff on duty to enable people to either stay indoors or go out to their individual

activities. People and staff interacted like good friends. It was evident staff knew people extremely well, understood people's individuality and needs and respected people when they wished to have time alone. Staff were very caring to people and empathetic when it was needed.

Staff received a good range of training which included training specific to the needs of people living at 1 Fengates Road. This allowed them to carry out their role in an effective and competent way. Staff met together regularly as a team to discuss all aspect of the home.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were made or reported to the appropriate team.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place. We read people would be evacuated to another of the provider's homes should the need arise.

Appropriate checks were carried out to help ensure only suitable staff worked in the home, such as a criminal record check. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People, their relatives and external stakeholders were encouraged to feedback their views and ideas into the running of the home.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it. There was a plan in place in case of an emergency.

Good



Is the service effective?

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they cooked and ate and were supported by staff to have nutritious meals.

People had involvement from external healthcare professionals to support them to remain healthy.

Good



Is the service caring?

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were extremely caring and kind and showed empathy when it was needed.

People were independent and made their own decisions on matters.

Relatives and visitors were welcomed and able to visit the home at any time.

Good



Is the service responsive?

The service was responsive

People were able to take part in activities that meant something and interested them. People chose which activities they would like to undertake.

Staff responded well to people's needs or changing needs and people and their relatives were knowledgeable about their care plans and involved in any reviews.

Complaint procedures were available for people in a way they could understand.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality.

Everyone was involved in the running of the home. This included the people who lived there, their family members and the staff.

Staff felt the provider had a good management oversight of the home and supported them when they needed it.

Care Management Group - 1 Fengates 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 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.

This was an unannounced inspection that took place on the 21 October 2015. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give

some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

We spoke with three people during the inspection and observed the care and support being provided by staff. We talked to two relative's and the friend of one person following the inspection.

As part of the inspection we spoke with the registered manager, one member of staff and one health care professionals. We looked at a range of records about people's care and how the home was managed. For example, we looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at four staff recruitment files.

We last inspected 1 Fengates Road in August 2013 when we had no concerns.

Is the service safe?

Our findings

The registered manager kept a log of accidents and incidents. We read that action taken and measures put in place to help prevent reoccurrence had been noted. We were told by the registered manager she did not carry out routine analysis of these reports to identify trends. She said this was because she knew people well and the accident and incident form had to be viewed by her before going to head office.

Staff followed good procedures in relation to the handling of medicines which meant people received their medicines in a safe way. We saw medicines were stored in people's bedrooms in a lockable cabinet, secured to the wall. There was evidence staff had risk assessed people's skills and abilities regarding them self-medicating. We saw one person held their own medicines cabinet key and those who needed support understood the reasons staff held the key for them. PRN (as required) protocols were in place for those people who required them.

People told us they were very involved in how they took their medicines. They knew if they were able to take them without staff support, or if they needed reminding. The medicines administration records (MAR) were completed properly, without gaps or errors which meant people had received their medicines correctly. Each MAR held a photograph of the person to ensure correct identification of people, and there was information on how a person liked to take their medicines. For example, on a spoon, in a pot or with a drink.

There were a sufficient number of staff on duty to support people with their needs within the home as well as out in the community. The registered manager told us there were usually two staff on duty during the day and one waking staff during the night. They said staff undertook the cleaning, laundry and cooking within the home but as people living there were so involved in these tasks, everything got done and staff still had time to socialise with people. As we arrived two people were being taken to a day centre by a member of staff and one had already gone out independently. Three people remained in the home and we saw a sufficient number of staff available to meet their needs in a way that people didn't feel they were having to wait for attention.

Staff felt most of the time there were enough staff on duty to support people, carry out the duties they had to undertake and also spend social time with people. We saw the registered manager had planned staff rotas several weeks in advance to help avoid staff shortages with staff being given short notice of shifts.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Staff understood people's individual risks and how to keep people safe. Staff supported people to live their life in a safe way by ensuring they were not put in situations which could leave them at risk of harm. For example, people who liked to go out independently into the community and who may feel vulnerable because they may speak to strangers. Each days staff rota clearly indicated who was the first aider on duty that day and there was a record which staff completed to indicate which staff and individuals were in the home and who wasn't.

Staff had a good understanding of safeguarding which meant they helped keep people safe from harm. Staff told us who they would go to if they had any concerns relating to abuse. We saw there was a flowchart available for staff and we noted a copy of Surrey's Multi Agency safeguarding policy. There was also a safeguarding 'grab folder' which staff could access which held important information in relation to reporting safeguarding. One staff member told us, "I have reported concerns before so I know who to contact. When I started working here I told the provider I would have no hesitation in whistleblowing if I felt the need to." We saw safeguarding information and how to report abuse was displayed in a way people could understand and we noted in the most recent residents meeting staff had discussed risks and safeguarding with people.

1 Fengates Road had a reciprocal arrangement with 5 Fengates Road in the event of an emergency and people had to be evacuated as they were both homes run by Care Management Group. This meant people would continue to receive appropriate care. There was information and guidance for staff in relation to contingency planning and actions and we read each individual had their own personal evacuation plan (PEEP).

Is the service effective?

Our findings

Staff received appropriate and relevant training, for example training in autism or epilepsy. Staff told us this enabled them to feel confident in their role and to help them meet people's specific needs. Staff undertook the provider's mandatory training, such as safeguarding, infection control, health and safety or first aid and where training was due this had already been planned by the registered manager to take place. One member of staff said Care Management Group was, "Very good at training."

Staff were able to meet with their line manager on a one to one basis as a way for them to check staff were putting their training into best practice and ensuring they were following the standards expected of Care Management Group. We noted some staff had not received supervisions recently however the registered manager was aware of this and had put plans in place to address this with the deputy manager. They were able to demonstrate to us they had already carried out some outstanding supervisions with staff. We read in staff files that staff were up to date with their annual appraisals which was an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Staff told us they felt supported by the registered manager and deputy manager and could approach them at any time.

People were supported to have a varied and nutritious diet to help maintain their health. People told us that each weekend they sat together to discuss the menu for the following week. People took it in turns to select a meal they wished to go on the menu and they would then be involved in the cooking of their chosen meal. Those who preferred not to have what was on the menu could make themselves an alternative. Meal choices were displayed in the kitchen in a way everyone could see them and the evening meal for the day was written on a board. People who needed to eat more healthy food in order to maintain a balanced weight had this taken into consideration. We saw people just finishing their lunch having sat around the table together. We saw them enjoying a cup of tea with staff. No one in the home had any particular risks in relation to their food. People told us they liked the food. They said, "We have lots of different foods we can eat and we eat healthy food too."

Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and ensured that

any decisions made were in people's best interest. Staff had discussed individual circumstances with people to understand their capacity for making specific decisions. For example, if they wished to go out independently. The registered manager demonstrated to us everyone had capacity to make their own decisions, and chose for themselves whether or not they wished staff to accompany them on outings or for other events.

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. As there were no restrictions in the home (for example, the front door was not locked) and people had capacity to make their own decisions, DoLS applications had not been submitted for people.

People could expect to receive effective care from staff when they needed it. Some people were living with epilepsy and staff were provided with clear guidance on signs and symptoms to recognise. Details in care records included actions staff should take in the event someone suffered from an episode. A log of episodes was kept by staff to allow them to monitor the frequency and severity to help decide whether external professional support was needed. People described to us the behaviours they presented at times and said staff supported them to calm down and feel better. A relative told us, "They (staff) notice things and they are on to it straight away." Another told us, "I have noticed a big change in them. They are stimulated now and a lot calmer."

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or dietician. We read that staff had concerns about one person in relation to their weight and saw that staff were monitoring their weight. Another person had gastric problems and staff were keeping a log of their food intake for the dietician to review. Other people had been supported to have a flu jab in order to help protect them from the risk of contracting flu. People said staff ensured their health needs were being met. For example, when they needed a blood test. One relative told us, "Because of the set up provided for (my relative) he's as well as he is."

Is the service caring?

Our findings

People told us the staff were nice to them. One person said, "They are good and they help me." Another said, "The staff are kind." Everyone we spoke with told us how much they liked living at the home. A relative told us, "It's a success story. They (staff) are amazing." They added, "I think they have such a good understanding of them. I can't praise the place more highly." Another said, "I can't fault the care." And a further commented, "Absolutely excellent, the staff are really lovely."

Staff displayed such kind, caring behaviour it was clear to see that people and staff enjoyed spending time together. We heard one member of staff speak with one person and it was like two friends having a chat over a cup of coffee. They chatted amiably and easily whilst the staff member was helping them complete some paperwork. On other occasions we saw people hugging staff and heard staff and people laughing together. A relative told us, "They know them extremely well. They (staff) are very caring. (x) has never been more settled."

From the moment we walked into 1 Fengates Road, people were keen to show us around and were so proud of the home they lived in. There were very few notices or posters displayed in the communal areas giving the environment a cosy, warm and comfortable feel and very much one of a house, rather than a care home. Each time the doorbell rang people were encouraged to answer the door, rather than staff to reiterate it was their home.

Staff treated people respectfully and made them feel they mattered. One person had asked the registered manager if they could meet with them privately. The registered manager asked them politely if they could wait a short while until they were free. We heard when the registered manager was available ask the person, "Would you like to meet now?" Which they did. We saw they went into a free room and the door was closed behind them so they could have a confidential conversation. We saw staff knock requesting access to people's rooms or knock on people's bedroom doors and wait for a response before entering.

People received empathy from staff when it was needed. We heard one person get upset and heard staff comfort and reassure them in an appropriate manner. Later on this same person told staff they felt unhappy and we heard staff

encourage them with laughter and joviality to feel more upbeat and to lift their mood. A relative told us, "They are very sensitive to their needs. They (staff) listen, even in the middle of the night."

People could have privacy when they wished. One person told us how they liked to spend time in their room when they were in the home. They said they used their computer a lot and liked to spend time speaking with their family via email or Skype. Each person's room had a key and we found people's bedroom doors were locked when they were not in them. People showed us they carried their own key so they could return to their room at any time. They also had a front door key so they could come as go from the home as they pleased.

People's individuality was recognised by staff. Staff told us one person who moved into the home was very quiet initially and they were concerned for them. They went on to tell us they attended a day centre with this person and when some music was playing their personality changed and they were singing and dancing. The staff member said they found the music and words from a favourite song of this person's and each week this was sung at the day centre especially for them. People had been involved in the decoration of their own rooms and a relative told us they worked together as a team with staff to personalise and update their family member's room.

Another person liked to tell jokes and staff encouraged this when it was appropriate. Staff took the time to explain and discuss with this person on the occasions they used their jokes inappropriately so they could learn from this.

People were encouraged to be independent and make decisions when they could. Staff told us everyone in the home was independent in one way or another. Some individuals were able to take public transport and others went out for walks unaccompanied. We heard people constantly making their own decisions on what they wanted to do or where they wanted to go. We saw one person come down to fetch the Hoover as they felt their room needed a clean. Other people had been supported to self-medicate and were now responsible for taking their own medicines. People offered and made us hot drinks throughout the inspection and we heard one person tell staff they did not wish to go out that day that staff which staff respected. A relative said, "It's absolutely excellent, (x) is cooking once a week which they never did and doing housework."

Is the service caring?

Relatives told us they were able to visit when they wanted and were made to feel welcome. Relatives told us they could phone 24/7 and staff were never too busy to talk. They said when they visited staff were really welcoming.

Is the service responsive?

Our findings

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedures was written in a way that people could understand. We read there had been no complaints about the staff or home. People told us they knew how to raise complaints. Some people said they had raised some concerns and these had been dealt with by the registered manager to their satisfaction.

When people's needs changed, staff responded appropriately. For example, one person had a hearing impairment and staff noticed at times they did not hear people. This had made them feel isolated. Staff arranged an appointment with the audiology department and new hearing aids had been ordered. In the meantime however, the audiologist adjusted one hearing aid the person was wearing which had an immediate positive impact.

People told us their care plans focused on their needs and changed sometimes when they had been unwell and needed different support. For example, one person had undergone some recent major surgery and staff had adjusted and adapted their activity plans both within and outside of the home to ensure they recovered slowly and fully. This person told us, "Staff are looking after me because I have to be careful."

People were supported to participate in, choose and attend activities which had meaning to them and were individualised. One person said they liked doing the activities they did and could go out and get their newspaper every day on their own. Each person had their own activity plan for the week which was developed around their wishes. People's lives were meaningful as a result of the activities they undertook. For example, some people had part time jobs. One person worked at Care Management Group's head office which they told us they, "Loved." Others had expressed an interest in getting a job and staff had supported them to attend interviews and look for suitable employment. A relative said, "They have to keep busy and staff ensure they do." Another told us, "They are very involved in outside activities." A further said, "They go on so many outings they don't have time to sit about moping."

There was an opportunity for people to have good community involvement. People could choose to wander

down the road to collect a paper or go into town to do their own shopping and two people attended college each week and every year they chose the courses they would like to attend. We saw people had been involved in recent celebrations for Black Culture Day.

One person was involved in the provider's 'parliament'. They told us how they went to other Care Management Group homes and spoke with people living there. They explained staff accompanied them and helped them to write a report on what people had told them to feed back to the provider.

When people were indoors, they all participated in the running of the home. They undertook household duties on a rota basis, participated in the cooking and helped staff carry out quality assurance checks on the premises.

Care plans were very person-centred, comprehensive and contained relevant information about people to ensure they received the correct support and treatment. Important information about people's lives were recorded in their care plans. We read people's life history had been written down and events that had happened to them which may have resulted in some anxieties or behaviours they now felt or displayed. There was a section on emotions and how people may display what they were feeling and guidance for staff on how to respond to this. People had hospital passports. This is a document which includes useful information about the person should they need to go into hospital. These were completed fully and comprehensively.

People told us they were involved in their care plans and the reviews of these plans. We saw evidence of this throughout the documentation where people had signed care records or completed some areas of information. Each person had a keyworker who had the responsibility of ensuring information about an individual was up to date and relevant. We saw keyworker meetings were held monthly with people to ensure accurate information was recorded. We heard a staff member inform one person they would like to hold a keyworker meeting with them that afternoon and check they were happy that they (the staff member) were going to ask them lots of questions.

Relatives and others were also encouraged to be involved. We saw written invitations for relatives or professionals to attend care plan reviews. The invitations were 'written' and

Is the service responsive?

sent by the person themselves making them personalised for that person. A relative told us, "They get on extremely well with their keyworker. I go to the review meeting once a year which is very thorough."

Daily handovers were carried out by staff to ensure any important information or changes in relation to a person were shared amongst staff straight away. We noted on the previous day it was recorded one person required a blood test and we were told this had been done.

Is the service well-led?

Our findings

Provider audit visits took place to check the quality of the care being provided by staff. The most recent audit had focused on areas such as care records, training, finance and nutrition. We saw an action plan had been set for the registered manager and they were actively working through this. Updates in relation to progress against the action plan are discussed during the registered manager's one to one meetings.

The home was quality monitored by the registered manager and other staff as they carried out regular audits. These included monitoring of water temperatures, fire checks and electrical testing. We saw an infection control audit was carried out monthly and read actions identified during the last audit had been completed. For example, arranging the collection of the sharps bin.

We read actions from quality audits had been completed, for example two people's shower trays were found to be cracked and these had been replaced. Another action was in relation to replacing the windows and during our inspection a window company arrived to give a quotation.

The registered manager completed a monthly report for the provider which gave detailed information on the number of safeguarding incidents and other accidents or incidents, status of care records, health and safety reports, staff supervisions and appraisals and other similar information in order to monitor the daily running of the home. Finance audits were carried out and we saw these were recorded on the monthly report. One person was able to manage their own finance with no staff involvement and we noted the registered manager had not referred to this person in relation to their finances within their report.

Staff said they felt supported by Care Management Group and liked working at the home. Staff had the opportunity to meet as a team on a monthly basis to discuss general information as well as individuals and any good news or concerns they had. We read the minutes of the last two meetings which had good attendance by staff. We read safeguarding had been discussed together with the new CQC domains. Other discussions included new staff and individuals and any concerns or highlights.

Staff told us they were aware of the ethos of Care Management Group in that they were to encourage people to live independent, fulfilling lives. Our observations throughout the inspection showed us they put this ethos into practice. Staff told us higher management had a good oversight of the running of the home and they responded to any concerns staff may raise with them. Staff also felt the culture in the home was good as staff worked well together as a team and discussed any areas of concern between them. One staff member said, "We push things. If we feel someone can be helped we push to ensure it's done."

People were involved in the running of the home and staff listened to people's suggestions. We read residents meetings were held each month where people could get together to hear news about Care Management Group and news specific to 1 Fengates Road. At these meetings people discussed other aspects of the home for example, health and safety, infection control, menus and activities. People told us they were encouraged to voice their opinions during these meetings. We read at the last meeting people had suggested some specific activities they would like to do. We spoke with the registered manager who told us these activities had been arranged and people had participated.

People were supported by staff to give their feedback and views on the care they were receiving. We read the completed questionnaires and saw people had indicated they knew they had a support plan and they felt involved in it, they could choose their own activities and they were overall happy with the comfort of the home, the food, the activities and the support received. We noted some people had commented they would like to have a job and staff told us this was something they were actively looking at for people.

Relatives and stakeholders were encouraged to give their feedback of the home. We saw survey questionnaire responses for 2015 and noted one relative who had responded commented, 'friendly and meaningful' and, 'We are so pleased with the progress (our relative) had made. Cannot thank staff enough'. Comments from health and social care professionals included, 'confidence in staff' and, 'happy, no concerns'.