Care Management Group Limited

Care Management Group - 42 Twyford Gardens

Inspection report

42 Twyford Gardens, Worthing,
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Ratings

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

Overall summary

The inspection took place on 3 September 2015 and was unannounced.

42 Twyford Gardens provides care and support for up to four people with a learning disability, autism and/or other complex needs. At the time of our inspection, there were four people living at the service. The home is a modern, detached bungalow within a quiet residential area in Worthing. The accommodation comprises a large, communal, open-plan sitting, dining and kitchen area with access to a rear garden. People have their own spacious bedrooms with en-suite facilities.

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

Summary of findings

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.

Staff supervision meetings did not take place regularly in line with the provider's policy. Staff did not have supervisions every four to six weeks and six members of staff had not had a supervision since May 2015. New staff completed the provider's induction programme, then went on to complete the Care Certificate, which is a universally recognised qualification. Staff received all essential training and some specific training was also undertaken to meet people's particular needs. Staff meetings were held.

Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005 legislation and the registered manager had completed applications for people in line with the Deprivation of Liberty Safeguards guidance.

People were supported to have sufficient to eat and drink and could choose what they wanted to eat. They were supported to maintain good health and had access to a range of professionals. People's rooms were decorated in line with their personal taste.

People were protected from harm and staff had been trained in safeguarding adults at risk. Staff knew what action to take if they suspected abuse was taking place. Risks to people were identified and assessed and information and guidance provided to staff to support people safely. Accidents and incidents were recorded and reported to the registered manager who then took action to ensure that people's risks were reassessed if needed.

Premises and equipment were managed to keep people safe. There were sufficient staff on duty to support people at all times. Safe recruitment practices were followed when new staff were employed. People's medicines were managed safely and administered by trained staff.

People were cared for by kind and supportive staff who knew them well. They were encouraged to be involved in all aspects of their care. People were treated with dignity and respect and encouraged to be as independent as possible, participating in day-to-day tasks in the home. Relatives and friends could visit without restriction and people were supported to stay in touch with their families.

Comprehensive and detailed care plans provided staff with information about how people wished to be cared for in a person-centred way. Care plans were reviewed monthly and people met with their keyworkers to discuss this. Activities were organised for people either at the home, at one of the provider's other locations or in the community. People chose what they wanted to do and how they wanted to spend their time. Complaints were dealt with in a timely fashion and in line with the provider's policy.

People were asked for their views about the service and regular 'service user meetings' were held. Staff were also asked for their feedback in a national survey organised by the provider. Relatives' views were obtained too. The registered manager supported staff by working alongside them and was readily available to discuss any issues with staff or with people. There was a range of audits in place to measure the quality of the service delivered.

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?

Good

The service was safe.

People were protected from the risk of abuse and harm. Risks to people were identified and assessed and guidance provided to staff to keep people safe.

Staffing levels were sufficient and safe recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

Staff had not received supervisions every four to six weeks in line with the provider's policy. Some staff had only had one supervision in the year.

Staff were trained to deliver effective care and new staff completed an induction programme.

Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice. The registered manager had applied for authorisation from the local authority to restrict people's liberty.

People were supported to have sufficient to eat and drink and had access to a range of healthcare professionals.

People's rooms were spacious and decorated in line with their personal taste.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff who knew them well. They were encouraged to be involved in making decisions about their care. People were treated with dignity and respect.

People helped around the home with various housekeeping duties and were encouraged to be as independent as possible.

Relatives and friends could visit freely and staff supported people to stay in touch with people that mattered to them.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information about people and enabled staff to support them in the way they preferred.

There was a range of activities on offer at the home or people were encouraged to pursue interests of their own in the community.

Summary of findings

Complaints were dealt with in a prompt and timely manner.

Is the service well-led?

Good

The service was well led.

Meetings were held with people that enabled them to express their views about the way the service was run and what mattered to them. Relatives were also asked for their feedback about the home.

The registered manager worked alongside the care staff and was readily available.

A system of audits enabled the registered manager and provider to measure the quality of the service delivered.

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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.

The inspection took place on 3 September 2015 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed 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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed staff providing care and spoke with people and staff. We spent time looking at records including four care records, six staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with four people living at the service. Due to the nature of people's complex needs, we did not always ask direct questions. For some people, being asked questions by an inspector would have proved too distressing. We did, however, chat with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager and two care staff.

The service was last inspected in October 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. Staff knew what action to take if they suspected abuse was taking place and had been trained in safeguarding adults at risk. The latest copy of the Sussex safeguarding policy and procedures was available for staff to access. The provider had a safeguarding alert flowchart, so that staff could see at a glance, what steps to take and how to raise an alert. The provider had a 'restrictive practice plan' in place; one example of this ensured that people's money was kept in a safe accessible only to senior staff. Care records included a plan entitled 'Keeping Me Safe'. In one care record, this plan stated, 'People around me makes me feel safe. My call bell makes me feel safe'.

The provider had a whistleblowing policy in place which advised staff to contact the registered manager or regional director in the first instance if they had any concerns. Staff were aware of this and that they could report any concerns about people's safety or well-being

Risks to people were managed in a way that protected them and supported their freedom. Individual risk management plans had been drawn up for people. Care records provided information and guidance to staff to manage and mitigate the risks. One care record had a risk management plan on wheelchair use, personal care and hygiene, liquid medication, bed rails and eating and drinking. The risk had been identified and assessed, measures were in place to reduce the risk and any additional comments included.

Accidents and incidents were recorded and brought to the attention of the registered manager. Body maps had been completed for some people where they had sustained minor bruising or scratches, either accidentally or that had been self-inflicted. Appropriate action was taken and records documented the outcome of the accident or incident and any lessons learned.

Premises and equipment were managed to keep people safe. The fire evacuation procedure was on display in the hall and staff had been trained in fire evacuation procedures. The fire alarm was checked weekly and equipment, such as hoists, had been safely maintained; records confirmed this.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. At least two care staff were on duty at all times of the day and night. At the time of our inspection, the registered manager was dividing his time between this service and one of the provider's other locations. He told us that this was a temporary measure whilst other managers were on holiday. Staff rotas covering the last six weeks showed the staff on duty, who was trained in first aid, who was 'on call', staff who were on annual leave and any appointments that people had for the week, where they needed staff to support them. Names of staff who were on duty for the day were also displayed on the noticeboard in the hall, so people knew which staff would be working on any particular day.

Safe staff recruitment practices were followed. Records confirmed that new staff underwent a Disclosure and Barring Service check to ensure they were safe to work with adults at risk. Two references were obtained, previous employment histories obtained and identity checks undertaken. For overseas staff checks were made that they had permission to work in the UK.

People's medicines were managed so that they received them safely. We observed medicine being administered to one person via a peg tube. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. Staff had received training on how to give medicines via peg. Controlled drugs were administered, but these particular controlled drugs in use were not subject to safe custody and did not need to be stored separately. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations. The controlled drugs register had been completed appropriately and stock levels tallied. People's medicines were kept in locked cabinets in their bedrooms and only staff had access to the medicines. Medication administration record (MAR) charts showed that people had been given their medicines at the prescribed times. Staff had signed the MAR charts to confirm this. Only staff who had been trained in the administration of medicines were allowed to give people their medicines and there was a list of staff who were authorised to do this. As part of the training, staff were required to complete a 'medication practical competency assessment'.

Medicines were checked and audited monthly. The audit showed each medicine prescribed for a person and its expiry date. One such monthly audit showed that

Good

Is the service safe?

paracetamol for one person had an expiry date of April 2014. The monthly audits for April, May, June and July 2015 showed the same expiry date. However, we checked the stock of paracetamol for this person in their medicine cabinet and it was within date. The monthly audits had recorded an inaccurate expiry date and this was brought to the registered manager's attention for the inaccurate information to be corrected.

Requires improvement

Is the service effective?

Our findings

The provider's policy, dated July 2014, stated, 'Supervision should be held with a member of staff every 4 – 6 weeks'. However, not all staff had received supervisions at this level of frequency in the year. Two members of staff had only had one supervision in the year, each in May 2015. The staff supervision matrix for 2015 confirmed that supervisions had not been organised or held regularly for all staff. The matrix showed that seven staff did not have a supervision in July and that no supervisions had been undertaken in August or were planned for September 2015. Six members of staff had not had a supervision since May 2015.

Where staff supervision meetings had taken place, records confirmed that issues such as team working/staff relationships, service users, person-centred active support, keyworker meetings and monthly reports, training and policies and procedures were discussed. Goals relating to performance and personal development were discussed and support that staff needed from the registered manager to achieve these goals. Action points were identified and agreed. These were discussed again at the following supervision meeting to see what progress had been made. Annual appraisals had been undertaken for all staff in 2015.

We observed that people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. New staff were required to complete an induction programme which was organised by the provider. This comprised training, the completion of a workbook and work shadowing experienced staff. New staff were subject to the completion of a satisfactory probationary period and reviews were completed at the end of three and five months, leading to a permanent contract. All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics, which the provider had introduced. Existing staff had completed qualifications in health and social care, for example, through a National Vocational Qualification at level 2 or level 4.

Staff completed training in a range of areas including moving and handling, first aid, posture management, safeguarding, fire safety, food hygiene, challenging behaviour, dementia, autism and health and safety. Specific training was organised for staff in line with people's complex needs, such as a competency assessment in administering a specific controlled drug. Some training was delivered face-to-face, but the majority of training was online. Records confirmed that staff training was up to date and had been refreshed as needed.

Staff meetings were organised and minutes recorded that the last meeting had been held in May 2015, with other staff meetings held in February 2015 and December 2014. Issues such as staffing, service users, health and safety were discussed and previous actions from earlier staff meetings were looked at to see whether they had been completed.

Staff understood the relevant requirements of the Mental Capacity Act (MCA) 2005 and put this into practice. They had received relevant training. One member of staff told us, "Obviously you've got to make sure they've [referring to people] got full capacity to make decisions" and added that they endeavoured to promote people's independence, whilst keeping them safe. Where people had been assessed as being unable to make a decision, then a best interest decision was made. This is where the provider consults with health and social care professionals, the individual and their relatives to make a decision on the person's behalf in their best interest. A Best Interest meeting had been held recently for one person to make a decision on whether they should have an operation. Records showed that the person, their relative, the registered manager and a member of care staff had discussed the issue.

The registered manager had completed application forms for people under the Deprivation of Liberty Safeguards requirements. DoLS protects 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. The local authority had acknowledged receipt of the DoLS applications, but had not yet granted any authorisations. Physical restraint was not used by staff. However, one person could exhibit behaviour that might upset other people living at the service. When this occurred, staff explained to them the impact of their behaviour and would take the person to their room to give them time to calm down.

People were supported to have sufficient to eat, drink and maintain a balanced diet. One person told us that the food was nice and that they liked pie and sometimes had a Chinese takeaway meal which they enjoyed. Meal times were flexible and people could choose what they wanted to eat on the day. The same person asked to have their

Requires improvement

Is the service effective?

breakfast closer to lunchtime and chose to have a boiled egg and toast. The main meal of the day was served in the evening and people planned the week's menu in advance. The registered manager said, "They sit as a group and choose over the weekend or on a Monday. They decide if or how they can help [with shopping or food preparation]. We have pictorial prompts [of food], but people know what they want". Cultural differences were acknowledged where people could not eat certain foods because of their religious beliefs. Advice had been sought from a speech and language therapist where needed and an eating and drinking risk management sheet had been drawn up for one person. Where people had lost weight, they had been referred to a dietician and supplements to encourage weight gain were given.

People were supported to maintain good health and had access to health services and professionals. Health action plans were in place for people. These showed when people had appointments with a range of professionals such as their GP, dentist, optician, chiropodist and other specific professionals to meet their particular health needs. The plans also described the support people needed, for example, with dental hygiene, personal care and health checks to keep people well. One person had an exercise programme in place which staff supported them with. Hospital passports had also been drawn up. The aim of the hospital passport is to provide hospital staff with important information about people and their health when they are admitted to hospital. People's weights were taken and recorded monthly. However, one person's weight had not been recorded since June 2015 and the registered manager told us they had refused to be weighed. This person had chosen not to be weighed, however, this should have been stated in the weight record. The registered manager said they would rectify this and ensure that any refusals to be weighed were recorded in future.

People's rooms were spacious and had been decorated in line with their personal taste. There were pictures and photos on display. Every bedroom had an en-suite bathroom. The atmosphere at the service was homely and there were fresh flowers in the hall.

Good

Is the service caring?

Our findings

We observed people were supported by kind and caring staff who knew them well. On the day of our inspection, one person was playing solitaire on their i-Pad and staff were chatting to them. Later, a game of Cluedo was brought out and staff were supporting one person to play this, although the game was abandoned later when the person indicated they did not want to play it anymore. People's needs were recognised and recorded with regard to a range of areas such as their religious beliefs. People were supported to attend church and to be supported in their spirituality by staff. People's personal histories were recorded in their care plans, together with their preferences, likes and dislikes. One person always stayed in bed until lunchtime, which was their personal choice.

People were encouraged to express their views and to be actively involved in making decisions about their care, treatment and support. People met monthly with their own allocated keyworker who co-ordinated all aspects of their care. These meetings afforded people the opportunity to talk about the care they received and the support they needed. People's care was reviewed monthly and, where appropriate, relatives received a copy of their family member's review document. People also talked about holidays they wanted to plan, visits to their relatives or any particular activity they wanted to pursue. One person wanted to travel abroad and the home had organised for him to fly in a helicopter to the Channel Islands.

We observed that people were treated with dignity and respect by staff. Staff knocked on people's bedroom doors before entering, which promoted privacy. One person decided to have some bed rest after lunch and staff popped in on them from time to time to check they were all right. Later staff were seen to encourage the person to get up from their bed and then left them to decide whether they wanted to get up or not.

People were encouraged to be as independent as possible. Whilst the majority of people were wheelchair users, they could help with housekeeping duties. One person sat in their wheelchair and could help to hoover around the home, pushing the vacuum cleaner in front of them. Another person helped with food shopping and to fold laundry. People helped with cooking and could mix ingredients to bake a cake.

Relatives and friends were able to visit without undue restriction. One person's relatives lived a distance away, so staff drove them to their relatives' house every few weeks, so they could stay in touch. Another person had been invited to a celebration with their family and had planned a holiday to meet up with them, supported by care staff.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided information about people in a person-centred way. The essence of being person-centred is that it is individual to, and owned by, the person being supported. One person's care plan had a document entitled, 'About Me', which was written in a person-centred way and described what was important to that person, such as they only wanted female staff to support them with their personal care and in the shower. There was information for staff about supporting people's independence and the activities they liked to engage in. There was a document entitled, 'Overview of Me' and within this, 'My Communication'. One record stated, 'Look at me at my level when speaking to me. Talk to me slowly and clearly. Do not over-explain, keep things simple'. There was information for staff about every aspect of people's lives. One care file contained lots of photos of one person engaged in a range of activities which could act as a visual prompt when the keyworker reviewed the person's care and support with them. Care plans were reviewed monthly and discussions took place between the person and their keyworker. The keyworker would then write up a report which covered any significant news or personal achievements of the person, any recent difficulties encountered by the person since their last meeting, activities they were involved in, contact with health professionals, their support and health action plan and any other useful information.

Daily records were kept for each person living at the home. These records showed the level of support that people required throughout the day, what they had eaten and drunk, including the quantities consumed, night-time checks and any visitors or appointments that day.

On the day of our inspection, two beagles came to visit and people were really engaged with the dogs, petting them and offering them treats. The beagles' owner showed one person how to offer a biscuit to one of the dogs by offering it to them on a flat palm or by pinching the treat between their fingers, so that the dog could take it gently from them. This encouraged the person's dexterity. Activities were organised with people in line with their choices. One person enjoyed visiting the library and Salsa dancing. There were also activities organised by the provider which were available at other locations in the area, for example, one person went to 'Tuesday Club' to meet with people at another care home. For people who were not so keen to go out, activities were organised at the home, such as music therapy or people could have a massage.

People's concerns and complaints were explored and responded to in a timely fashion. The provider had a complaints policy in place. This stated that written complaints would be acknowledged within five working days. Complaints would be investigated thoroughly, treated confidentially and responded to fully in writing within 28 days. If people had any concerns, they raised these informally with care staff and they were dealt with straight away. Only one formal complaint had been received within the last year. Records confirmed that this had been dealt with to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

People, as much as they were able, were actively involved in developing the service. 'Service user meetings' were held on a regular basis. Records showed that five meetings had been held in the year to date. At each meeting, the minutes of the preceding meeting were discussed to see that any actions identified had been acted upon. In the minutes from August 2015, people were asked what they liked most about living at the home, what could staff do better, whether everyone was happy with their keyworker and activities were discussed. The minutes stated that one person liked gardening and wanted to plant some flowers in the garden. Another person agreed with this and said they would like to plant roses. A further person said they would like to go to the cinema. Holidays, fire drills and safeguarding were also discussed. People were asked if they knew what to do if they had any concerns.

On the day of our inspection, we observed staff talking with one person and they were discussing which staff were working that day. The person was helping to update the noticeboard in the hall to show which staff were on duty and which shift they were working. This person was enjoying the task and was encouraged to update the noticeboard every day.

The provider asked staff for their views about their employment and where they worked and surveys were sent out annually. However, it was not possible to find out staff's particular views about Twyford Gardens as the staff survey was a national one. People were also asked for their feedback about the home through a survey which was organised in an accessible way. However, the results of the survey for 2015 had not been completed at the time of this inspection. People's relatives had been asked for their comments in 2015 and two responses had been received. One said, '[Named person] always appears well cared for and well supported in all his activities'.

We asked the registered manager for his views about the culture of the home. He stated, "Relaxed, but it can be lively. I believe in fun, lifting up everyone and lots of activities like bowling and pet therapy". Referring to people, he added, "If they don't want to do something, they'll tell you. We must remember we're guests in their home".

Good management and leadership were evident and the registered manager was readily available and accessible to care staff. The registered manager also helped to support people at the home and worked alongside care staff. This provided an opportunity for staff to raise any issues or concerns they had and the registered manager was able to directly observe staff as they supported people around the home.

The registered manager completed a range of audits to monitor the quality of the service provided. Monthly audits were undertaken in a range of areas such as food, health and safety, infection control, staff meetings, staff training, care records, staffing levels and any safeguarding issues. A recent audit had identified that staff supervisions had not been held on a regular basis and that this area 'requires improvement'. A regional manager of the provider also undertook audits every three months. When asked what might constitute a challenge of running the home, the registered manager told us, "It's getting it right every day. Not everyone wants the same thing, getting the balance of staff right too". He talked positively about the home and said, "I always feel it's welcoming and quite homely".