Care Management Group Limited

Care Management Group - Beulah Road

Inspection report

55 Beulah Road
Thornton Heath
Croydon
Tel: 020 8653 6377
Website: www.example.com

Date of inspection visit: 13 May 2015
Date of publication: 19/06/2015

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

This inspection took place on 13 May 2015 and was unannounced.

55 Beulah Road is a residential care home that provides accommodation and personal support for up to six younger adults. There were five people using the service at the time of our inspection.

We last inspected in December 2013. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our inspection. 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.

Summary of findings

There were robust arrangements in place to protect people from the risk of abuse and staff knew how to keep people safe from harm.

The provider had procedures in place to promote a safe environment, they carried out health and safety checks which included checks on hot water temperatures, and environmental risk assessments, any shortfalls were identified and addressed promptly.

Before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. Some people had some restrictions placed on their liberty to help ensure their safety. Staff had followed the procedures outlined by the Mental Capacity Act 2005

Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were properly considered. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People found there were enough staff available and on duty to support them safely. People were supported to integrate within the local community and to avoid social isolation. People were supported to participate in numerous leisure activities they enjoyed which included cycling and going to the cinema.

Staff had a detailed knowledge of people's needs and were familiar with their means of communication; they knew how to provide the care and support they required. Staff knew people well enough to develop positive caring relationships with them.

People were supported with personalising their living space in ways that were meaningful to them.

Medicines were kept safely. The medicines procedures followed by the service were person centred, and medicines were stored in a locked cabinet securely attached to the wall in people's rooms. People were given their medicines as prescribed.

With people's consent relatives opted to receive monthly reports on their family member's progress. Relatives were made welcome and they were encouraged to visit people as often as they wished. Staff also supported people to visit their families according to the wishes of people and their relatives.

There were close working relationships with local health and social care professionals. Professionals visited the home or staff supported people to attend appointments according to people's individual needs and preferences.

The staff team were highly motivated and continuously sought ways of improving the quality of life people experienced. The service was well run, benefiting from the stability offered by the leadership and direction given by an experienced and competent manager.

Management recognised the variety of communication styles that worked for people, so they tailored the approach to suit the needs of the individual.

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. The provider had suitable arrangements in place to manage medicines which protected people against the risks associated with medicines.

There were safe and effective recruitment and selection processes in place which helped ensure that people were protected from the risk of being cared for by unsuitable staff. There were robust systems in place that protected people from the risk of abuse and neglect.

Is the service effective?

Good

The service was effective. People were supported with accessing all relevant healthcare support. People experienced effective care and support because the staff team were suitably skilled and had undertaken relevant qualifications to care for people.

People were assisted to participate in and understand decisions about their care and support. Where people lacked the mental capacity to consent to aspects of their care the service acted in accordance with current legislation and guidance.

The registered manager was aware of their responsibility and followed legislation in regard to the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. There was a friendly, caring and effective relationship between people and the staff supporting them.

People were given information in a variety of appropriate formats to help them understand and be actively involved in every aspect of decision making.

Staff supported people as needed but took opportunities to encourage people's independence and choice. Staff gave the support people needed to maintain close relationships with their families and others who cared most about them.

Is the service responsive?

Good

The service was responsive. The service offered people opportunities to engage in a variety of stimulating and leisure activities both in the home and in the wider community.

People's care records were person centred and identified the care and support each person required. Staff used the support plans to guide them in providing the most suitable levels of support.

The service provided for people using the service with easy read and accessible information about how to complain.

Is the service well-led?

Good

The service was well led. There was an experienced and competent manager in charge. They gave clear direction that promoted a positive and open culture.

Staff felt able to raise issues. Management monitored incidents and risks to make sure the care provided was safe and effective.

Summary of findings

The provider took steps to learn from such events and put measures in place which meant they were less likely to happen again.

The provider had effective systems to regularly assess and monitor the quality of service, on-going audits and feedback from people using the service was used to improve the quality of the service they received.

Care Management Group - Beulah 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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured 55 Beulah Road was safe, effective, caring, responsive and well-led.

We visited the home on 13 May 2015. Our inspection was unannounced and carried out by one inspector.

On the day of our visit we spoke with all five people who lived in the home, three care staff, the deputy manager and the registered manager. We observed care and support in communal areas. We looked at care records for three people, recruitment records for two new members of staff, and records relating to the running of the service. We spoke with professionals involved with people in this service; these included two social workers, one health care professional and a person's representative and two parents.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and that they knew who to speak to if they were unhappy about the way they were treated. One person using the service told us "I feel safe and I am confident in all the staff who work here." Staff supported people to express their physical and emotional needs and preferences; people gestured and used pictures and symbols to show us they felt happy and safe.

People were protected from the risk of harm or abuse. We saw easy read posters and leaflets in the communal areas and in people's bedrooms to help people understand what abuse was and how they should report it. Staff we spoke with knew how to keep people safe from harm and were familiar with the needs of people they supported. Records showed that staff were trained in their responsibilities to protect people and recognise the signs and symptoms of abuse. Staff practice was monitored and appraised to identify any unsuitable practice.

The service delivered care and support in a way that was intended to ensure people's safety and welfare. Records showed that the risks to people were assessed and these were regularly reviewed. These records provided guidance on how to reduce or minimise risks for people. The information was personalised and covered risks that staff needed to be aware of to help keep people safe. Examples included keeping safe when eating and having food of the right consistency, behavioural support and accessing the home and wider community. We saw that risks were assessed for activities people engaged in in the wider community. For example, a number enjoyed cycling in cycle track at a local park, and staff assessed the equipment and individual's ability to use the equipment to minimise risks and manage these appropriately.

Support plans contained relevant information and up to date contingency plans for when a person's behaviour challenged the service. Staff we spoke with were knowledgeable about potential triggers for people's behaviours. They understood each person's behaviour patterns and how people communicated when they were becoming upset or angry. All staff had completed relevant training on how to respond to behaviour that challenged the service.

The provider had a safeguarding committee who monitored all safeguarding referrals on a quarterly basis. The care provider had a clinical team which included a behaviour specialist; they supported the staff team with training and advice on issues such as behaviour management. We saw that the team had been involved in supporting a person . who had previously experienced behaviour issues and was now comfortable in their environment. There was a notable reduction in incidents in the past twelve months due to improvements in the person's wellbeing. We found that details of incidents were recorded and reported to the relevant people.

There were sufficient numbers of staff available to meet people's needs. Four of the five people using the service were out in the community when we first arrived at the home; the deputy manager had taken them in the home's minibus to the park, and was supported by another member of staff. During the day there were two support workers on duty plus the registered manager. At night there was one waking night staff and another on sleepover duties. Health professionals told us they felt staff were provided in such numbers to safely support people.

We looked at staff files for two new staff, and found there were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. The staff files contained all the required information including references and criminal records checks. A new member of staff we spoke with told us before they had commenced employment in the service they had attended an interview, they had been asked to provide the names of referees and a police check had been undertaken.

Medicines were kept safely. People using the service had a medication profile which explained what their medicines were for and how they were to be administered. This gave staff important information about the type of medicine, the required dose and the reasons for prescription. Medicines were stored in a locked cabinet securely attached to the wall in people's rooms and the temperatures for stored medications was checked daily by staff. People received their medicines as prescribed and staff supported them appropriately with taking medicines and according to assessments.. Medicine administration sheets (MAR) were accurately completed, and there were effective audit

Good

Is the service safe?

systems in place to monitor medicine procedures or identify gaps in records. Where people needed medicines 'as required' or only in certain circumstances there were individual protocols for administration.

The home was clean and well maintained. Systems were in place for ensuring the environment was safely maintained such as health and safety checks and fire safety. Staff also helped people understanding health and safety issues and infection control. One person was assigned the role of doing health and safety checks under the guidance of a staff member, another person took responsibility for ensuring cleaning was completed to the standard required, they were supported with this by a member of staff. There were arrangements in place to deal with foreseeable emergencies, staff were trained in first aid to deal with medical emergencies.

Good

Is the service effective?

Our findings

New employees completed a comprehensive induction programme and were required to complete a six month probationary period before they were employed permanently in the service. We spoke with two new staff about their induction process. Both confirmed their induction was being well managed and they could speak to the manager or staff about any issues or queries.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. Staff told us and records showed they received mandatory training and other training specific to their role. This included: safeguarding adults, fire, health and safety, nutrition, infection control, medicines administration, and working with challenging behaviour. Staff had undertaken specific training in diabetes as the service had people with diabetes. Staff training was closely monitored electronically as part of the quality assurance process with colour coded reminders and prompts to action any overdue training.

Staff we spoke with all told us they felt supported in their role, they received regular supervision with their manager and associated records confirmed this. The registered manager told us staff also had an appraisal and a performance development review which helped to tailor their training to people's specific training needs and set their learning objectives for the coming year. A health care professional told us, "The staff team are skilled and competent in providing support to the people who use the service."

Staff were well informed about the needs of people in their care and support plans were in place containing details about their choices and the decisions people had made in relation to their care and support. Others close to them, such as their family members, were also involved in decisions about their care. There was information on how to check consent and support decision making for people who might lack capacity to make decisions. If people used non-verbal communication, they had illustrated communication guidelines that gave staff clear information about the ways they expressed themselves, for example "how I make decisions" and "how I communicate." Staff demonstrated in their awareness that when people were unable to communicate verbally the person expressed their needs through their behaviour and body language. One person used sounds and gestures to communicate with staff, another person took staff by the hand to indicate they required assistance or needed something. A social care professional who visits people using the service said, "Documentation is of a good standard, in particular, the care planning approach which is person centred and is depicted with pictures and in simple words."

Before people received any care or treatment we observed staff sought people's consent before carrying out any care or support. A new member of staff told us they were instructed during their probation period about asking people's permission, and the importance of respecting their decision if they didn't want to accept or do something. There were visual aids available to help people make choices and decisions. For example, picture cards and photographs were used to encourage a choice of activities, places to go and preferred meals. Records showed that people using the service and their families were asked to contribute to care arrangements; they signed agreements in care records about their care. We saw that a person's best interests plan was put in place following consultation with the clinical team, a person's best interest representative/mentor was appointed to visit monthly and oversee the arrangements.

The provider acted in accordance with legal requirements where people did not have the capacity to consent. There was a written record to show that people's mental capacity to consent to treatment and care was considered. This included the action to be taken by staff should a person be assessed as not having capacity in specific areas to consent. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. The aim is to make sure that people in care homes are supported in a way that does not inappropriately restrict their freedom. Staff said that when people became anxious or distressed they supported them through non-physical interventions such as distraction, support and calming techniques. The registered manager and deputy manager demonstrated an understanding and knowledge of the requirements of the legislation. One person who lived at the home was subject to a DoLS authorisation. Staff followed the plans in accordance with the regulations. The registered manager told us of other applications made for DoLS authorisations for people who required one to one support in the community.

Good

Is the service effective?

There was correspondence which showed that the staff team worked closely with other professionals to ensure that people received the healthcare services they needed. This was confirmed by health professionals we spoke with. Records showed people were supported to access healthcare professionals and services. Each person had an annual health check. Staff supported them to attend hospital or other appointments to provide reassurance and to ensure people received the treatment they needed. There were health action plans for each person which identified specific goals for the person to achieve, and ensure their health needs were being met appropriately. We saw how staff shared this information at shift handovers and at team meetings. We saw records to confirm that people had visited the dentist, optician, chiropodist, dietician and speech and language therapist. These showed that people who used the service were supported to obtain the appropriate health and social care as and when needed.

People's nutritional needs were assessed and people were involved in decisions about what they liked to eat and drink. We saw that staff monitored individual's intake and people's weight for losses or increases. Staff were alert to changes. We saw that when one person had issues with weight loss staff had referred them to the GP and the dietician. We saw that three people had swallowing difficulties and required food be served at a certain consistency. The SALT advised on suitably prepared meals. We saw from menus people were provided a variety of meals. During our visit people were seen enjoying nourishing meals that looked appetising and portions were generous. People who used the service and who were able helped with the preparing the vegetables and cooking of all meals.

Good

Is the service caring?

Our findings

People using the service were comfortable with staff who they found caring and thoughtful.The staff team possessed a good understanding of people's needs. The staff team were of a mixed gender, age and cultural background. This offered people a diverse range of staff to best meet their needs. Staff understood the importance of promoting equality and diversity. A healthcare professional involved with people using the service said, "This service promotes a person centred approach in service delivery that meets individual needs and that includes the individual's circle of support."

The service promoted a strong and visible person centred culture. Staff and management were fully committed to this approach and were creative in finding ways to make it a reality for each person using the service. We saw the efforts made by staff for a person who moved from a residential school to the home. A number of staff were assigned and sent to work with the person at the previous setting for a period of time. This helped them to get to know the person and to provide them with as much stability and security through the transition to their new environment. The parent of a person we spoke with described the service as, "Innovative, I see that staff have developed ways and means to get the best approach, they have worked so well with my son, the outcomes for him are good since he came to the home."

People had a named keyworker whom they had chosen themselves, where possible. People's cultural needs and beliefs were supported appropriately. One person did not eat pork and had a diet which incorporated meat that met his religious beliefs. A number of other people using the service were of Caribbean descent, there were culturally appropriate dishes incorporated into the menu which they told us they enjoyed.

One person had paid employment and told us he felt more rewarded as a person as he was earning a wage. People living in the home accessed the local barber and cafes and supermarket on a regular basis. Staff said they supported people to the extent needed in order to maintain and develop people's independence.

We saw that staff interacted well with people and engaged positively, they provided them with encouragement. Staff treated people with dignity and respect. Staff spoke with people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support staff assisted them in a discreet and respectful manner. Staff provided reassurance to people when they needed it; an example was seen of how a person responded positively and gained confidence when staff assisted them to manage more effectively continence issues. Staff were attentive and showed compassion. We saw that staff were tactile and provided comfort to a person who was seeking reassurance when they returned from the park, they gave them a hug. Staff took time to sit with and communicate with people in a way they could understand. This showed that staff were caring. A relative said, "Staff are outstanding; my relative has really come on so well thanks to the support and care from an excellent and kind staff team."

Choice was respected on a day to day basis and people chose their clothing, and their activities. We were invited by people to view their bedrooms. We saw they had chosen how their room was decorated, the rooms reflected people's individual style and interests. Bedrooms contained people's personal belongings such as posters, toys, and DVD and music equipment to make the rooms homely. One person said, "Staff helped me with putting photos of me and my family on display, they also helped me choose my colour scheme." All the staff were in regular contact with the families and kept them up to date with developments, health issues and achievements. Contact was made regularly through telephone calls, emails and post, we were present when a parent called up to speak to their relative, they also spoke with us.

We saw examples of efforts made by staff to keep relatives involved. One person's relative was elderly, they found it quite difficult to visit as often as they would like. The registered manager organised a long weekend for the person supported by staff to spend time with their relative to help maintain their relationship. The staff supported people to purchase cards and gifts for their families such as for birthdays, and Christmas. Staff organised and planned parties to celebrate each person's birthdays. Religious beliefs were considered, one person was offered support to celebrate a religious feast day if they wished to. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

Good

Is the service responsive?

Our findings

People found the service was flexible and responsive to their needs. The registered manager and staff found creative ways to enable people to live as full a life as possible. We saw examples of the service actively supporting people to be independent and to become involved in all areas of daily living. People participated in the assessment and planning of their care through regular meetings with their key worker who also completed a daily diary. Each person had an individual person centred plan, which incorporated individual goals to enable people to achieve their aims.

People's individual needs were known to staff, whonoticed even small changes that may indicate a health issue or an anxiety and were able to act on this to find the underlying cause. We saw examples of this. A person became more withdrawn following the loss of a relative. Staff recognised the importance of supporting the person keep in touch with the other family members since this loss. A social care professional who visited the service said, "The staff are proactive as they support the people who use the service, taking into consideration the complex needs of the individuals; for example staff were able to identify a health issue with the relevant person that I support, this has led to further medical investigations and best interest meetings."

People who could not communicate their needs verbally had a communication passport to assist staff on how best to communicate and support the individual. Staff helped people to learn new life skills at a pace they found comfortable to them. We were told about one person who moved to the home with high levels of anxiety and a lack of social skills, they had no awareness of how to interact with others. Staff together with a behaviour specialist developed a programme of life skills development that was tailored to the individual needs. Staff were enthusiastic and told us about the success and the person's achievement, they now went out into the community with others and could share in communal transport.

People were encouraged to make choices about the activities they would like to participate in. People regularly went cycling, to the cinema, shopping, outings, zoos, parks cafes and restaurants. One person told us they attended art galleries and museums of their choice and were able to be independent in this area. They had their own flat and were supported to develop further their independent living skills. Monthly reports were completed by staff and sent to relatives.

Relatives told us they had no concerns or complaints regarding the service and the care they or their family member received. However, they said should they feel the need, they would feel confident in raising anything with either the manager or the staff who supported them. One person we spoke to said, "If I wasn't happy I would tell the manager and they would sort it." No complaints were received in the past twelve months, and numerous compliments were received. There were easy read and pictorial documentation such as my right to health, my right to complain and my rights as a British citizen.

Good

Is the service well-led?

Our findings

People and relatives were unanimous in their views to us that the service was well run, comments such as, "An excellent example of a well-run service," "A truly great place to live, we get on well here," "The communication is good; I am always kept informed of events about my relative." Staff told us the service had benefitted from the stability offered from the leadership and direction given by an experienced and competent manager. The staff team were highly motivated and continuously sought ways of improving the quality of life people experienced, examples were seen such as the efforts made in arranging more adventurous holidays abroad for people.

The service conducted stakeholder surveys to seek views from people using the service, their families and professionals so that the service could continue to develop. The service completed an annual quality self-assessment of the service regarding what they assessed they did well and what they could improve on. The service had a business plan in place with identified key areas where improvements could be made in the service. We saw that areas identified of the environment for refurbishment were actioned. Management recognised the variety of communication styles that worked for people, so they tailored the approach to suit the needs of the individual. The manager and staff told us they recognised that they did not do enough to celebrate culture and diversity. Therefore they started to put together a folder depicting information about the different cultures and foods from the individual countries of the people they supported, and they planned a themed night in recognition of important dates relating to those cultures.

Staff told us they were encouraged to learn from mistakes. Staff told us they found staff meetings were informative and thorough. The service had policies relating to all aspects of staff accountability and performance in place. The regional director had a good understanding of what was happening in the service. This was through visits, quality audits and discussions with the manager and the staff team.

People, their representatives and staff were asked for their views about their care and treatment and they were acted on. People we spoke with told us that they felt the staff listened to them and were helpful. Records showed that people had opportunities to comment on the way the service was run. Examples included care reviews, statutory reviews annually and one to one meetings with their keyworker staff. We saw from outcome charts that demonstrated how many people were achieving their goals and objectives in life. Due to people's communication needs, the home used other innovative ways to measure the service quality. The manager told us that in house meetings for people at the service were not working well, they had introduced relatives' meetings. The organisation also arranged for 'quality checkers' to visit the service and assess the standards of care. (Quality checkers are a selection of people who use services in other areas).Records showed that a regional manager from the provider company carried out visits monthly to the home, they interviewed people and staff and completed quality audits. This was based on the essential standards set by the Care Quality Commission and considered the experiences and outcomes for people using the service. From the audits, action plans were created for the manager and staff to implement in the service. We noted that where shortfalls were identified actions were taken to address them. These were checked at the subsequent visit and also kept under review by the provider's quality assurance department.

Other audits were routinely carried out by the registered manager and staff. These included internal checks of care records and support plans, medication, health and safety and infection control systems. The records were well organised and easily accessed. Senior staff monitored incidents and risks to make sure the care provided was safe and effective. The provider took steps to learn from such events and put measures in place which meant they were less likely to happen again. We saw evidence of the service learning from incidents took place and appropriate changes were implemented to prevent reoccurrence. The service maintained accurate records of all accidents and incidents. All incidents were logged onto a computer system which the provider monitored for patterns and trends. We saw that appropriate investigations and follow up actions took place following incidents and changes were made to people's risk and support plans as necessary. The provider's risk panel board regularly looked at incidents and near-misses, complaints, safeguarding and whistle-blowing to identify where any trends or patterns may be emerging.