

Care Management Group Limited

Station road

Inspection report

20 Station Road
Frimley
Camberley
Surrey
GU16 7HF

Tel: 0127662352

Date of inspection visit:
01 June 2018

Date of publication:
26 July 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection that took place on 1 June 2018.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support. The service provides personal care for up to four people with learning disabilities. It is located in the Frimley area in Surrey.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This was the first inspection since the service was registered.

The home was a safe place to live and work and there was a welcoming, friendly atmosphere. People enjoyed living at Station Road and were happy there. They were enabled to make their own choices, including the various activities they took part in at home and in the community. They enjoyed the way staff provided them with care and support. There were positive interactions between each other and with staff throughout our visit.

The service kept records that were up to date and covered all aspects of the care and support people received. People had care plans that were individualised to them and contained regularly reviewed, comprehensive information. This enabled staff to support people efficiently and professionally. Staff encouraged people to discuss their health needs with them and people had access to GP's and other community based health professionals. People were encouraged and supported to choose healthy and balanced diets that also met their likes, dislikes and preferences, whilst protecting them from nutrition and hydration associated risks. They told us they chose what they ate and were happy with the quality of meals provided.

People were well supported, knew the staff that supported them and staff were fully aware of people's needs, routines and preferences. Relatives told us that staff worked well as a team and provided them with updated information as required. Staff had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on people and their individual needs. The staff were well trained and made themselves accessible to people and their relatives. Staff told us that the organisation was a good one to work for and they enjoyed working for the service. They received good training, support and there were opportunities for career advancement.

People said the registered manager and provider were approachable, responsive, encouraged feedback and consistently monitored and assessed the quality of the service.

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.

Relatives said people received a service that was safe. There were appropriate numbers of skilled staff that followed effective safeguarding, infection control and risk assessment procedures.

Lessons were learnt when things went wrong.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

Is the service effective?

Good ●

The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and they were encouraged to eat healthily.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

The provider worked to challenge and prevent discrimination, both by engaging with the public and supporting people in ways that challenged existing stigma and discrimination.

Staff worked well together internally and across organisations.

Is the service caring?

Good ●

The service was caring.

People's opinions, preferences and choices and those of their relatives were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and compassionate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good ●

The service was responsive.

The service re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Good ●

The service was well-led.

The management team was visible and supportive with an open, person-centred culture. Staff were proud of working for the provider, which had clear person-centred values that staff applied to their work.

The registered manager, management team and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

Station 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.

This was an announced inspection and took place on 1 June 2018. We gave the service 48 hours' notice of the inspection because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

During the inspection, we spoke with two people, three care staff and the registered manager. Two people were away visiting relatives. We also contacted three relatives. There were four people using the service.

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 improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and quality assurance systems. We also looked at the personal care and support plans for two people and two staff files.

Is the service safe?

Our findings

People said they felt safe using the service and their body language and happy demeanour indicated that they felt safe at Station Road. One person said, "I feel safe, this is a nice place to live." Relatives told us that they thought the service provided a safe place for people to receive support. A relative said, "Definitely safe." Another relative told us, "They [staff] deal really well with the meds."

Staff were aware of what abuse was and what to do if they encountered it. They were provided with policies and procedures regarding abuse and received induction and refresher training that enabled them to protect people from abuse and harm safely. Their responses to our questions followed the provider's policies, procedures and philosophy in relation to keeping people safe from harm.

Staff had received training in and understood de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. These were focussed on people individually and staff had appropriate knowledge to do this successfully. Staff actions were recorded in people's care plans.

Staff knew how to raise a safeguarding alert, when this should happen and had received appropriate training. Safeguarding alerts were reported, investigated and recorded. There were safeguarding contact numbers on the office wall and a noticeboard. There was no current safeguarding activity. There was also information about keeping safe available to people living at the Station Road.

There was a thorough staff recruitment process and staff records showed that it was followed. The process included scenario based interview questions to identify prospective staff's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was also a six-month probationary period with a review that enabled the provider to make an informed decision if a prospective permanent staff member was suitable.

Staff told us and the rotas reflected that staffing levels were able to meet people's needs and enable them to pursue their chosen activities safely.

People's risk assessments enabled them to take acceptable risks and enjoy their lives safely. Risk assessments included people's health, daily living and social activities. Risks were reviewed regularly and updated as people's needs and interests changed. Staff shared information internally regarding risks to individuals including any behavioural issues during shift handovers, monthly staff meetings and if they occurred during a shift. Staff told us they knew people living at the home very well, were able to identify situations where people may be at risk and acted to minimise risks. They also shared appropriate information with external staff providing activities, such as those at college and day centres attended.

The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable in using if necessary. There were general risk assessments for where people lived

and equipment used that were reviewed and updated. Staff had also received infection control training and their working practices reflected this. Equipment used to support people was regularly serviced and maintained.

Medicine was safely administered, regularly audited and appropriately stored and disposed of, when required. We checked people's medicine records and found that they were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. There were no controlled drugs kept on the premises.

Is the service effective?

Our findings

People and their relatives decided what care and support they received and how and when it was delivered. They said that the care and support staff provided was delivered in a way that they liked. One person said, "The girls [staff] will help you out when you need it." A relative said, "The staff are wonderful, but there are too many agency and that affects continuity." Another relative told us, "They [staff] deal with people's needs really well."

Staff were aware the importance of treating people equally and respecting their diversity and human rights. Relatives said people were treated fairly and equally. Staff had received appropriate training, were knowledgeable and made themselves accessible to people and their relatives.

Staff were provided with comprehensive induction and mandatory refresher training. Training was on line and class room based depending on its nature. New staff also shadowed more experienced staff as part of the induction. This was to increase their knowledge of people living at Station Road. The service had a training matrix that followed the Skills for Care 'Common induction standards' and identified when mandatory training was required. The training provided included awareness of learning disabilities, mental health and dementia, communication, moving and handling, emergency first aid at work, recording and report writing and key working. There was also access to specialist service specific training such as epilepsy and person centred active support. Staff meetings, bi-monthly supervision and annual appraisals were partly used to further identify any individual or group training needs. Staff had training and development plans on file. A member of staff said the training they had received was good and enabled them to do their job. One staff told us, "The training is very helpful."

People's care plans contained health, nutrition, diet information and health action plans. These included nutritional assessments that were completed and regularly updated and fluid charts that people were given responsibility for updating with support. Staff monitored people's weight, if required and they observed, checked and recorded the type of meals people ate. This was to encourage a healthy diet and make sure people were eating properly. There was also a 'Fruit and vegetable challenge' whereby people were encouraged to increase their intake of both to match national guidelines by promoting healthy competition. Staff told us that any health concerns were discussed with the person, their relatives and their GP as appropriate. Nutritional advice and guidance was provided by staff and there was regular communication with the local authority health care teams who reviewed nutrition and hydration. Other community based health care professionals, such as district nurses and speech and language therapists were available to people. People had annual health checks and records showed that referrals were made to relevant health services when required.

Each person decided their own menu and shopping plan weekly and participated in cooking. One person told us, "We go food shopping." Meals were timed to coincide with people's activities, their preferences and they chose if they wished to eat with each other or on their own.

We checked whether the service was working within the principles of the MCA and that applications must be

made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision-making process, when people were unable to make decisions themselves and staff had received appropriate training. The registered manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

The service worked closely with the local authority and had contact with organisations that provided service specific guidance and informed them of activities of interest, such as the Adult Learning Centre in Camberley and leisure centres.

Is the service caring?

Our findings

The atmosphere at Station Road was comfortable, relaxed and this was reflected in people's body language and the way they did as they wished. This was due to the calm and friendly staff approach to meeting people's needs, that was done in a skilful, patient and cheerful way. It showed us that staff knew people and their needs and preferences well. Staff were warm, encouraging and approachable. One person told us, "The girls [staff] will always help you out, if you need it." Another person said, "They [staff] are also our friends. We love living here" A relative said, "The staff are excellent, very very good." Another relative told us, "The girls [staff] are wonderful." A further relative commented, she [person using the service] can't wait to go home on a Sunday." This was after weekend visits.

Staff were trained to respect people's rights to be treated with dignity and respect and they provided support that was delivered in an inclusive and enjoyable environment. They took trouble to facilitate positive interaction between people and encourage friendships and relationships and frequently consulted people about what they wanted to do, if they needed anything. Relatives said people were treated by staff with kindness, dignity and respect. They also told us staff were compassionate and that the care provided was of a good standard and delivered in an empowering way. This matched the staff care practices we observed. Whilst people did not directly comment whether staff cared about them, there was a lot of smiling, laughter and positive interaction between people, the staff and each other that people clearly enjoyed. This was helped by people and the staff team being of a similar age and interests.

There was a visitor's policy which stated that visitors were welcome at any time with the people's agreement.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.

Is the service responsive?

Our findings

People and their relatives were enabled to make decisions about the care, support and activities they wanted to do. Staff made sure people had understood what they had said and that they understood what people were telling them. They asked what people wanted them to do, where they wanted to go and who with. People also discussed activities with staff during keyworker sessions and house meetings.

Staff met people's needs and wishes promptly and in a way, that they enjoyed and were comfortable with. They made themselves available for people to discuss any wishes or concerns they might have. People's positive responses reflected the appropriateness of the support staff provided. One person said, "If I have a problem they [staff] will do something about it." Another person told us they had a work placement in a charity shop down the road. A relative said, "They [staff] tell me if there is a problem." Another relative told us, "I think it is good that the carers [staff] are the same age as the girls [people]." This was in the context of having similar interests and experiences.

The registered manager explained the procedure followed when a new person was considering moving in. The assessment process identified if people's needs could be met. The county council referred people and provided assessment information. The home also requested information from any previous placements. The home shared all available information with staff to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives.

People, their relatives and other representatives were fully consulted and involved in the decision-making process before moving in and people already receiving a service were also consulted. The organisation had a policy and procedure in accordance with this. People were invited to visit as many times as they wished before deciding if they wanted to live at Station Road. They could stay overnight and have meals if they wished to help them make a decision. Staff were aware of the importance of considering people's views as well as those of relatives so that the care provided could be focussed on the individual. During the course of these visits the assessment information would be added to.

People were given a handbook that contained information about the service and organisation that included ground rules, what they could expect and the expectations of them. The placement was reviewed after six weeks to check that the care people were receiving was what they needed and people were happy with it. The registered manager said that if the support was not what was required, alternatives would be discussed and information provided to prospective services where needs might be better met.

People's care plans were individualised and person focused. They recorded people's interests, hobbies, health and life skill needs and the support required for them to be fulfilled. They were focussed on the individual, contained people's 'social and life histories' and were live documents that were added to when new information became available. People's needs were regularly reviewed, re-assessed with them and their relatives and re-structured to meet their changing needs. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with lead keyworker staff that were underpinned by risk assessments and daily notes confirmed that identified activities had

taken place. There were also positive behavioural support plans for people that required them. The care provided was focussed on people as individuals and we saw staff put their person-centred training into practice.

People had weekly activity planners and made use of local community based activities wherever possible. They chose when they wanted to do activities individually or as a group. One person said, "I'm doing art therapy." Another person told us, "I go to college and do arts and crafts, reading and writing." Activities included college, swimming, shopping, gym and Karaoke. People also has access to 'Post 19', an organisation that enabled them to develop entrepreneurial, communication, community and IT skills. One person was learning Arabic and another attended a rock choir with their mum. People were also encouraged to do tasks at home to develop their life skills such as laundry, tidying their rooms, vacuuming, washing up and putting the rubbish out. One person told us, "We do cooking and cleaning." People also had regular visits to and from their relatives with two people away visiting during our visit.

People did not comment on the complaints procedure. Their relatives said they knew about the complaints procedure and how to use it. It was provided in pictorial form for people to make it easier to understand. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people to make complaints or raise concerns.

The service and organisation used different methods to provide information and listen and respond to people and their relatives. There were weekly house or keyworker meetings where people could express their views and make choices. Annual questionnaires were sent to people, their relatives and staff. There were also monthly keyworker and annual care reviews that people were invited to.

Although the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based services, if needed.

Is the service well-led?

Our findings

People and their relatives were made to feel comfortable by the registered manager and staff and were happy to approach them if they had any concerns. One person said, "Gemma [The registered manager] is good." A staff member commented, "I cannot fault the manager, she is happy, approachable and will tell you if something is wrong." A relative told us, "The [registered] manager is very efficient and helpful." During our visit, the culture at Station Road was open with the registered manager and staff listening to people's views and acting upon them.

The organisation's vision and values were clearly set out. Staff understood them and said that they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the organisation's stated vision and values as they went about their duties. There was a culture of supportive, clear, honest, transparent and enabling leadership.

There were clear lines of communication throughout the organisation and staff were designated with specific areas of responsibility, that they understood. Staff felt the support they received from the registered manager and organisation was very good. They said when they made suggestions to improve the service they were listened to. One staff member said, "All the workers [staff] get along and it's a strong team who provide constructive criticism when needed." Another staff member told us, "This place is homely and doesn't feel too clinical." Staff said they really enjoyed working at the service. There were regular weekly minuted people's and monthly staff meetings that enabled everyone to voice their opinion. The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff.

Staff told us there were good opportunities for internal promotion and this was reflected by the management structure of the service.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was performing well. This enabled required improvements to be made. The quality tools used included a quarterly audit completed by the Regional Director where all organisational and operational areas in the service were checked, with any areas requiring improvement identified and measures put in place for the registered manager to implement. The registered manager also completed monthly audits in areas that included medicine, health and safety and infection control. Rotas were provided four weeks in advance that allowed for activities to be planned alongside day to day routines, supervisions, team meetings and appraisals. A compliance list was displayed to enable the registered manager to effectively track all compliance issues. The registered manager also completed a monthly report so that all relevant information

and dates were made available to the Regional Director. In addition to this, all relevant documentation was upload to the organisation governance team to ensure all important paperwork was saved and could be accessed electronically.

The organisation also had a system called 'Quality checkers' whereby people receiving a supported living service visited other sites within the organisation to give their insight as part of the quality assurance system.

Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know. There were also local authority contract monitoring visits.