

Care Management Group Limited

Care Management Group - 29 Bushey Hall Road

Inspection report

29 Bushy Hall Road
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17 January 2018

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 18 December 2017 and 17 January 2018 and was unannounced on the first day.

Care Management Group – 29 Bushey Hall Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Care Management Group – 29 Bushey Hall Road accommodates a maximum of 5 people in one adapted building. On the day of our inspection, there were four people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service has 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 2008 and associated Regulations about how the service is run. On the first day of our inspection the registered manager was unavailable to participate in the inspection process because they were on annual leave. The deputy manager was however overseeing the service in their absence. We returned on the second day of inspection to meet with the registered manager and gain access to the records we had been unable to access on the first day.

Why the service is rated Good

People were safeguarded from the risk of harm. There were effective safeguarding procedures in place and staff had received safeguarding training.

Risks associated with people's care and support had been identified and personalised risk assessments were in place. The assessments gave clear guidance to staff on how individual risks to people could be minimised.

People received their medicines safely. There were effective systems in place for the safe storage and management of medicine and regular audits were completed.

There were sufficient numbers of staff deployed to meet people's needs. Safe recruitment practice were followed.

Staff received regular supervisions and appraisals and felt supported in their roles. An induction was completed by staff when they commenced work at the service followed by an ongoing programme of training. Staff were positive about the training they received.

Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent was gained from people before any care or support was provided.

People appeared comfortable and relaxed in the presence of staff. Staff were positive about their work and the support provided. People were treated with dignity and respect.

People received care and support which was personalised. Care plans and risk assessments gave clear guidance to staff and had been regularly reviewed and updated.

There was an effective complaints procedure. Staff were responsive to people and were able to identify when people may be unhappy. Relatives were aware of the complaints procedure and knew who they could raise concerns with.

The service had an open culture and staff were positive about the support they received from the registered manager and colleagues. Team meetings were frequently held and staff members were actively involved.

Quality monitoring systems and processes were used effectively to drive improvements in the service and identify where action needed to be taken. A satisfaction survey had recently been commenced and feedback on the service was encouraged.

Further information is in the detailed findings below

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Care Management Group - 29 Bushey Hall Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 comprehensive inspection took place on 18 December 2017 and 17 January 2018 and was unannounced on the first day. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with two relatives, three care workers, the deputy manager and the registered manager.

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

We reviewed the care records and associated risk assessments of two people who lived at the service, and also checked medicines administration records to ensure these were reflective of people's current needs. We looked at two staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

Is the service safe?

Our findings

People were safeguarded from the risk of harm. All the members of staff we spoke with told us that they had received training on safeguarding adults and knew the procedure they needed to follow if concerns about people's safety were identified. This included informing a senior member of staff or making a referral to the relevant safeguarding authorities.

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed in the office.

Risks associated with people's care and support had been assessed when they first moved to the service and were reviewed on a regular basis. Any actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. This included identified support regarding communication, personal care, nutrition and specific support in relation to medical conditions. For some people, these assessments also identified support with regards to behaviour that may present a risk of harm to themselves and others and the steps that staff should take to keep people safe.

There were enough staff deployed at all times to keep people safe and meet their needs. The rota was planned to ensure that there were sufficient staff with appropriate skills and experience on each shift. We observed that staff were available to meet the needs of people when required or requested and a review of past rotas confirmed the consistent level of staffing, as described by the registered manager.

Safe recruitment practices were followed. The provider organisation had robust recruitment and selection procedures in place and relevant pre-employment checks had been completed for all staff. These checks included Disclosure and Barring Service checks (DBS), two written references and evidence of their identity.

People received their medicines safely. Staff authorised to administer medicines had attended training in this area and their competency assessed. There were effective processes in place for the management, storage and administration of medicines. Medicine administration records (MAR) were completed accurately and audits were in place to ensure that all medicines were in date and stored according to the manufacturer's guidelines.

Is the service effective?

Our findings

Staff were knowledgeable and had the skills required to care for people who lived at the service. There was an induction period for new members of staff and an ongoing training programme in place. The staff we spoke with felt confident that the training provided gave them the skills they required and gave them opportunities to continue their personal development.

Staff also felt supported in their roles by the deputy manager and registered manager. Records showed that staff received regular supervisions and that appraisals had taken place or were planned in line with the provider policy.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people and were documented within their care plans.

Throughout the inspection we observed staff gaining consent from people by responding to people's facial expressions and body language. Our observations confirmed that staff obtained people's consent before assisting them with personal care, supporting them in completing a task or joining in with an activity. Where people refused, we saw that their decisions were respected.

People were supported to have a varied and balanced diet at the service. Staff involved people, where possible, in choosing the menu and the preparation of their drinks and snacks. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments.

Is the service caring?

Our findings

Many of the people living at Care Management Group – 29 Bushey Hall Road had done so for an extended period of time and they were supported by a staff team who knew them well. Staff we spoke with were familiar with the needs and preferred daily routines of each person.

People we observed appeared comfortable and relaxed in the company of staff. The atmosphere during our visits was busy yet calm and staff were attentive to people. Staff were positive about the support provided and their experiences of working at the service. The detailed information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met.

We observed positive interactions between staff and people that used the service and found these to be caring and friendly. We observed members of staff responding to people promptly, using each person's preferred name and encouraging them throughout their support. Staff were able to communicate with people through verbal and non-verbal methods and a detailed communication profile had been written for each person detailing how each person communicated, for example through gestures or facial expressions.

People were encouraged to make decisions about their care and their day to day activities. We saw staff presenting people with options to enable people to make choices about how they spent their time and the activities they engaged in.

People were treated with dignity and respect. Staff members told us they maintained people's dignity by knocking on doors before entering, making sure they offered assistance with personal care to people in a discreet manner and ensuring that doors were closed when providing support to people within bathrooms or their bedroom. Staff all clearly explained that information held about the people who lived at the service was confidential and would not be discussed outside of the service.

Is the service responsive?

Our findings

People received care and support that was personalised to their individual needs. People's care plans were detailed and included information about people's preferences and how they liked to be supported. Clear guidance was provided for people's routines throughout the day and the support they required from staff.

Staff that we spoke with demonstrated a good knowledge of what was important to people who used the service and this enabled them to provide care in a way that was appropriate to the person. Each plan had been regularly reviewed and updated.

People were supported to participate in a range of activities. Daily records showed that activities were consistently planned and completed. Staff supported people to be involved in their local community and people regularly made trips to local shops and other amenities.

People living at the service were unable to confirm if they knew who to speak to if they were unhappy; however we saw within people's care plans detailed information on how each person may present themselves or the behaviour they may demonstrate if they were unhappy. The registered manager told us how they had previously used residents meetings to encourage any views or concerns from people however these had not been effective in gathering views. We observed that staff understood people's individual communication methods and, as a result, were able to gain an understanding of people's levels of satisfaction.

The relatives we spoke to confirmed that they knew who they could raise any concerns to should the need arise. There was an up to date complaints policy in place and the registered manager was able to describe to us in detail the provider's procedure to address any concerns or complaints received and how these would be responded too. There had been no concerns or complaints received to the service in recent months.

Is the service well-led?

Our findings

There was a registered manager in post at the service who was supported by a deputy 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 2008 and associated Regulations about how the service is run.

Staff spoke positively about their work and told us they received good support from the registered manager and their colleagues. Staff told us there was an open culture at the service and they felt able to approach the deputy manager or the registered manager. None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued. Staff were committed to the people living at the service.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Meetings were held frequently and were used as 'team days' for learning and development, information sharing and opportunities to discuss any changes. Members of staff we spoke with confirmed that they were given the opportunity to request any topics for discussion at meetings and found them a positive experience.

There was an effective quality assurance system in place. We found that there were a range of audits and systems in place by the provider organisation to monitor the quality of the service provided. These included reviews of care plans, medicines, the environment, infection control and health and safety. Any issues found in the audits were recorded in the action plan for the service and there was detailed information as to how they would be addressed and a timescale for completion.

A satisfaction survey had been recently been commenced. The registered manager showed us survey forms that had been completed by people who lived at the service and responses received from relatives. A summary of the responses had yet to be compiled or shared with people and staff as not all responses had been received at the time of our inspection. The registered manager explained how an action plan for improvements would be completed, if identified as required. This meant that the views of people and their relatives were included in the evaluation of the service provided and used to identify, and address, any concerns highlighted.