Care Management Group Limited

Beulah Crescent

Inspection report

13 Beulah Crescent
Thornton Heath
Surrey
CR7 8JL

Tel: 02087711046

Date of inspection visit:
06 July 2016

Date of publication:
10 August 2016

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 6 July 2016 and was announced.

This service transferred to a new provider in April 2015 and this was the first inspection of the service.

Beulah Crescent is a supported living service that accommodates five people with learning disabilities. Supported living services are where people live in their own home and receive care and/or support in order to support their independence. People had their own separate tenancy agreement with a landlord and received 24 hour support under a separate contractual arrangement with the provider Care Management Group.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a safeguarding policy, and trained the staff team on protecting people from abuse. The manager and staff demonstrated their knowledge and awareness of the signs of abuse and of following safeguarding processes.

Staff were competent at identifying and assessing risks to people, and from these management plans were developed which gave guidance to staff on how to manage the risks appropriately. Staff were recruited safely as vetting procedures were thorough. There were sufficient numbers of suitably skilled staff available on duty to support people and flexibly meet their support needs. Staffing levels were those agreed with commissioning and based on individual needs.

People were supported to eat and drink, lead a healthy lifestyle and to attend health care appointments. People unable to take their own medicines were supported by staff. People received their medicines as prescribed and in a safe manner. Staff demonstrated good practice with medicines management.

The service had an experienced and skilled staff team. The provider provided a suitable learning and development programme for staff. Management arranged for staff to receive regular training and development. Attendance at training and the outcome of learning was monitored closely. Staff told of feeling supported in their role, and were supported through team meetings, appraisals and supervisions to improve and develop in their roles.

Staff understood the principles and legislation of the Mental Capacity Act 2005 (MCA) and they encouraged people to make their own choices and decisions about daily living. Staff used picture formats and photo symbols to help people in their decision making process.

Staff had fostered excellent relationships with people based on trust and empathy. They were kind and caring, responsive and attentive to people's needs. People's privacy and dignity was respected.

People received support and were encouraged to lead a lifestyle they preferred. One person's relative said, "My family member now does things that they were never able to do at home when being cared for by a disabled relative and has a much better quality of life."

We saw that there were systems in place to assess and record people's needs so that staff could provide a personalised service. Care records were kept updated and information shared so that staff were aware of individual's changing needs. Staff responded appropriately if there was a change to a person's care and support needs changed, for example, if they became unwell.

The service was well run by an experienced and competent manager. The manager provided clear leadership and direction to staff and people who used the service. There were effective systems in place to check the quality of the service, respond to suggestions and make any necessary improvements to the service people received. The registered manager monitored the quality of the service provision, supported the staff team and ensured that people who used the service were enabled to make suggestions and raise concerns.

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 service had procedures to help staff protect people from avoidable harm. Only suitably vetted staff were employed.

Staff were trained and competent in using safeguarding processes to protect people from abuse. Risks to people were identified and plans were put in place to manage these appropriately.

Individual needs were considered to determine their support requirements, and in response they deployed sufficient staff to support people effectively. People's medicines were managed safely.

Is the service effective?

Good

The service was effective. People were supported to make decisions in line with relevant legislation and guidance. The manager and staff had received relevant training and were aware of responsibilities under the Mental Capacity Act 2005 (MCA).

There was an effective training programme in place which helped equip staff with the skills and knowledge to perform their roles effectively. Staff were well supported to undertake their duties.

People received the support they needed with meal planning, shopping and meal preparation. Staff supported people to attend healthcare appointments and liaised with healthcare professionals as required if they had concerns.

Is the service caring?

Good

The service was caring. Staff were kind and attentive, and gave encouragement that helped promote individual's independence.

Staff supporting people to develop more practical skills to help give them control of their lives as possible.

People were given information in a way they understood.

Is the service responsive?

Good

The service was responsive. People were listened to, their views were acknowledged and acted upon. Support was responsive and delivered in the way people preferred.

People were supported to lead meaningful lives, engage in activities that reflected their interests and that supported their physical and mental well-being.
There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led. There was an experienced manager in post who gave clear leadership and direction. Staff were well supported and felt comfortable discussing any concerns with the registered manager.

People felt the service was well run and told of being happy living in the supported housing scheme. People were supported to play an active role in their local community wherever possible.

There were effective systems in place to monitor and audit the quality of care and support provided.

Beulah Crescent

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 6 July 2016. The inspection was announced, 24 hours notice was given because this is a supported housing service for adults who are often out with staff during the day; we needed to be sure that someone would be in.

Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law. We reviewed the provider information return (PIR).This form asks providers to give key information about the service, what it does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection, we spoke with five people living at the service and three support workers, the registered manager, and the chief executive. We completed general observations of the service, reviewed three people's care records and medicine administration records (MARs). We received feedback from the relatives of three people. We reviewed records regarding the management of the service. Following the inspection, we contacted two health and social care professionals for their feedback.

Good

Is the service safe?

Our findings

People described "feeling safe "in this service, they contributed this to having regular staff supporting them. Comments included, "I know everyone well who works in this housing unit." One person told us they went to activities in the community and staff supported them.

The 'provider information return' (PIR) told us all staff were up to date on safeguarding training, records showed they attended training on safeguarding adults from abuse. Staff were clear about the action they would take to safeguard people, what they would do if they observed an incident of abuse in the unit or in the community. The service worked in collaboration with all relevant services, teams and agencies to safeguard and protect the welfare of people. Team meetings showed that safeguarding issues were discussed at staff meetings. The manager had cooperated fully with the investigations of any safeguarding incidents.

The service had policies and procedures for managing risk. Individual support records included the risk assessments, these covered areas of the individual's support needs. These highlighted areas to help guide staff and ensure risks to their health and safety were reduced as much as possible. The care records included risk assessments for vulnerability, personal relationships, communication, awareness of danger and fire and we saw these were reviewed regularly. Staff were able to tell us about how they reduced risk and kept people safe, these were consistent with support plans. For example four of the people were unable to travel independently in the community and found it difficult to keep themselves safe or find their way home without prompting and support from staff.

Risk assessments helped to reduce the likelihood of accidents happening, for example staff presence when supporting the person to use kitchen utensils. The manager monitored and assessed accidents and incidents to ensure people were kept safe and any health and safety risks were identified and actioned as needed. Records reflected a low number of accidents.

Following competency assessments all the people using the service required support with taking their medicines. People had confidence they received their medicines as prescribed. Each person had prescribed medicines stored in their own rooms securely. We checked a sample of medication administration records (MARs) and saw these were being used appropriately to record when people had taken their medicines, there were no gaps in recording. We saw that medication systems were audited regularly by the manager. Staff received medicine training and had their competencies assessed so that they consistently managed medicines in a safe way.

Individuals were assigned a number of support hours by commissioners; these varied according to personal needs and ranged from five hours to twenty hours a day. People told us there was always sufficient staff available to deliver the support they needed. This enabled staff to respond appropriately to people's requirements and to unforeseen events. The service reviewed staffing levels and responded flexibly to additional requests such as supporting people with attending appointments. We looked at the staff duty rotas for three previous weeks and found the staff numbers were consistent through the weeks with two

support workers on the day time shifts. At night there was one member of staff on sleep over duties. Staff told us that they were mostly allocated enough time to meet each person's needs problems in meeting people's needs.

The manager monitored the maintenance of the building and worked closely including acting as advocate with the housing provider. This helped to ensure the premises were safe, there were monthly tenant meetings for people. There was also a tenant liaison officer who visited people regularly to find out if the housing provision was satisfactory. The premises were maintained to safe standards, for example substances used for cleaning and hazardous to health were kept secure. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. Support staff undertook fire alarm tests on a weekly basis. Personal emergency evacuation plans (PEEPs) were in place for each person who lived at the scheme. This advised the emergency services about the assistance each person would need if they needed to be evacuated from the building.

The provider had a policy on recruitment, we checked the recruitment records for three members of staff. The long standing staff team had transferred when the provider changes took place in 2015. Since the change the human resource team had checked and reviewed staff files, they identified any gaps in the recruitment process. We saw employment references and a Disclosure and Barring Service (DBS) check and proof of identity had been obtained by the provider. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups.

Good

Is the service effective?

Our findings

During this inspection, there were five people using the service. People told us they were free to make choices about their lifestyles, they had the support they needed and engaged in things they liked. The majority of people living in the supported housing unit had lived together for many years; one person had lived in these premises for 28 years. They told us they had staff that were familiar to them and had few changes to personnel. One person said, "Staff are great, I know them a long time we are like family."

Staff told us that training for staff was good and complimented the new provider for the training opportunities received. Comments from staff included, "There is a well-developed training programme including specific topics relevant to the needs of people such as epilepsy." We saw from the training records and training matrix that staff were required to complete mandatory training, and refresher training on topics which included safeguarding adults, emergency first aid, moving and handling, diet and nutrition, food safety and MCA. The human resource team and management monitored training attendance by staff; we reviewed training reports. These showed training was up to date and that staff were receiving on-going training to support them in their roles. Some of the training was face-to-face and some was done through electronic learning. The service had a thorough induction programme for new staff. A newly recruited member of staff told of their induction process and of the mandatory training received to prepare them for the role, they worked alongside experienced staff during the induction period. They had to complete a satisfactory probationary period before they were signed off as competent as a permanent member of staff. This showed the registered provider had an effective induction programme to support and develop new staff.

The provider had a supervision policy in place, and records showed staff had regular four to six weekly supervision. Staff told us they felt confident about their role and had regular supervision sessions and received effective support from the manager. These sessions gave staff an opportunity to discuss their performance and identify any further training they required.

The PIR we received told us the service worked within the principles of the Mental Capacity Act 2005. 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA. Capacity assessments had been undertaken and care management had been involved in discussions around support people received while in the community. We observed staff seeking people's consent when supporting people with day to day tasks. Records we saw confirmed that "Best Interest meetings" were held when procedures such as dental treatment needed to be carried out and the person was unable to give their consent. Staff we spoke with understood the importance of consent and supporting people to make decisions in line with the MCA. One staff member told us, "We would and have made contact with care management and requested a review for the person. We have a good knowledge of best interest's decisions and MCA." Best Interests Decisions are decisions made on a person's behalf where they lack capacity and

are governed by the MCA. This showed us that staff sought consent to provide care and support and that people's rights were protected in line with the MCA.

People were supported with healthcare promotion; they had access to health checks by the GP, chiropodist, optician, dietician, and psychiatrist. Staff described the support provided to enable people to receive on-going healthcare support. They told us "We ensure people get support for medical appointments, we remind them in advance of the appointment and of annual health checks." We saw many examples of good communication by staff and of effective interagency working. When relevant the information was shared with the care managers to inform the annual review. One person had diabetes and staff had created a diabetic support plan to help them manage this effectively. Staff were familiar with people they supported and built a good rapport with them. The advantage of this was staff were able to notice progress and slight changes that may be indicative of a health concern or any other concern. A relative told us, "My family member is very fond of the staff, and was a smoker since their youth, but with staff support they have managed to get them to stop smoking."

Records we reviewed showed that referrals were made as appropriate to community specialist support services for a more suitable wheelchair. We saw too that adaptations were made to the premises to support a person to continue living in the scheme. The service worked with Croydon assistive technology department to purchased aids to support people to be independent.

Relevant communication tools had been developed with people. Individuals were involved in weekly menu planning using symbols and objects of reference and key worker choices. User friendly pictorial menus were in place. This enabled people to make decisions on what they wanted to eat. Support records contained information about people's dietary requirements, likes, dislikes and allergies. Staff told us, "we support people to plan their meals for the week and we support them in preparing meals." One person was in the kitchen being supported by staff to prepare the evening meal. They told us, "I enjoy cooking and I have become much better at this thanks to staff support."

We saw that support ranged from emotional to physical support. One person was anxious about their bedroom being redecorated. A staff member helped reassure them by sitting and chatting with them in the lounge area. We saw all individual health visits or meetings were recorded in the person's care record with the outcome for the person and any action taken as required. Each person had a 'hospital passport'. These documents were developed to accompany people admitted to hospital to ensure hospital staff had access to the relevant information. The hospital passports had been completed with important information about that person's allergies, current medication, known medical conditions and contact details for their G.P and next of kin.

Good

Is the service caring?

Our findings

People told us they had good relationships with staff, and how these had developed over many years. People told us they were based on trust and respect, they told us staff showed respect for people they supported. One person said, "I find staff are very reliable, they do what they say they will, this gives me confidence." Each person had a named key worker they had chosen. The service had a policy on information sharing. Staff were careful to store securely and protect confidential information and did not share information with others unless it was the expressed wish of the person. The staff team were a long standing team who had a good understanding of the person's needs and how best to support them. One support worker told us the person they supported were apt to change their mind at short notice about their chosen activity, and staff needed to recognise this and respond flexibly to the person's wishes.

The manager worked hard to consider individual preferences and ensure staff were appropriately matched to the needs of the person. The matching exercise used profiles of the person and of staff to identify key areas such as likes and interests, culture, religion. This process helped ensure the person was supported by the staff member that most understood their needs. If a person felt this was not working and requested a change of named key worker this was considered.

Staff interacted and engaged with people in a way that was respectful, kind and dignified while at the same time promoting their independence. People felt their privacy and dignity were respected. Staff received training on equality and diversity; they promoted this by respecting individual's culture for example menu planning and cultural support plans. One person was sat with a member of staff in the lounge undertaking an activity together; they appeared absorbed in what they were doing. There was a relaxed atmosphere in the house with all three people doing what they wanted and staff supporting people that needed support. Individual support plans included people's preferences and choices about how they wanted their support to be given and the things they liked to do. One person told us about doing practical activities they had chosen to with staff support. Another person was working on a jigsaw, when they struggled, staff helped them.

We observed staff protecting people's privacy and dignity; when a person needed assistance with changing their clothing staff spoke quietly to them and took them to their room. Staff approached people to ask them if they wanted anything; staff communicated with one person using sign language. Staff told us they respected they were coming into people's own homes to provide their care and support. Staff shared with us how they protected people's privacy and dignity while supported them in the community. They demonstrated the need to be discreet when they were out in the community. Staff were able to describe clearly how they promoted the ten dignity challenges when supporting people. We saw that an audit of the challenges was carried out annually, and where necessary action plans implemented.

People were encouraged to participate in daily living skills to the best of their ability for example, cooking, laundry, room cleaning. This increased their choice and independence. Staff recognised a number of people were elderly and were becoming frail and no longer wished to engage in so many activities. We saw staff respond by serving people drinks and snacks during the afternoon. People were kept informed of what was going on at all times and were encouraged to be involved. Staff gave people explanations in a manner that

people could understand. We observed staff talking to one person and were seen explaining the benefits of drinking more liquids in the hot weather. Staff were clear in their explanations and gave support to one person who did not appear to like the advice given to them.

Each person had a community map which explored services the person received, and where connections could be strengthened and where new ones could be made. These were reviewed annually. People used local facilities and were well known locally, at the pub, hair dressers, and post office. People were also supported to choose and go to a holiday destination of their choice, two of the people told of the holiday they both enjoyed on the coast recently when they were supported by staff.

Individuals' religious needs were considered, three people attend Sunday service every week with staff support. The next of kin were kept abreast of happenings. Birthdays and important dates were celebrated according to individual's choices. People had End of Life plans in place and funeral plans to their own specification.

The manager recognised the team did not have male staff, they told us of recruitment progress and of plans to appoint a male support worker.

Good

Is the service responsive?

Our findings

There were numerous examples seen of the progress individuals had made due to the support and encouragement they received. One family member said, "My relative now does things they were never able to do when being cared for by a disabled parent, they now have so much better quality of life." Staff had worked with this group for a long period and were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, this helped them provide a personalised service. People's care records were detailed and helped staff get to know people. A thorough handover took of shift to share information with the staff team, a communication book was used which contained any important information for staff to read. These systems ensured that staff had up-to-date information enabling them to provide responsive care as people's needs changed. A staff member told us, "At handover we discuss fully with our colleagues how each person is, any changes or anything of concern that must be monitored closely."

One person moved to this supported housing in the past six months. Prior to this an assessment was undertaken to identify the person's support needs. Individualised support plans were developed setting out how needs should be met. In the care records there were details of the person's preferences and dislikes relating to their daily routine and details of their needs relating to their health, personal care, diet and social activities. Support plans were developed with input from people who use the service and/or their relatives where relevant. The support plans were personalised and stated how care should be delivered.

Personal support plans were in easy read format to make these accessible to the person. People received care and support that was responsive to the person's needs. For example, we saw that when a person had deterioration in their health they were supported promptly to see their doctor, and subsequently administered their prescribed medicine. We saw too that where people were required to attend appointments with health professionals we saw evidence that this was done. One person told us staff always supported them to attend regular appointments. People's relatives were positive about the support their family members received. One relative told us, "Staff are so good. Most of them have worked there for a long time and really know the person better than family members."

Staff demonstrated a good knowledge and understanding of the person they supported, and spoke of how they had developed a good understanding of people's needs and recognised as people's needs were changing. One member of staff told us, "[Name] decided they did not want to go to a day centre anymore so spends more time at home or going out to the shops with staff." The person confirmed they enjoyed this activity. Each person had a daily record which detailed what they had been doing during the day, how they were and what activities were planned.

Care records had information about the person's lifestyle, including their hobbies, interests and aspirations, the people who were important to them. Records were regularly reviewed to ensure the person's current needs were known and met. Each person had an activity planner they had developed with their keyworker. A support worker told us that people had various interests and hobbies, they also accepted the changes to an individual's activity planner due to the ageing process. People we spoke with confirmed the pastimes they

engaged in, for example, one person told us, "I enjoy going to a day centre weekdays, and every Sunday I go to church." Another person told of enjoying art and showed us their work; an art teacher visited weekly to support them with their painting.

There were also records of key working sessions between people and key staff allocated to support them. These reflected on progress with achieving their goals such as daily living skills, and leisure pursuits. People living at the service told us that they enjoyed the activities they engaged in, but were not keen to pursue with any more. Staff respected their choices to enjoy life in their own home. Staff said that they could work flexibly to provide extra support in the evenings if people wanted to carry out activities.

Tenants meetings were held monthly, people were supported by staff to give feedback on housing, and on the services experienced. A compliment, comment or suggestions policy was available for the service, and details were also provided on how to make a complaint in easy read format. We reviewed the complaints log, we saw that complaints were acknowledged and responded to within the agreed timescales.

Good

Is the service well-led?

Our findings

Although a change of provider took place in 2015 the registered manager and the majority of the staff team had been in post for a number of years. This had provided great consistency in the service. People we spoke with were highly complementary of the manager of the service and the leadership provided. The manager carried out spot checks at weekends and evening to ensure staff were delivering services in a way which met the needs of the people and respected their wishes. The manager kept their knowledge and skills up to date. They attended regular training courses, care sector forums and learning disability partnership board meetings; this helped them to keep up to date with any changes in legislation and with good practice guidance. The manager recorded any events such as accidents and incidents and made relevant notifications in accordance with legislation.

The registered manager was supported by a team of experienced support staff. We observed the manager monitored the quality of the service by observing and regularly speaking with people to ensure they were happy with the service. People had confidence in her approach; they said they had the opportunity to speak with her when they needed to. People told us they felt the service was well run and they were happy living at the supported living scheme. We observed there was a relaxed atmosphere in the service, and people enjoyed sharing communal spaces to socialise with their peers.

Communication between people, families and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. One relative told us staff were always very professional in their approach. The provider arranged relatives/family meetings where people and their relatives could spend a day together, this included a guest speaker.

Staff met with management on a regular basis in team meetings, this ensured staff were kept informed of developments, it also gave staff the opportunity to raise suggestions. The registered manager told us that staff meetings gave management the opportunity to share good practice and celebrate with the staff what had gone well in the service and what they might learn from. Staff told us they felt well supported and informed. The management and staff strived to provide people with the care and support they needed to live their lives to the full and as they chose. Management were committed to providing well trained and motivated staff. Staff told us, "Things are always discussed with us I can go to the manager with anything that bothers me."

There were effective quality assurance and quality monitoring systems in place; these were used to seek the views of people, their relatives and staff and to measure success in meeting the aims, objectives and statement of purpose of the home. The service welcomed suggestions on how they could develop the services and make improvements. As well as monthly tenant meetings there was an annual satisfaction questionnaire to obtain opinions and feedback from people using the service, stakeholders, relatives and other professionals. The 2016 questionnaire had been issued to people, we reviewed some of the completed questionnaires which included positive comments about the service.