

Care Management Group Limited

Care Management Group – Lilliputs Farmhouse

Inspection report

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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?

Requires Improvement 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

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 and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection in September 2013 the service was found to be meeting the regulations we looked at.

Summary of findings

Lilliputs Farmhouse provides accommodation and support for up to seven adults with learning disabilities. There were seven people living at the service when we visited. This was an unannounced inspection.

Staff understood the needs of the people with a learning disability and we saw that care was provided with kindness and compassion. People and their relatives told us they were happy with their care. Staff were appropriately trained and skilled to provide care in a safe environment. They all received an induction before they started work at the service and understood their roles and responsibilities. The staff also completed relevant training to ensure care provided to people with a learning disability was safe and effective to meet their needs.

Staff supervision and appraisals of all staff were up to date. All staff felt supported by their line manager and said they received guidance as and when required, to meet the needs of people.

We saw there were procedures and risk assessments in place that reduced the risk of harm and abuse to people

and kept them safe. Staff understood how to safeguard people they supported. Managers and staff received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

We saw examples of care where people and their relatives felt included and consulted. People and their relatives were involved in the planning of their care and people using the service were treated with dignity, privacy and respect.

People had access to external healthcare professional's support when required. The provider had effective systems to regularly assess and monitor the quality of service people received. Relatives of people who used the service praised the manager and staff. Staff spoke positively about the culture of the service and told us it was well-managed and well led.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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?

The service was safe. People and their relatives told us they felt safe living at the home. Staff we spoke with knew how to keep people safe. The home had effective systems to manage risks to people's care. Managers and staff received training in safeguarding adults, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. When people did not have the capacity to consent, the provider had acted fully in accordance with legal requirements.

Staffing levels were sufficient to meet people's needs and appropriate recruitment checks were undertaken before staff began work. Emergency plans were in place and understood by staff.

Good



Is the service effective?

The service was effective. People were involved in their care and were asked about their preferences and choices. Relatives felt involved in the care planning process.

People received care from staff that were trained to meet individual needs. People's needs were met regarding their diet. People were supported to maintain good health and they had access to external healthcare services when required.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and treated people and their relatives with dignity and respect.

People were given the opportunity to make decisions about day to day activities and given choices about what they would like to eat and their daily routine. Staff enabled people to express their views about their care.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and their care records included detailed information and guidance for staff about how their needs should be met. Where people were unable to consent, the home ensured proper steps were taken so that decisions were made in their best interests.

We saw staff responded appropriately to people's needs. Activities were available for people, including support to maintain family contacts.

Good



Is the service well-led?

The service was not always well-led. The provider had not notified the Care Quality Commission (CQC) of safeguarding incidents. Relatives of people praised the manager and staff team. Staff spoke positively about the culture of the service and told us it was well managed and well-led.

Requires Improvement



Summary of findings

The provider had effective systems to regularly assess and monitor the quality of service people received. There was evidence that learning from audits took place and appropriate changes were implemented.

Care Management Group – Lilliputs Farmhouse

Detailed findings

Background to this inspection

We inspected Care Management Group – Lilliputs Farmhouse on 15 August 2014. This was an unannounced inspection.

Our inspection team was made up of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the provider, including the last inspection report and the provider's information return (PIR). This is a form submitted by the provider giving data and information about the service. The last inspection report of September 2013 showed the service was meeting all national standards covered during the inspection.

We spent time observing care and support in communal areas. We looked at all areas of the premises including, with their permission, some people's bedrooms. We also

spent time looking at records, which included three people's care records, five staff records and records relating to the management of the home. We spoke with two members of the commissioning team from two local authorities that commission the service. They gave positive feedback about the service. We also spoke with three relatives; two people who use the service; five members of staff including the deputy manager.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe living at Lilliputs Farmhouse. One relative told us “If I had concern, I wouldn’t hesitate to raise it. I have no concerns, we are delighted.”

Staff we spoke with said they had received safeguarding training and training records we saw confirmed this. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the manager and deputy manager. One staff member told us, “I would report to the manager immediately.” We saw records that safeguarding had recently been discussed in staff meetings. Staff we spoke with said they knew about the whistleblowing procedure and who to contact if they felt concerns were not dealt with correctly. We saw safeguarding and whistleblowing policies were available.

We saw from records that there had been four safeguarding incidents since our last inspection. The deputy manager was able to describe the actions they had taken when the incidents had occurred which included reporting to the local authority. We spoke to the local authority safeguarding team and they told us that safeguarding incidents had been reported to them. The local safeguarding team did not express any concerns about the service.

The registered manager was not working on the day of our inspection. The deputy manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The deputy manager described the procedure she had followed in applying for DoLS authorisations for people living at the home. There were currently three DoLS authorisations process’s in progress. Where people had been assessed as not having mental capacity to make decisions, the deputy manager was able to explain the process followed in ensuring best interests meetings were

held involving relatives and other health and social care professionals. We saw records where the application by the provider for authorisations detailed risks, needs of the person, ways care had been offered and least restrictive options explored.

People using the service had risk assessments based on their individual needs. We saw detailed descriptions of the risks identified and guidance for staff on how to support people to reduce the likelihood of harm coming to them. For example, we saw risk assessments covering behaviour, diet and nutrition, mobility, medication, self-care and personal hygiene. The deputy manager and staff explained how the service had involved people and their relatives in risk assessments and how they had worked with them to help manage their safety, whilst in the home and when out in the community.

We saw there were sufficient numbers of staff on duty to meet people’s needs. We looked at staff rotas for the two weeks prior to the inspection which confirmed staffing levels. One relative told us, “We go there unexpected and we find nothing different, staffing levels are good, as it should be.” Staff we spoke with told us that there was enough staff available for people.

We looked at five staff files and saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references, eligibility to work in United Kingdom. Criminal records checks

were carried out to confirm that newly recruited staff were suitable to work with people.

There were arrangements in place to deal with foreseeable emergencies, such as sudden illness, accidents or fire. The care records we looked at each contained a personal emergency evacuation plan. One person using the service told us how they enjoyed leading the fire drills with staff support. Staff we spoke with were aware of actions to be taken in the event of an emergency, for example by calling the emergency services or reporting any issues to their manager to ensure people received appropriate care.

Is the service effective?

Our findings

One relative told us “Lilliputs Farmhouse has got good staff training and they work as a team.” People were supported by staff who had the knowledge and skills they needed to carry out their role. Staff told us they had completed an induction when they started work and they were up to date with their mandatory training. Staff were able to speak confidently about care practices they delivered and understood how they contributed to people’s health and wellbeing. For example, in relation to their diet and nutrition. Staff training records showed they had completed an induction programme and training in areas that the provider considered mandatory and supported staff to do their job. This training included moving and handling, safeguarding adults, infection control, food hygiene, fire safety awareness, Mental Capacity Act 2005, Deprivation of Liberty Safeguards, medication and emergency procedures.

Records showed formal supervision of all care staff was up to date and was in line with the provider's timescale. We saw that at these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. All staff we spoke with during the inspection felt supported by their line manager and said they always received advice and direction when they requested it. The staff records we looked at included evidence of annual appraisals taking place for all staff who had completed one year in service and that specific learning and development needs had been discussed.

One relative told us “My relative seems to get nice food.” People were supported to have sufficient to eat and drink and maintain a balanced diet. Food menus were planned in consultation with people which included two or more food choices for each meal. Staff told us people could ask for alternative food choices not on the menu and we saw

evidence of this on the day. People were weighed regularly, to ensure they maintained a healthy weight. Records for people using the service showed that their weight was being managed by the service. Care records showed an assessment of people’s nutrition and hydration needs was carried out, and how their dietary needs should be met, and where appropriate dieticians help was sought.

We observed how people were supported during dinner time and found they were offered choices, allowed time to finish their meals at their own pace and encouraged and supported to eat and drink, if necessary. Care plans contained staff guidance how to best support people who needed assistance with eating and drinking.

People were supported to maintain good health and had access to external healthcare services. People using the service had health action plans. A health action plan held information about health needs to help staff ensure care was provided in line with identified needs. All relatives told us that staff looked after people well and supported them to meet their care needs. For example, one relative told us “Staff makes all medical appointments and it is a well-run unit.” the deputy manager told us that all of the people using the service were registered with a GP. We saw people’s care files included records of all appointments with health care professionals including their GP, dentist, chiropodist and optician. The provider had sought feedback from healthcare professionals and we saw their comments were all positive. For example, one healthcare professional said staff were very good at following up medical issues and acting on advice given.

Each person who used the service had a ‘hospital passport’ in place and they had been kept up to date. A hospital passport is used in the event of a person having to go to hospital or attend health related appointments to ensure healthcare professionals have relevant information on the person’s needs, likes, dislikes and preferences, especially when they cannot speak for themselves.

Is the service caring?

Our findings

Relatives of people who used the service told us their relatives were well treated in the home; staff took account of their preferences and treated them with dignity and respect. For example, a relative told us, “My relative is happy with Lilliputs Farmhouse, and it is a home from home.” Another relative said, “My relative is well settled, staff are very caring, Lilliputs Farmhouse is excellent.” Care plans were in place for relationships and social contact. These plans guided staff on how to ensure people maintained and promoted relationships.

We observed care and saw that staff had the time to ensure their relationships with people who used the service were meaningful. We observed staff interacting with people who used the service and found staff were attentive towards people; they ensured that they made time for people so they didn’t feel rushed whilst providing care and support. For example, during meal times and individual activity sessions.

We observed staff give information to people in ways that they could understand and make choices. We noted that staff rechecked the choices people had made and gave them enough time to make their choices. One relative told us “Staff try to help my relative pick food and drinks of their choice, we are very pleased.”

Staff were able to describe to us people’s needs and preferences in a clear way. We saw that individual needs were documented clearly in care records and staff were knowledgeable about this. Most people had one to one support, staff continuity allowed them to develop caring

relationships with people. We saw staff provided kindness, compassion and companionship to people using a range of verbal and non-verbal communication techniques, including pictures and Makaton. Pictures were used by staff to help people make choices and decisions on a day to day basis in relation to their personal care, meals and activities.

Makaton is a language programme using signs and symbols to help people to communicate. Staff took an interest in people and made sure they were occupied and happy.

We found that staff understood people’s needs in respect of equality and diversity. For example, staff told us about people who required food to meet their religious and cultural needs and we saw this was reflected in the records and day to day practice.

People’s privacy and dignity was respected and they were encouraged to be as independent as they wanted to be and this was recorded in people’s assessments and care records. Staff guidance was available in people’s care records about how to maintain people’s personal dignity whilst providing care. We observed staff treating people with dignity and respect. For example, staff knocked on people’s doors before entering rooms and closed the doors, whilst providing personal care. One relative told us “Staff encourages my relative to be independent.”

The deputy manager informed us that the home had an ‘open-door’ policy for the families; they could come and visit whenever they wanted. One relative told us “We have good relationship with the manager and staff, you couldn’t ask more.”

Is the service responsive?

Our findings

We saw when people did not have the capacity to consent; the provider had acted fully in accordance with legal requirements. People's care records we looked at showed three people were assessed as lacking the capacity to make these decisions, a best interest's decision making process was followed with family members and relevant health and social care professionals as appropriate. For example, people using seat belts in the car and not having access to front door of the home.

Staff completed a comprehensive needs and risks assessment for each person, which included their mental health and physical needs, psychosocial support and the capacity to make decisions. The assessment process then informed the care planning process. These records demonstrated how external health and social care professionals had been involved in people's care to encourage health promotion and ensure timely follow up of care and treatment needs.

People's care records we saw showed that health and social care professionals worked together to meet people's specific needs. For example, staff with relatives and social care professionals undertook regular reviews of care and support packages, evaluating what had worked well and what had not. When a person's needs had changed advice was sought from healthcare professionals and the person's, risk assessment and care plan was updated to reflect this advice. Relatives commented that communication with the manager, deputy manager and staff was good and enabled people's needs to be met. For example, one relative told us "We are in close contact with the manager, deputy manager and staff. And I have been involved in my relative's care reviews." Care records showed evidence of relative's involvement in the care planning process for example, their participation in care review meetings.

People's care records included detailed information and guidance for staff about how people's needs should be met. We saw the information in the care records had been reviewed and reflected as and when their needs had changed.

Activities were available for people to be involved in, such as art and crafts, attending a day centre, trips out into the community and visits with family. Two people explained to us how they enjoyed visiting Freedom night club, a monthly club for people over 18 with a learning disability, and trips to different theme parks. Staff told us they had enough time to provide care and support to people so that they were not left without interaction and stimulation. One relative told us "staff do lot of activities, my relative is always happy to go back when he comes home."

Relatives we spoke with told us they were actively encouraged to make their views known about the care and support provided at the home. For example one relative told us "I attend parents meetings once in three months and staff listened to our views." Another relative said "Staff give us lots of information about policy changes, staff, activities and what is in my relative's best interest." The deputy manager and staff said they encouraged people to maintain contact with friends and family. One staff member told us "we have contact with family every week and more if necessary."

We saw the home's complaints policy and procedure. It provided people with details about how to make a complaint and it was accessible to all staff and people using the service. It set out the procedures which would be followed by the manager and organisation. Relatives we spoke with said they felt able to raise concerns or complaints with staff and were confident they would be acted upon. One relative told us, if they had concerns all they needed to do was speak to a staff member or the manager and they would sort it out for them. Another relative said "I had no complaints."

Is the service well-led?

Our findings

We found there had been four safeguarding incidents since our last inspection in September 2013. These safeguarding incidents were not notified to the Care Quality Commission (CQC). This meant that CQC was not able to monitor safeguarding issues effectively. When asked, the deputy manager told us that this has been an oversight, and in future they would notify CQC in a timely manner. The provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

There was a registered manager in post. Staff spoke positively about the culture and management of the service to us. Staff told us there were regular team meetings and handover meetings, which provided an opportunity to discuss concerns and suggest improvements. Staff told us they enjoyed working at the home and felt supported in their roles. This promoted an open culture and showed staff views were valued.

People who use the service and their representatives were asked for their views about care and treatment. The provider sought the views of people using the service during their key working sessions and staff completed the “wheel of excellence tool” each month. The tool related to people’s well-being, independence and their environment to determine if the person had made any progress in relation to their assessed needs. For example, this included how well people looked after themselves, took part in activities and were able to live independently such as, eating and drinking, keeping their room clean and tidy with minimal staff support.

The deputy manager showed us results of the relatives’ survey carried out in March 2014. We saw positive feedback. All of the relatives said that the people were happy living at the home and staff cared for them. For example, one relative stated “my relative is looked after extremely well.” Another relative said “the communication between the staff and us is excellent and we feel very included in my relative’s life.” The deputy manager also showed us the results of a healthcare professional’s survey of March 2014, again the feedback was positive.

We saw there were systems in place to monitor and review accidents and incidents. There was evidence that learning from incidents took place and appropriate changes were implemented. We saw how the service had acted upon an incident and this had been recorded, together with details of staff actions taken at the time to reduce the risk of any reoccurrence. For example, people’s risk assessments and care plans had been updated to reflect changes and enable staff to deliver safe care.

During our inspection we saw a number of quality and safety audits had been carried out in the home including health and safety checks, infection control, pest control, first aid checks and medication. There was evidence that learning from the audits took place and appropriate changes were implemented. For example, the front door locking device had been replaced and we noted work on a shower door and a ramp for the front door was on going. This enabled staff to deliver care that met the person’s needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents Notification of other incidents The registered provider had not notified incidents or allegations of abuse to the Care Quality Commission. Regulation 18(1) & (2) (b)