

Care Management Group Limited

Care Management Group - 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?

Good ●

Summary of findings

Overall summary

About the service

Farmhouse is a residential care service providing personal care and accommodation for up to seven people living with a learning disability and autism. At the time of our inspection seven people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

Systems had been established to safeguard people from the risk of abuse. Individual risks had been assessed, and people were protected from the risk of harm associated with the maintenance of the service and the spread of infection. Medicines were being managed in a safe manner. There were enough staff working at the service and pre-employment checks were carried out on prospective staff. The service learnt from accidents and incidents to provide safe care and support.

Assessments were undertaken to determine people's needs before they moved into the service. Staff received training to support them in their roles. Staff were provided with ongoing support through supervisions and appraisals and received a thorough induction, to enable them to provide effective care and support. People's nutritional needs were met, and people were supported to access relevant healthcare professionals. The service took into consideration individual preferences and likes when adapting their home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated in a caring manner by staff. Staff understood how to support people in a way that respected their dignity, privacy and promoted their independence.

It was not always clear that people were involved in the planning and reviewing of their care. We recommended the provider review best practice guidance and ensure evidence people are involved in making decisions about their care.

People received individualised care that met their needs. The care plans were person centred and discussed people's protected characteristics. People were supported to engage in their local community and participate in activities of their choice. Information was provided to people in an accessible format. People told us they felt able to make a complaint and were confident that complaints would be listened to and

acted on. People's end of life wishes had been explored.

People, and staff spoke positively about the service and said it was managed well. There were processes in place to manage and monitor the quality of the service provided. The management team had regular contact with people using the service and their staff. The registered manager kept up to date with best practice to ensure a high-quality service was being delivered.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was good (published 28 February 2017). The service continues to be rated good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Care Management Group - Farmhouse

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Farmhouse 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time with all of the people who used the service and observed the care and support provided by the staff in the communal areas. This helped us to understand the experience of people who could not talk with us. We spoke with eight members of staff including the regional manager, registered manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to ensure people were protected from the risk of abuse. People appeared to feel safe in the company of care staff. One person felt anxious about having new people in their home and indicated this to a staff member who immediately provided reassurance and supported them to participate in an activity to relax them.
- Staff were clear about their responsibilities and knew how to identify abuse and report any concerns to protect people from harm. One staff member told us they would report any safeguarding concerns to the registered manager, "I 100% trust my manager would respond."
- All safeguarding notifications had been sent to the relevant professionals in a timely manner and investigated to ensure people were safe.

Assessing risk, safety monitoring and management

- People's risks were properly assessed to ensure people were supported in a safe manner. Risk assessments were in place for individual support needs including skin care, nutrition and personal care. Records confirmed these were reviewed to reflect people's changing needs. One staff member told us they were useful.
- Staff were aware of how to support people to manage risk. Staff told us about how they knew when people were at heightened risk of becoming unwell. One staff member said, "If [person] hasn't slept you know [person] is prone to [becoming unwell]. You have to keep a close eye on [person]. Then [person] just wants to sleep. So, you make sure you put [person] in the right position." Another staff member told us about another person who might become unwell, "You get warnings, [person] will yawn and stretch."

Staffing and recruitment

- Staff told us, and observations confirmed there were enough staff available to provide safe care and support for people. One staff member told us, "We are fine. We have a good team, teamwork, and [registered manager] always chips in. So, we make it work."
- Safe recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references, employment history and proof of identity had been carried out. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. This ensured that people were protected from the risks of unsuitable staff being employed by the service.

Using medicines safely

- Systems were in place to ensure people were supported to receive their medicines in a safe way. Each person had a medicine profile in place that detailed the name of each medicine, the dose, the reason it had been prescribed, possible side effects, allergies and the doctors' details. This meant staff had a good understanding of each person's medicine needs.
- We observed one person receive their medicines. Their care plan said, "I am known to refuse medication and I appear to enjoy doing this by laughing and covering my face with my hands. Staff should encourage me to calm down and give me some time." Staff followed these instructions and supported this person to get comfortable, they were patient and let this person hug them as many times as they needed to before they felt okay to take their medicines.
- Records confirmed staff undertook medicines training and staff were aware of how to support people to take their medicines in a safe way. Staff had to complete three medicine competency assessments before they were able to administer medicines independently. One staff member confirmed, "The team leader here, watched me do it four times. They watched for a fifth time, so I was really confident. Staff double check for me. It helps."
- Medicine administration record (MAR) charts were in place and staff signed to say medicines had been administered at the appropriate times. These were audited fortnightly. However, we found it was not always clear what was done as a result of the audits. For example, one audit said, "Primrose oil is wrong." We spoke to the registered manager about this who advised they would add another section to the audit charts to show what actions had been taken when errors were identified. Following the inspection, we received evidence this had been done.

Preventing and controlling infection

- Systems were in place to help prevent the spread of infection. In individual care plans, staff are guided to put on personal protective equipment (PPE) before providing care and support to people.
- The home mostly appeared clean and well maintained. We observed staff wearing PPE when preparing food and supporting people with personal care. Staff confirmed they worked together to ensure the service was clean, "We all clean, we all chip in, we have gloves, aprons, hand gel."
- We found hand gel was not available in two bathrooms and in one bathroom the shower had a build-up of mould. We were assured this would be rectified as soon as possible.

Learning lessons when things go wrong

- We saw accidents and incidents were recorded so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence.
- There was evidence that learning from incidents took place. The registered manager told us about one person likes to lie on the floor but doesn't always understand where it is safe and not safe to lie as they can be a hazardous to themselves and other people. The service worked with specialist health and social care professionals and agreed on an action plan to minimise the time this person will stay on the floor. The registered manager told us these incidents have now reduced which means all people in the home and staff are safer.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed on an ongoing basis to ensure the service could provide care and support to meet individual preferences and keep people safe and well. Assessments of people's needs were carried out by the service. Assessments covered needs associated with personal care, mobility, medicines and nutrition. They also looked at people's personal life and relevant background and history.
- Each person's care plan also contained information the local authority or other relevant professionals that contained information about people's care and support needs. This information enables the service to develop detailed care plans and for care staff to deliver care in line with people's needs and choices.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs. Records show that staff had completed or were in the process of completing the Care Certificate; the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One staff member confirmed, "I find the training really good here, they explain things well. We did health and safety and epilepsy recently. It was great, really informative."
- Staff told us, and records confirmed, they received regular supervisions and an annual appraisal to enable them to deliver effective care and support. One staff member said, "[We get] regular supervision."
- New staff received an induction, which included shadowing a more experienced member of staff and learning about the policies and procedures of the organisation. The induction took place over 12 weeks before staff were then signed off to work independently by the registered manager. Staff confirmed their induction was helpful. This shows there were systems in place to ensure staff were equipped with the skills and knowledge to provide effective care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were being met and staff supported them to stay hydrated and have a healthy diet. Care plans listed people's allergies and advised staff if people required support with meals. For example, one person's care plan identified they required a, "Soft, moist diet," and they were to remain in an, "Upright position," when eating.
- Staff demonstrated an understanding of how to ensure people had a healthy, balanced diet and knew about individual preferences. One staff member said, "[person] likes snack food, if you put a big dinner in front of [person] they won't eat it. So, I bought [person] a lunchbox, when [person] says, "Yum Yums" I get

the lunch box out and [person] can snack. I fill it with healthy snacks."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to the benefit of people. Individual care plans contained contact details for professionals and guided staff to liaise with relevant agencies if concerns arose. We also saw records of referrals to other services when staff identified concerns with people's health. During our inspection we met with a professional from the speech and language therapy team; they had been asked to visit and assess people living at the service. They told us, "[Staff] know the service users. They are affectionate with them. They are responsive. They take on board the suggestions and are going well."

- Staff demonstrated a clear understanding of how to work with other health and social care professionals to ensure people stay well. One staff member told us, "We have a good relationship with the doctors." Another told us about how they recently supported a person to attend their health check, "[Person was nervous]. I will go and get on the scales first to show them. The doctor gave me a health check and then [person] followed me." This shows the service worked well with other relevant health and social care professionals to keep people healthy and well.

Adapting service, design, decoration to meet people's needs

- People's bedrooms and communal areas were decorated in line with people's preferences and were personalised. In the landing the service had a large portrait of each person living there doing an activity they enjoyed. People's bedroom walls were painted in their favourite colours and had been set up in a way that the person preferred. For example, one person moved their bed each night with the support of staff to where they wanted it. Another person did not like pillows and so these had been removed. A third person liked cuddly toys, so they had a large selection on their bed to pick from and hug for comfort. The registered manager told us the service were continuously learning about what people liked, as people's needs changed over time. On a recent holiday one person had expressed a keen interest in mirrors, so the service was in the process of purchasing some.

- The service had a garden that was used and well maintained. The garden had a trampoline and swings that had been risk assessed and were used by people. One staff member told us people liked lying on the trampoline for sensory reasons. One person had a bicycle that they enjoyed cycling round the courtyard. people were supported to engage in activities within their home to keep healthy and well.

- There were hand rails and slopes instead of steps in place on route to some people's bedrooms; these people had been assessed as having mobility related support needs. This showed that the service had adapted and decorated the service with people's individual preferences, and support needs in mind.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Before people received any care or support staff asked them for their consent and they acted in accordance with their wishes. Staff had received training on the MCA and understood how to manage consent. One staff member said, "We always ask [people] if they want to do something, if they don't they will walk away, or tell us. We don't push it. If they say no, we will leave it. If they are non-verbal, for example [person], [they] will dig [their] heels in." Another staff member told us, "Most [people] are not verbal but we still communicate with them about what we are about to do. Talk them through the steps. It makes their day easier like, I am going to touch your head now and wash your hair."
- Records confirmed all people had a DoLS in place and these had been applied for in a timely manner to ensure they were always in date. The registered manager had completed MCA assessments for all people that looked at what the risks would be if they were not receiving care and support to evidence it was in people's best interest to receive care and support and have a DoLS in place. This showed staff were obtaining consent in an appropriate manner to ensure people felt safe when receiving care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Staff confirmed they always spoke to people and their relatives about their care package, "We do try to work with families. If they fall sick, we let them know. We keep them updated so they don't have to ask questions when they arrive. Communicate appointments and changes with them."
- The registered manager told us families were included in all correspondence about the service and invited to events. The service also held family meetings every six months and when incidents had occurred these were increased to offer reassurance and keep families updated.
- However, within individual care plans we could not see any records to evidence involvement from people and their families regarding their care package. One relative had provided feedback that they hadn't seen their relatives most recent care plan. The registered manager acknowledged this was not done and advised that moving forward when the care plans are due to be updated these will be shared with the families and relevant professionals for their feedback.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had systems in place to ensure people were treated in a compassionate manner and equality and diversity was respected. Observations confirmed people felt comfortable around staff and staff were kind and caring. One person was seen to be napping in the afternoon and staff made sure this person was comfortable and had a quiet environment to relax in. Another person was seen to be hugging staff and staff responded by hugging them back and speaking to them in a kind and supportive manner. One staff member said, "We communicate with [people] all the time, we care and treat them with respect and kindness."
- The service had an equality and diversity policy in place and responded to people's cultural and religious needs. People were provided with food that aligned with their religious beliefs and had relevant religious items in their bedroom. Care plans looked at people's sexual health, relationships and culture and religion.
- Staff understood how to provide care and support and promote equality and diversity. This showed people would be protected from potential discrimination.

Respecting and promoting people's privacy, dignity and independence

- The service worked in a manner that ensured people's privacy and dignity was respected. One person was observed to have salivated after taking their medicines and staff were gentle in their approach to clean the person's face, treating them with respect and maintaining their dignity. We also saw people were called by names of their choice.

- One staff member told us how they maintained people's privacy and dignity, "When [person] has been toilet or getting personal care, when you are moving them from their bed, give them some space, and keep talking, always make sure the bathroom is closed and the window is lowered."
- Staff knew how to protect confidential information of people they supported and told us they would not share the information with people that were not authorised. The service had policies and procedures on confidentiality.
- The service supported people to be as independent as possible. Staff confirmed they supported people to maintain their independence. One staff member told us, "[Person] chooses every day if wants a shower or a bath. When making a drink, we will encourage them to do the steps, get the milk out of the fridge, get their cup, get their bowl. [One person] has started pulling the duvet over to make the bed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people using the service. They were detailed and contained information related to personal care, sleep routine, communication and activities and interests. Daily records were maintained so it was possible to monitor care was provided in line with people's assessed needs.
- Staff felt the care plans were helpful and supported them to understand people and their preferences when providing care and support. One staff member confirmed, "Care plans are good, they are informative. They have just been updated." For example, one person's care plan explained that they liked to lie on the floor. During the inspection this happened, and staff gave this person a cushion to support their head. He was then supported to get up off the floor when he was ready.
- Care plans were reviewed regularly to ensure changes to people preferences were reflected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was able to provide information to people about their care in an accessible format. We saw support care plans had information about people's communication needs. One person's care plan said, "If I am happy I will smile and laugh, if I am unhappy I will frown and vocalise. If I am excited I will place my hands to my face and vocalise loudly." Staff had a good understanding on how to communicate with people who required assistance with their communication.
- Information was available regarding the running of the service in accessible formats. For example, there were visual aids available in the kitchen to support people with their meal choices. The registered manager showed us a tool they were in the process of implementing that would allow people to communicate their needs through pressing on pictures. This device could be held by people with various mobility and sensory support needs and allow them to express themselves in a quicker and more calming manner. The registered manager said, "This will help [people] have more independence and make choices. One person likes [their] own space but can't always verbalise so [they] will be able to press it and it will tell us."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us, and records confirmed that people were supported to participate in activities of their choice.

One staff member said, "We take them out to do things they like, going on a bus, going shopping." During our inspection we saw people were supported to get ready and attend day centres and other activities.

- Staff told us about friendships that people in the service had developed over time and how some people enjoyed doing activities together.
- All people living at the service had recently been away for a week's holiday. Staff confirmed this was a positive and enjoyable experience. This shows the service is working to ensure people avoid social isolation and are supported to follow their interests.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure for dealing with any concerns or complaints. The service had not received any complaints since our last inspection. One staff member told us, "We are open to receiving them, we respond very well, we learn."

End of life care and support

- The registered manager explained to us how they supported people to understand end of life that affected people's loved ones. One person's relative had recently passed away and their family used the term, "Heaven." This person was then supported to understand that, "Heaven is where people go, and they won't see them again." The registered manager said, "We made sure staff used the same language and to be consistent with this." This person's behaviour was more closely monitored during this period and staff were more supportive.
- Records confirmed staff had received end of life training, and people's preferences and choices in relation to end of life care had been discussed and documented. The registered manager advised they were also going to explore more appropriate methods of communication to make sure people with various support needs understood end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the registered manager, and observations confirmed people felt comfortable and safe around the registered manager. One staff member told us, "We are lucky with our managers. They always help. They are on our level. They will always help and muck in." Another staff member said, "They are the best manager." During the inspection the registered manager offered to cover a shift so that we could meet with staff. They engaged well with people living at the service and people were happy to see them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles. One staff member told us, "[The service] is well-run. If you need any help the office is always listening."
- The provider had systems in place to monitor their provision of care and support and sought to continuously improve. These included audits of care plans, MAR's, daily notes and health and safety checks. The registered manager completed unannounced spot checks at night to monitor the delivery of care and ensure people were safe and well looked after.
- The registered manager was open and receptive throughout the inspection. They showed they were keen to improve the service where possible and took guidance from people's key workers who knew individual preferences.
- The registered manager was aware of their responsibilities and duty to notify the Care Quality Commission (CQC) of significant events. All notifications to the CQC had been submitted in a timely manner and evidence of ensuring people were safe was recorded.
- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us, and records confirmed that staff attended regular team meetings to discuss the running of the service. One staff member said, "[We are] always coming in for the meetings."
- The service aimed to gather feedback from relatives of people using the service and other health and

social care professionals through feedback surveys; we saw that these had been sent out recently and therefore not all responses had been received. Relative feedback was mostly positive. One relative said the service, "Employs nice, happy people." The registered manager advised feedback with relatives was more often gathered through day to day conversations, "It is important that the families are involved."

- Due to the support needs of people living at the service, it was not always possible to gain feedback about they felt their care and support was through specific surveys. Instead, the registered manager told us their wellbeing and interactions with staff within the home was closely monitored and any concerns were responded to, to ensure they were happy and well.

Continuous learning and improving care. Working in partnership with others

- The management team worked closely with other health and social care professionals to ensure people received the care and support they needed and to discuss ongoing needs.
- The registered manager said they attended regular networking meetings and learning opportunities to keep themselves up to date with the latest regulations and practices. The registered and regional manager had recently attended a workshop where they learnt about communication tools for people living with a learning disability and heard from people receiving care and support what a 'good support worker' would look like. This learning had been embedded into the care and support provided to people at the service.