Care Management Group Limited

231 Brook Lane

Inspection report

231 Brook Lane
Sarisbury Green
Southampton
Hampshire
SO31 7DS

Tel: 01489589028
Website: www.cmg.co.uk

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13 September 2016

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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

The inspection took place on the 12 and 13 September 2016 and was unannounced.

231 Brook Lane is registered to provide accommodation and support for 10 younger adults with learning disabilities, autistic spectrum disorder and or sensory impairment. At the time of our inspection five people were living at the home. Due to people's complex health needs we were not able to verbally seek people's views on the care and support they received.

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

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding concerns were raised with other agencies.

Relatives and health care professionals told us people were cared for safely at the home and if they had any concerns they were confident these would be quickly addressed by the staff or manager

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were able to tell of the strategies' in place to keep people safe.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

Medicines were ordered, stored, administered and disposed of safely.

Staff received supervision and appraisals providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection five people living at the home were subject to a DoLS and the provider was complying with the conditions applied to the authorisation. The manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People were involved in their care planning. Staff supported people with health care appointments and visits from health care professionals. Care plans were updated accordingly to show any changes. Care plans

were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

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. People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Robust checks were carried out on new staff to ensure they were suitable to work in the home.

Medicines were handled safely and people received their medicines as they had been prescribed by their doctor.

Is the service effective?

Good

The service was effective. Staff had received appropriate training to ensure they had the right skills to care for people.

Staff understood the principles of the Mental Capacity Act 2005[MCA], which meant they promoted people's rights and followed least restrictive practice.

People were supported to prepare their own meals and to maintain essential living skills.

Is the service caring?

Good

The service was caring. Staff had developed good relationships with people living at the home.

People were involved in decisions about their care and treatment and were provided with information to help them make their own choices about this.

People were supported by staff that had a good understanding of their individual needs and preferences for how their care and support was to be delivered.

Is the service responsive?

Good

The service was responsive. People received care that was personalised and met their needs.

People could raise concerns about the service and these would be investigated to their satisfaction.

Staff supported people to maintain and develop their skills and to undertake varied activities.

Is the service well-led?

Good

The service was well led. Relatives and healthcare professionals told us the registered manager was approachable and always made time for them.

Regular audits were undertaken to ensure people received a safe well-led service.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept locked away when not in use and were only accessible to staff.

231 Brook Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 12 and 13 September 2016 and was unannounced.

The inspection was carried out by one Inspector. This was because this is a small service with people who had profound and complex needs.

Before our inspection we contacted two visiting health and social care professionals in relation to the care provided at 231 Brook Lane. During our inspection we spoke with four staff including the registered manager and two relatives. Following our inspection we spoke with two relatives by telephone one health and social care professional and an independent mental capacity advocate, (IMCA).

We looked at the provider's records. These included three people's care records, six staff files, a sample of audits, staff attendance rosters, and policies and procedures.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We last inspected the home in November 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

Relatives and health and social care professionals told us people were safe living at Brook Lane, One relative told us, "I am very happy that X (person) is living here. He is very safe and staff make sure it stays that way. I will fight to my last breath to keep him here". A health care professional told us, "The home appears safe with appropriate risk assessments in place".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

Care plans included personal and environmental risk assessments and were regularly reviewed. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There were clear action plans and guidance for the staff to follow to protect people from avoidable harm and minimise any potential risk. For example, we saw clear risk assessments and actions plans to support someone who was at risk from ingesting objects that could cause harm to them. Regular checks were carried out of the building to ensure that small items that could easily be ingested were removed to minimise the risk to the person. Staff we spoke with were aware of potential risks and were knowledgeable about the guidance in place to help ensure such risks to people were minimised.

Staff told us they had been trained to deliver positive behaviour support (PBS) to manage changing behaviours that may challenge the service and others. These minimised the use of restrictive practices and reduced the use of physical interventions. All the people living at Brook Lane had a PBS in place and the home had a PBS lead that ensured practice and strategies were kept up to date and practiced. Discussions with staff and the registered manager evidenced that restraint were not used in the service as all of the people living at the service responded well to the positive behavioural support approaches in place.

The registered manager and registered provider completed an analysis of all accidents and incidents in the service. The information was used to identify emerging trends or patterns or if someone's needs were changing and needed more support or a review of their care. The findings from the analysis of these were reviewed further by the provider's behaviour therapist and then any changes or recommendations following this, were shared and implemented by the staff team.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and

Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs; however we received mixed feedback from relatives about staffing levels at the home. One relative told us, "Sometimes when I visit, especially at weekends there doesn't seem to be enough staff". Another relative said, I have on occasion noticed fewer regular staff than usual". A third relative told us, "X (person) is always out and about doing things in the community. They have all the support they need". The registered manager told us, "We have ongoing issues recruiting staff due to our location and on some occasions we have used agency staff to ensure peoples safety. We use the same people from the agency to ensure continuity of care. We continue to advertise for staff and have recruitment days and we are getting there".

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that was secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly.

Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The provider had a reciprocal agreement with a nearby home from within the organisation where they could evacuate people too should the need arise.

A fire risk assessment dated May 2016 carried out by an independent company recorded 'No significant findings or deficiencies'.

Good

Is the service effective?

Our findings

Relatives and health care professionals spoke positively about the care delivered by staff. One relative said, "They are doing a grand job. I have no concerns at all. (Person) is doing well". Another relative said, "Staff call me if they have any concerns to let me know". One health care professional told us, "The home contact us as and when they need to. I do not have any concerns about the care the home deliver". Another health care professional told us, "The home have worked well with me, the family and (person) and have devised an activity timetable to enable my client to be able to lead as far as is possible, an active and meaningful life".

Staff had received relevant training to provide people with the care and support they needed. For example, safeguarding adults, health and safety, food safety and dignity and respect. Some staff had also received specialised training in other relevant areas. For example, autism awareness and PICA. PICA refers to eating or mouthing non-edible items, such as stones, dirt, metal, faeces which could cause harm to the person. The Providers Information Return (PIR) evidenced that only 10 of the 22 staff had received training in respect of PICA. Following our inspection we spoke with the clinical director for the provider who told us, "Our learning disability nurse trainer is facilitating two sessions relating to PICA on 19th October 2016. There are four staff from Brook Lane on each session, and we will arrange a further date as soon as we can for the other four staff. I have forwarded a copy of the Challenging Behaviour Foundation Pica Information Sheet to the manager at Brook Lane for all staff to refer to in the meantime".

Staff told us they had been trained to deliver positive behaviour support (PBS) to manage changing behaviours that may challenge the service and others. These minimised the use of restrictive practices and reduced the use of physical interventions. All the people living at Brook Lane had a PBS in place and the home had a PBS lead who ensured practice and strategies were kept up to date and practiced.

There was a consistent approach to supervision and appraisal. These are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection five people living at the home were subject to a DoLS which had been authorised by supervisory body (local authority).The home was complying with the conditions applied to the authorisation. The manager knew when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people were unable to express their views or make decisions about their care and treatment, staff

had appropriately used to The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act 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.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate.

Appropriate timely referrals had been made to health professionals for assessment, treatment and advice where required. These included for example, GP's, dentists and opticians. Records indicated people saw consultants via outpatient's appointments, accompanied by staff, and had annual health checks. Each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals. People had 'hospital and dental appointment passports' which clearly identified relevant details. For example, communication preferences, likes and dislikes. These would accompany people to hospital and other appointments and captured how people liked to be supported.

People had unrestricted access to the kitchen and were supported by staff when using hot water to make a drink or when using the toaster or cooker. Most people needed minimal assistance to eat their lunch but staff were available if help was needed. People appeared relaxed and unhurried and they were able to take their time to eat. Staff responded to people's individual communication needs and offered support in line with their preferences and assessed needs. For example, we saw staff selecting particular items of crockery for one person, as they knew this is what they wanted.

People's rooms were furnished according to people's choices. There were items of personal value on display, such as photographs and possessions that were important to individuals and represented their interests.

Good

Is the service caring?

Our findings

Relatives and health care professionals told us staff were caring and looked after people well. One relative told us, "I have no concerns at all about the care (person) receives. The staff are very caring and attentive". Another relative told us, "The home has far exceeded my expectations in relation to the care that (person) receives". One health and social care professional told us, "The home provides a good standard of care and support".

Staff told us they recognised there were times when people may indicate they did not want particular staff to support them. In these situations other members of the team would step in and offer support until the individual made their preferences known. One relative told us, "(person) didn't get on with one particular member of staff. They hadn't done anything wrong, the relationship just didn't work. I spoke with the manager and now (person) is supported by other staff members". There was a key worker system where people were allocated specific members of staff to support them. We observed staff treated people with kindness and they were listened to. The staff took time to build up relationships and trust with people and their families.

Staff demonstrated they understood how people's privacy and dignity was promoted and respected, and why this was important. They told us they always knocked on people's doors before entering their room. We observed that when someone attempted to leave their room in a state of undress, staff responded quickly and reminded them discreetly they needed to cover themselves up.

People appeared well cared for and wore clothing that was in keeping with their own preferences and age group. Staff told us people were always supported to go on shopping trips to enable them to make their own purchases for clothing and personal items. This was further confirmed in discussion with relatives of people living at the home.

Staff told us about the importance of maintaining family relationships and how they supported and enabled this to happen. For example, home visits, meeting up with family members during holidays and supporting people to purchase gifts and cards for special occasions. Staff told us how they kept relatives informed about important issues that affected their family member and ensured they were involved in all aspects of decision making. Relatives were also invited to reviews and if they were unable to attend their views were shared in reviews and other meetings. Discussions with a professional and a review of records confirmed this.

Staff spoke about each individual and demonstrated a good understanding of their current needs, their previous history, what they needed support with, what they may need encouragement, with and their personal qualities and attributes.

Care records showed people were supported to maintain their independence in areas such as personal care and activities of daily living such as shopping, cooking, cleaning and laundry. People were supported to tidy their room, prepare and cook meals, set the table, clear their plates away and do the washing up after the

meal. We saw staff were patient and consistent in their approach. Staff confirmed they read people's care plans and information was shared with them in a number of ways including, a daily handover, communication records and team meetings.

People's care records showed people were supported to access and use advocacy services when required to support them to make decisions about their life choices. Professionals spoken with confirmed this.

We found a positive approach to promoting people's right to independence and a 'can do' attitude was clearly demonstrated by all the staff and reflected the organisation's values. Staff described how each person received tailored support to meet their individual needs, enabling them to become actively involved in community life and other activities. One relative told us, I trust the manager implicitly. Anything she says she will do gets done".

Good

Is the service responsive?

Our findings

Relatives and health care professionals told us they considered the service was responsive to people's individual needs. One health care professional told us, "I am happy with the placement. They are very good at understanding and responding to people's needs". A relative told us, "I'm extremely happy for (person) to be here. (Person) has very complex needs but the staff understand them and respond to them very well. Before coming to Brook Lane they were not very sociable but since coming here they have "emerged from their shell".

People living at the home had limited verbal communication. During our inspection, we observed communication and general interaction between staff and the people they supported using various non-verbal communication tools. For example, Makaton which is a language programme using signs and symbols to help people to communicate. Picture Exchange Communication System, (PECS). PECS is a communication system where people can communicate by giving them a card with a picture on it and British Sign Language (BSL). We consistently saw staff engaging with people using these methods of communication. People were encouraged to express their views, through signing and visual prompts. We observed that staff involved people, as far as practicable, in making decisions about their personal care and support using these communication methods.

Care plans were well organised and easy to follow. Sections of the care file had been produced in pictorial easy read format to help and support people's understanding of the content of their care plan. People received consistent personalised care, treatment and support and they and their family members were involved in identifying their needs, choices and preferences and how they should be met. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided.

Staff told us that routine was very important to the people. Care plans and activity timetables were carefully followed, however people's wishes were respected if they chose not to participate in planned activities and alternatives would always be offered in these situations. Each person had a weekly activity plan which included activities both in the home and in the community. For example, one person liked to attend a local outdoor activities centre where they took part in swimming, using the gym or hydro pool. Another person liked to go for bike rides, attend a local assault course or spend time playing games with staff. On the first day of our inspection four people were taking part in activities away from the home. For example, one person was being supported to attend a day centre, one person was attending cookery classes at a nearby activities centre and two people had gone to walk in the park and beach.

The home in partnership with a relative and with support from local businesses were in the process of building 'The Garden of Wishes' in the garden at the rear of the property. This included a slide, climbing ramp, log risers (seats), trampoline and a roundabout. Plans were in place to add a cycle track and a sensory garden. A relative told us, "It has been hard work getting the funding and support for this off the ground but it will be a safe haven for people to enjoy once completed". During our visit one person with support from staff was enjoying some time on the trampoline. A member of staff told us, "They love coming out here when

the weather permits. It really does put a smile on their face".

People's care plans were reviewed monthly, after individual meetings with their key worker, this ensured their choices and views were recorded and remained relevant to the person. We also saw care plans were revised to reflect the outcomes from reviews. Records of these showed how all aspects of the person's progress in meeting their individual objectives and independent living goals were reviewed and any changes needed were implemented.

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. Records showed concerns were always discussed at the regular staff and key worker meetings. The registered manager explained how they encouraged relatives to talk about any issues or concerns so they can be addressed at an early stage. Relatives spoken with confirmed they were aware of the organisation's complaint policy and when they had raised concerns or complaints these were dealt with in a timely way.

Good

Is the service well-led?

Our findings

Staff told us about the support they received from the registered manager. One member of staff told us, "She is putting new systems in place and we are all supporting each other. She's a good leader, her door is always open and she's easy to speak with". Another member of staff said, "Since the new manager came in staff morale is much better". A health care professional told us, "The registered manager was new in post when I started working with the home and she does seem to be making a difference and a steadying influence after an unsettled time at the home. I have always found her to be helpful, organised and realistic. The home has always been welcoming when I have visited." A relative told us, "It's reassuring to know that there is finally a permanent manager in place. The home has been through some uncertainty over a period of time bit it really does seem to be settling now". However another health and social care professional told us, "They (The home) do not keep me or our team up to date with our service user's progress. They take a long time to report to us any incidents, if they bother at all. Communication is definitely not their finest quality".

Staff said they enjoyed working at the service. One member of staff said, "I like being a key worker, seeing people happy and helping them to do the things they like. Sometimes when I'm off work for a while and I come back people show me they are glad to see me. That makes me happy to do this job". Another member of staff told us, "We have a good team; we are all here for the people who use this service. When they are happy we are happy".

The manager told us that due to people's complex needs it was difficult to have a structured meeting for people living at the home however their door was 'always open' to people living at the home who wanted to discuss anything they wished to. People living at the home had regular 'key worker meetings' to discuss things that were important to them and these were recorded. For example, activities I like to do, food I like to eat, what I am worried about and how I like to communicate. Staff used various methods of communication to undertake these meetings including, Makaton, BSL and PECS.

The provider had systems in place which ensured the effective running of the home. For example, we saw processes were in place to learn from events such as incidents and accidents. The registered manager undertook audits to ensure the service was running smoothly and effectively. These included health and safety, care plans, medication, people's health and welfare and the environment. Time limited action plans were put in place to address any shortfalls identified. The service reflected on all accidents and incidents and incident de briefs were carried out to ensure lessons could be learnt and practices changed if required, but also to support staff following incidents too. A weekly service review was undertaken where information records from incidents, accidents, complaints and safeguarding issues were collated by the registered manager. Action plans were put in place where concerns had been noted and these were resolved in a timely way.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had

been ignored. Comments from staff included, "I am confident that the manager would take seriously any allegations of abuse" and "I would report any issue that I was concerned about, no matter what".

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records for June, July and August 2016 which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

People's personal records including medical records were accurate and fit for purpose. Care plans and risk assessments were reviewed regularly by the registered manager or key worker. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept locked away securely when not in use and were only accessible to staff.