

Care Management Group Limited

Care Management Group - 3a The Droveaway

Inspection report

3a The Droveaway
Hove
East Sussex
BN3 6LF

Tel: 01273541229
Website: www.cmg.co.uk

Date of inspection visit:
12 February 2018

Date of publication:
09 May 2018

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

3a The Droveaway is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

3a The Droveaway is registered to support up to three people with learning disabilities or autistic spectrum disorder. At the time of the inspection there were two people living at the home. The home provided personal care and support to two men who were in their twenties. The service offered specialist support for people with autism. Both people had associated complex needs, communication and sensory difficulties and behaviour that could be challenging to others. The service had been developed in line with the values that underpin the Registering the Right Support guidance and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any other citizen.

At the last inspection on 12 August 2015, the service was rated as good in the areas of Effective, Caring, Responsive and Well-led. The service was rated as requires improvement in the area of Safe but the overall rating for the service was Good. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This comprehensive inspection took place on 12 February 2018 and was announced. We gave the registered manager 48 hours notice of the inspection because the home is small and we needed to be sure that there would be someone in when we visited. There was a registered manager in post. A registered manager is a person who has registered with CQC to manage a 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 service had improved and people were receiving their medicines safely. Risks had been identified and there were clear plans in place to guide staff in how to support people safely. Staff understood their responsibilities with regard to safeguarding people. Infection control measures were effective and incidents and accidents were monitored and used to inform improvements. A relative told us that they felt their relation was "definitely safe."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff had received the training and support they needed to be effective in their roles. People were supported to have enough to eat and drink and staff ensured people could access the health care services they needed. The premises had been altered to meet the needs of the people living at the home.

Assessments were holistic and supported staff to provide care in a personalised way. Staff knew people well and understood how to communicate with them. People were comfortable in the presence of staff. People were supported to make choices and to express their views. A relative told us that they believed their relation was happy and that staff were kind and caring. Staff treated people with respect and spoke of their achievements with pride and admiration. People's privacy was respected and staff supported people to be as independent as possible.

Staff were responsive to people's needs, recognised small changes and understood the importance of maintaining a consistent approach with the people they were supporting. Staff described how maintaining consistency had helped to reduce incidents of behaviour that could be challenging and this had improved the quality of life for people living at the home.

The service was well led and staff spoke positively about the management of the home. A relative told us "I think things have improved 100% since the manager came." There were effective systems and processes in place to monitor the quality of the service including a complaints system. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service had improved to Good.

People were receiving their medicines safely.

Risks to people were effectively managed. Staff understood their responsibilities with regard to safeguarding people.

There were enough staff to care for people safely. Incidents and accidents were monitored and analysed effectively.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Care Management Group - 3a The Droveway

Detailed findings

Background to this inspection

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

This inspection took place on 12 February 2018 and was announced. The registered manager was given 48 hours notice of the inspection because it is a small service and we needed to be sure staff would be available to let us in. The inspection team consisted of three inspectors.

Before the inspection we reviewed information we held about the service including any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We spoke briefly with two people who use the service and with one relative. We spent time observing how people were cared for and supported and their interactions with staff to understand their experience of living in the service. We interviewed two members of staff and spoke with the registered manager. We looked at a range of documents including policies and procedures, care records for two people and other documents such as safeguarding, incident and accident records, medicines records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's management systems.

At the last inspection on 12 August 2015, the home was rated as 'Good' overall.

Is the service safe?

Our findings

At the last inspection we found that systems to manage people's medicines safely were not consistently followed by staff, and we identified this as an area of practice that needed to improve. At this inspection we found that practice had improved and medicines were being stored, managed and administered safely.

People were being supported to receive their medicines safely and in the way that they preferred. Staff demonstrated a good understanding of the person centred approach that was needed to support people to take their medicines. Clear information was in place to guide staff. For example, some people were prescribed PRN (as required) medicines. Clear protocols had been agreed with the GP to identify when, how and why people should be offered their PRN medicines. This included a clear description of the signs, symptoms and behaviours that would indicate that the PRN medicine should be offered. Medication Administration Record (MAR) charts were completed consistently and the registered manager completed a monthly audit to ensure that medicines were being administered safely.

Staff understood their responsibilities with regard to safeguarding people. One staff member described the physical and emotional signs that might indicate abuse and told us, "I would inform the manager immediately if I was concerned." Another staff member also described how they would report any concerns, saying, "If I needed to take something higher then I would use the whistleblowing policy."

Risks to people were assessed and managed to support people to be safe. A relative told us, "I think the staff manage very well, it's definitely safe." Risk assessments were detailed and comprehensive. Specific risks had been identified and assessments were personalised and guided staff in supporting people's individual needs. There was clear guidance for staff in how to support people without imposing restrictions on their freedom. For example, risk assessments and care plans provided clear strategies for staff in how to support people when they were displaying behaviours that could be challenging to others. This provided staff with techniques to distract people and defuse situations in order to avoid the use of physical interventions. Records showed that staff were using these techniques successfully to reduce and avoid incidents.

Incidents and accidents were recorded and monitored. Analysis included identifying possible triggers for incidents and evaluation of strategies to assess their effectiveness in supporting people. Care plans and risk assessments were updated to reflect any changes following analysis of incidents and accidents.

Environmental risk assessments were completed to keep people and staff safe. For example, a fire risk assessment had been completed and Personal Emergency Evacuation Plans (PEEPS) were in place for each person. Records showed that fire safety checks were being completed consistently, in line with the provider's policies. All areas of the home were clean and tidy. There were systems in place to ensure that hygiene standards were maintained and staff understood how to prepare food safely.

A relative told us that there were enough staff on duty. They said, "We would like there to be more staff because it's better when there are two staff on, but there are enough staff and they have got to know our relation very well, that level of continuity is really important." Staff told us that there were enough staff to

care for people safely. One staff member said, "The registered manager makes sure the rota is covered." Another staff member explained that in the event of unexpected staff absence existing staff members would be asked to cover because only staff that knew people well could work at the home. Records confirmed that staffing levels were consistently maintained. There were robust recruitment procedures in place to ensure that staff were suitable to work in the care industry.

Is the service effective?

Our findings

A relative told us that they had confidence in the staff. They said, "They know what to do and we can see the difference. Things have changed for the better and (relation) is much happier, more active and has a better diet."

Staff told us they received the training and support they needed to care for people. One staff member told us the provider was, "Really good when it comes to training." Records confirmed that staff had received training that was relevant to the needs of the people they were supporting including, autism and Asperger syndrome, epilepsy and equality and diversity training. Staff told us that they had regular supervision meetings with their line manager. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff told us they found these meetings helpful. Their comments included, "I feel supported by my manager," and "My supervisions are very helpful."

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. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA and demonstrated an understanding of their responsibilities. One staff member told us how they sought to gain consent before supporting people. Our observations confirmed that staff were checking with people to obtain their consent before supporting them. Another staff member described supporting people to make decisions and seeking to avoid restrictions on their freedom. People can only be deprived of their liberty so that they can receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications for DoLS and staff understood their responsibility to comply with these authorisations when providing care.

People's needs and choices were assessed in a holistic way and comprehensive care plans were developed based upon these assessments. For example, person centred assessments were undertaken to support people with behaviour that could be challenging to themselves and others. Validated assessment tools were used to analyse particular behaviours and to identify possible triggers and reasons for the behaviour. Detailed, comprehensive care plans were developed from these assessments to guide staff in how to support people effectively. Regular reviews were undertaken to assess the effectiveness of the support plan in achieving positive outcomes for people. Equipment and technology was being utilised to support people. For example, specific equipment was used to support a person to travel safely in a car. Technology was used to ensure that staff could summon help quickly in the event of an emergency situation.

People were being supported to have enough to eat and drink. Staff supported people to make choices about their food and drinks and demonstrated a good awareness of people's needs and preferences. For example, pictorial communication tools were used to support one person to choose food and to try new foods. Staff spoke enthusiastically about a recent success in supporting someone to try a new food. Specific risks associated with nutrition and hydration were assessed and care plans provided staff with comprehensive information. For example, one care plan included detailed guidance in how to support a person with food preparation and included how to mitigate risks whilst in the kitchen.

People's health needs were monitored effectively and they were supported to access the health care services they needed. For example, one person had been supported to eat more healthily and to increase exercise levels. Staff told us this person had successfully lost weight as a result and records confirmed this. Staff maintained consistent records to support the monitoring of specific health conditions including epilepsy. People were supported to attend regular health care appointments including GP visits and dentist appointments.

Staff described effective working relationships with each other and with health care professionals. For example, one staff member described positive communication with a GP who had worked with staff to identify alternative solutions to a specific concern. Advice from health care professionals had been included within people's care plans, for example Speech and Language Therapist (SALT) advice was evident in one care plan.

The premises had been adapted to meet the needs of the people living there. For example, the house had been adapted to provide two separate flats ensuring that people were able to live separately which supported their needs. Staff told us that people could choose how they wanted to decorate their flat. For example, art work reflected people's individual tastes and interests.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. A relative told us they felt their relation was happy living at the home and named a number of staff who they described as particularly caring.

Staff knew people very well and had a good understanding of their needs. Staff spoke about people in a respectful and compassionate way. For example, one staff member spoke about one person's achievements with admiration and pride. They explained the challenges that the person had faced and described how the staff team took pleasure and satisfaction from their achievements. They said, "It's so rewarding for us, we really appreciate even the very smallest of achievements." The registered manager told us, "The staff go above and beyond and they genuinely care and are happy about our clients' success."

Staff spoke positively about providing people with the emotional support they needed describing the different approaches they used. For example, one person had communication difficulties and staff were using signs and symbols to help them to communicate. This included specific signs for moods to enable communication about how the person was feeling.

We observed people interacting with staff and they appeared to be happy and relaxed in their company, with lots of smiles and engagement in activities. Staff were mindful of people's privacy and we observed them knocking on doors before entering their room and speaking to people in a positive and respectful way. People's personal information was kept securely and staff demonstrated an awareness of their responsibility to maintain confidentiality. People were able to spend time alone when they wished to. We observed staff acknowledging that one person had indicated their wish to be alone for a while and they reassured the person that this was alright and they would respect their privacy.

Staff supported people to express their views and to make decisions. Staff described offering people choices and involving them in developing their life skills. One staff member described the importance of working with people at their pace, saying, "We recognise the signs and responses that people have. They make it clear what they are happy and not happy to try." Staff told us that they also involved people's relatives in meetings to talk about their achievements and to identify further areas to work on. Relatives told us that they were able to visit at anytime and they said that staff were welcoming.

People were being supported to maintain and improve their independence. Staff described how they encouraged people to improve their skills for example, in preparing meals or improving their personal hygiene. People's records confirmed that staff were supporting and encouraging people in a consistent way and recorded the progress that people were making towards more independence.

Is the service responsive?

Our findings

People were receiving care in a personalised way. Staff understood how to communicate effectively with people and recognised their individual needs. Care plans reflected people's physical, mental, social and emotional needs. Details in care plans reflected the complexities of people's care and guided staff in aspects of care that were important to people. For example, structure and routine were important elements of one person's care plan. Staff demonstrated a good understanding of how to support the person with particular routines and this was reflected within their care plan. People's wishes for care at the end of their life were considered within the care planning process but the registered manager explained that relatives and people had not wanted to complete this aspect of the care plan.

Staff described how they responded to changes in people's needs. They gave examples of how they supported people in a planned and structured way to make progress towards identified goals. For example, one staff member described the importance of maintaining a consistent approach when supporting a person. They explained how this approach had been successful in enabling the person to increase their experience of accessing the local community. Another example showed how staff had recognised changes in a person's mood and general well being. Staff described the challenges that the person faced including those posed by unfamiliar environments. Staff had worked with the person to overcome their challenges and enable a successful transfer to a new college.

Staff explained the importance of allowing people to process changes in their own time. They used social stories with pictures to assist people to understand changes and to reassure them. One staff member described the length of time that was needed to support people with significant changes in their lives saying "It's about being consistent, reassuring and taking things at their speed, you can't rush things because then you will fail."

Care plans contained clear and specific guidance for staff in how to support people with behaviour that could be challenging to others. Staff described strategies that were used to avoid and diffuse challenging situations in a person centred way. Staff told us they felt confident to respond to situations that could be challenging.

Staff had a good understanding of people's diverse needs and requirements. Records confirmed that staff were consistently responsive to people's needs. For example, one person was being supported to access the local community. Staff described how the person was working towards a specific goal. They described how, over time, with a consistent approach, the person was gradually building their confidence and becoming more familiar and comfortable with the local environment.

People were able to choose how to spend their time and staff described a number of specific interests that people found relevant. This was reflected within people's care plans and we observed staff engaging with people and giving them options to undertake activities that they enjoyed. Staff supported people to maintain contact with people who were important to them.

Relatives told us that they knew how to make complaints and felt confident that any concerns would be addressed. One relative said, "I have confidence in the manager and I would discuss any concerns with them."

Is the service well-led?

Our findings

People's relatives and staff members spoke positively about the management of the home. One relative told us, "I think things have improved 100% since the manager came." Staff described the registered manager as, "Open and approachable."

The provider's Statement of Purpose described the promotion of choice, independence and empowerment as integral to support planning. Throughout the inspection we observed that staff understood the importance of providing choices to people and supporting them to be as independent as possible. Care records reflected the aims and objectives of the home and it was clear that these values were embedded within staff practice.

Staff understood their roles and responsibilities and spoke proudly about the achievements of the people they were supporting. One staff member described feeling well supported and described positive team work. Another staff member said that staff were able to be open about any areas of conflict within the team. They described a close team, saying, "We are all trying our very best to meet the needs of the young men who live here." One staff member described the best thing about working at the home as, "Seeing the young men change and develop." Another staff member said, "Both the residents have changed and grown in every aspect over the years. They have a good quality of life now."

The registered manager used a range of systems and processes to monitor and evaluate the quality of the care provided. For example, a number of audits were used to identify any shortfalls. Where issues were identified through the auditing process, appropriate actions had been taken to address the concern. Incidents and accidents were recorded and monitored. Staff told us that incidents were sometimes discussed at team meetings so that staff could be involved in evaluating the incident and identifying possible triggers. Records of a team meeting noted staff discussions about an incident. This showed that staff were actively engaged in the process of continuous learning to improve the service.

Staff had developed a range of communication strategies to support people to be involved in planning their care and to ensure that people's experiences influenced changes to improve the service. For example, staff were skilled in observing how people responded to new or different experiences and they used this information to build on successes. This enabled people to enjoy full and active lives. Staff told us that they had regular contact with relatives and kept them informed about positive developments.

Staff had developed strong working relationships with a range of other providers. Records showed that staff communicated effectively with a number of health care professionals to ensure that people's needs were considered and understood so that they could access the support they needed. For example, staff ensured that appropriate information was provided to health care professionals to assist in planning treatment. This enabled effective partnership working to ensure that appropriate plans were in place to reduce the risk of any incidents of behaviour that could be challenging.