

Care Management Group Limited

Century Way

Inspection report

18 & 19 Century Way
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Date of inspection visit:
02 October 2019

Date of publication:
06 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Century Way is a 'supported living' service that provides care and support to people living in a tenancy arrangement with a housing association in two separate next door houses in the community. There is an office in one of the houses from where the service is run. The service was registered for the support of up to four people in line with current best practice guidance. Four people were using the service at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service and what we found

At this inspection the registered manager had acted on the issues found at the last inspection and submitted notifications to the Commission as required under the regulations. Issues we had found needed improvement in respect of medicines management at the previous inspection had also been acted on and medicines were safely managed.

However, we found some improvement was needed in the way the service worked in partnership with the housing association to ensure there were robust systems to manage the safety of the service. There were high levels of agency staff in use and gaps in management presence as the registered manager worked

across two sites. There was no deputy manager to provide additional management support at the time of the inspection; although the post was being recruited to. We discussed the impact of this with the provider. We found this had already been identified and was in the process of being addressed. We will check on this through our monitoring of the service and at the next inspection.

People told us they felt safe from harm and staff understood their responsibilities under safeguarding procedures. Risks to people were identified assessed and guidance provided to staff on how to minimise the risks. There was a system to flag and review accident and incident reports to ensure suitable action was taken and learning identified. Staff understood how to protect people from the risk of infection.

Relatives and professionals identified there was a high staff turnover and regular use of agency staff. The provider told us they had prioritised recruitment to fill these vacancies and they were working hard to recruit the right staff. There were enough staff to meet people's care and support needs. Appropriate recruitment checks took place before staff started work.

The service applied the principles and values of Registering the Right Support and other best practice guidance. For example, in the way it assessed people's needs and worked with people to identify goals that increased their confidence and independence.

Staff received adequate training and support to meet people's needs. People's nutritional needs were met. People had access to health and social care professionals as required. 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 supported by staff who were kind and caring. People were involved and consulted about their care and support needs and treated with respect and dignity. Staff worked with people to promote their rights. Staff understood their role in supporting people appropriately, addressing any protected characteristics. People were supported to be as independent as possible.

People had a personalised plan of care to guide staff on how to meet their needs. People's communication needs were assessed. People were supported to access community services and to participate in activities of their choosing that met their needs. 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.

There were systems in place to assess and monitor the quality of the service. The registered manager promoted an open and inclusive service. Staff spoke highly of the registered manager. The service worked in partnership with health and social care professionals to plan and deliver an effective service that met people's needs. People and their relatives' views about the service were sought and the feedback used to consider improvements.

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 'Requires Improvement' (published 16 October 2018)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. Since this inspection the name of the registered provider has changed. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Century Way

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 team consisted of one inspector.

Service and service type

Century Way is a supported living service. This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and asked for feedback from the local authority who commissions from the service. We reviewed 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 spoke with three people who used the service, two members of care staff, the registered manager and a quality improvement manager. We observed the care provided in the communal areas.

We reviewed two care plans and a range of records related to the management of the service such as

medicines records, staff training records and minutes of meetings.

After the inspection

We spoke with two relatives of people using the service and a health professional to gather their views about the service.

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 Requires Improvement. At this inspection this key question has now improved to 'Good'. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were stored and administered safely. At our last inspection we had found some improvements were needed to the way medicines were stored to ensure they were all accounted for. At this inspection we found the registered manager had put in place new regular checks on medicines stocks to address the problem we had identified. We found no concerns in this area.
- People's support needs and possible risks with their medicines had been assessed and identified in their care plans. Medicine administration records checked had been fully completed by staff. There was guidance for staff on the use of as required medicines.
- Staff understood their roles in the safe management of medicines. They received training on the administration of medicines and had their competency assessed to ensure they continued to use safe practice. Where a medicines error had been identified staff had received additional supervision and had their competency reassessed to ensure they were safe to reduce further risks.

Staffing and recruitment

- There were enough staff to meet people's support needs. People told us there were always staff available to support them when they needed. There were a number of agency staff being used to fill vacant posts at the time of the inspection. The registered manager told us they tried to get consistent agency staff which we confirmed from the support rota and that they were recruiting to the vacant posts as a priority.
- Staff had access to support and advice from the management team when they needed it, including an on-call number for use in the evenings and at weekends.
- The registered manager operated effective and safe recruitment checks to reduce the risk of employing unsuitable staff. However, we found for staff that had transferred from a previous provider of the service some records such as previous employment history were not available. This had already been identified by the registered manager in an audit of recruitment checks and they were in the process of addressing these issues at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were safe from abuse, neglect or harm. People told us they felt safe using the service we observed they were relaxed in the company of staff and sought their support happily. One person said, "The staff are all good here, they tell us how we can be safe when we are out. We are well looked after." We observed information about staying safe was available to people in easy read format. Where people had IT equipment such as phones or I-pads they told us staff spoke with them about how to stay safe using the intranet.
- Staff had received safeguarding training. They understood the possible signs of abuse and their role to report any concerns. They were aware of whistleblowing procedures and who they could go to if they had concerns.

- The registered manager understood their responsibilities under safeguarding. They had raised possible safeguarding concerns since the last inspection appropriately with the local authority and notified CQC as required.
- There was a system to respond to and monitor accidents and incidents and share learning at the service. Staff understood the importance of reporting and recording accidents and incidents. These were reviewed by the registered manager and the provider and learning was shared across their services, where appropriate.
- Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Lessons learned were shared with the staff team at meetings or at supervision. For example, we found learning from pattern of behaviour and incidents had been discussed with health professionals and changes made to a care plan which was discussed with the staff team.

Assessing risk, safety monitoring and management

- Possible risks to people were assessed and guidance given to staff to reduce the likelihood of risks occurring. Risks such as falls, behavioural risks, finances and health risks were assessed and guidance from health professionals sought to minimise possible risks. For example, district nurses were involved in supporting people where a skin integrity issue was identified. People were supported by staff to manage aspects of their finances safely. One person commented, "I am confident staff understand how to look after me safely."
- Risk assessments were reviewed regularly to ensure they were up to date. For example, risks in relation to people being in the community were assessed to understand if people could be supported to travel independently. In line with the principles of Registering the Right support the service kept a balanced assessment between ensuring people's safety and allowing them positive risk taking in a safe environment. For example, assessing whether people could be supported to access the community on their own.
- Checks were carried out to identify any possible risk in relation to the premises, such as water temperature, and window restrictor checks to identify any concerns. The service liaised with the landlord to ensure copies of inspections and safety certificates were provided to confirm safety tests had been completed.
- People's equipment and aspects of the safety of the premises were regularly serviced by external contractors. For example, in relation to gas and electrical safety.
- Risks in relation to emergencies were identified and managed. Staff received first aid training and staff carried out regular fire drills with people so that they knew what to do in the event of a fire. People had emergency evacuation plans to guide staff and the emergency services if needed.

Preventing and controlling infection

- Staff worked to reduce the risks of infection and had infection control and food hygiene training. Fridge and freezer temperatures in people's homes were monitored to ensure food was stored safely. The service maintained a stock of personal protective equipment(PPE) such as gloves or aprons, which we observed was accessible to staff when required.
- The kitchens at the service had been inspected by the Food Standards Agency in September 2019 under their food hygiene rating scheme and had been awarded the highest score possible.

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 before they started to use the service. Pre-admission assessments were available in people's records to confirm the service looked at the full range of people's needs with them and their relatives to consider how and if they could meet them. Advice was sought from health professionals such as occupational therapists and psychologists to ensure care was provided that met their needs.
- The provider followed guidance from the advisory body for health, public health and social care professionals, Department of Health's guidance. Department of Health, Positive and Proactive Care and National Institute for Health and Care Excellence (NICE) 11 using positive behaviour support (PBS) plans to support aspects of people's behavioural and emotional needs. Staff understood how to apply strategies to prevent behaviour that challenges, and we saw this had resulted in positive changes.

Staff support: induction, training, skills and experience

- People were supported by staff who understood their roles. One person remarked, "The staff here, all know how to take care of me." Staff told us they received sufficient training and support to carry out their roles effectively.
- Staff were provided with a range of suitable training to meet people's needs which was regularly refreshed. This included training on PBS, through a number of different courses to build on staff skills. Where newer staff required training on the administration of high-risk medicines we saw this had been booked. Staff were supported in their roles and development through regular supervision.
- For new staff their induction programme followed the requirements of the Care Certificate. The Care Certificate is the standard set for staff new to working in health and social care. The induction included shadowing of experienced staff as well as training. One staff member told us "The induction was really good, and the training makes you really think about your job."

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

- People's dietary needs were assessed and supported and possible risks in relation to choking were assessed. People told us they were supported to shop, menu plan and cook for themselves as much as possible. A range of recipes were available to support people's choices and encourage healthy eating. Staff were knowledgeable about people's dietary needs and preferences.
- The registered manager told us if people had particular cultural dietary needs or nutritional requirements this would be identified in their care plans along with guidance for staff to meet these needs.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live

healthier lives, access healthcare services and support

- People told us they were supported to maintain their health and that they saw the doctor, dentist or optician when they needed to. In line with the principles of registering the right support people were supported to make and attend their appointments in the community where possible. One person told us, "The staff help me make my appointments and help me get to them." Health care plans identified people's health needs with guidance for staff on how to support them and records of outcomes of appointments with health professionals
- Where people had mobility issues the registered manager had referred to appropriate health professionals such as the occupational therapist to identify their changing needs to them. A health professional commented that staff at the home worked well with them and followed the advice they gave.
- People had hospital passports detailing their health and communication needs and any other important information to provide emergency staff with important information about them and ensure good communication between services.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff worked within the principles of MCA. People told us staff asked for their consent before they provided care or support and we observed this to be the case. Staff listened to people's views and respected their decisions. Staff asked people before supporting them to get ready for an activity or to help them with an activity or support with the cleaning and tidying areas of their home.
- Staff had completed MCA training and understood their roles in respect of MCA.
- The registered manager understood their role in relation to MCA and the role of the Court of Protection and had referred one person to the local authority for an assessment for an application to the Court of Protection at the time of this inspection.

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.

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

- People were supported by staff in a caring way and who respected their diversity. People told us they liked all the staff who supported them and they felt well cared for. One person commented, "All the staff are good here. They are fun. I like the staff." We observed regular staff knew people well and engaged with them with warmth.
- A health professional commented, "I found the staff team caring and supportive to the service users and provide an individualised and homely service."
- Staff were familiar with things that people were interested in and were important to them. Staff could describe people's individual signs of distress, or discomfort. People sought staff out for reassurance about issues they were unsure about.
- Staff told us how they would support people's protected characteristics and rights in relation to their sexual orientation, gender, culture, religion or disability. People with a disability were supported to access all areas of the home they lived in and the community using suitable equipment and transport.

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

- People were supported to express their views and to be actively involved in decisions about their care. One person told us, "I decide what I do, my activities. I didn't like one of them, so staff helped me change it." We observed people were supported and encouraged to decide about the day to day aspects of their lives and staff gave them time to think about possible options.
- People told us about their key worker and how they supported them to talk about their support plan and any changes they might want. A key worker is a staff member who works with a person using the service individually to build a close relationship of trust in which they can discuss their goals and aspects of their care and support. People also had access to a local advocacy service should the need arise.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people's independence and respected their dignity and privacy. One person commented, "Staff are polite, they are never rude. They're polite and kind." People told us staff respected their privacy by knocking on their doors before they entered their rooms and made sure they were covered if they were supporting them with personal care.
- We observed, and staff told us they maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. People were encouraged to maintain links with people who were important to them and to socialise in the community, for example, going to a pub or local club.

- Information about people was kept confidential and securely stored. Staff understood the importance of maintaining confidentiality about people's care needs.

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

- There was a visible and accessible complaints process. Complaints were logged and investigations were carried out in line with the provider's policy. We found action to address both formal and informal complaints was discussed in staff meetings. However, some records evidencing the response to informal complaints were not readily available. This had not impacted on people's care and the registered manager agreed they would ensure there were complete records of all complaints and responses going forward, so that any patterns would be identified.
- People told us they knew how to make a complaint and most people told us they thought their complaints were acted on and addressed. One person told us "I would speak to staff if there was anything wrong. They would sort it out. I can also speak to [the manager]." Relatives told us their complaints were listened to, but one relative said they were not always effectively resolved as some problems reoccurred after a period. We found the registered manager was working with staff to address these issues.

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

- Staff worked with people to develop a detailed personalised plan for their care and support that described their assessed individual health care and support needs, preferences and goals they had. These included guidelines for staff on how to best support them. For example, there were guidelines in place for staff to support people with eating and drinking needs, mobility, health needs and personal care. People's care and support needs were regularly assessed and reviewed to ensure their needs and wishes were planned for.
- People engaged in regular key worker sessions to ensure their care and support needs and goals were discussed with them and their views and their preferences were known to staff. A recent staff meeting had discussed other possible options to support people by promoting greater inclusion in the community in areas they would be interested in.

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.

- People's communication needs were assessed and met. People's care plans detailed their communication needs and preferences with guidance for staff on how to support them.
- Information about the service and other guides such as staying safe was available in a number of formats such as easy read or pictures according with people's needs.
- One person showed us their weekly menu planner in a picture format and told us how they decided on their menu with the support of staff and used the guide as a reminder.

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

- In line with the principles of registering the right support people were supported to engage in and develop interests and use and enjoy the community and wider relationships. People had individual activity programmes which they had developed with staff based on their interests, skills and choices. People were positive about the things they took part in and spoke proudly of them. Two people had part time work and spoke proudly of this. Another person talked about the friends they had made at a day centre and the activities they enjoyed with their friends there.
- People were supported to engage in a range of physical activities and exercise to improve their health and sense of achievement.

End of life care and support

- People's wishes in respect of their end of life care needs had been discussed where they wished to do so. The registered manager told us they would engage with health professionals to ensure people's needs and wishes were assessed and met

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Working in partnership with others

At our last inspection the registered manager had failed to notify us of two significant events as required by the regulations. This was a breach of Regulation 18 (Notifications) of the Registration Regulations 2009.

At this inspection we found notifications had been sent as required and enough improvement had been made at this inspection. The registered manager was no longer in breach of this regulation.

- There was an organisational structure in place and staff understood their roles and responsibilities at the service. However, the service had recently lost the deputy manager and there was high use of agency staff. The registered manager worked across two separate locations. We found this had impacted on some aspects of the management of the service. For example, working in partnership with the housing association was not always effective.
- Communication channels with the housing association needed some improvement to ensure adequate oversight of the premises to manage possible risks. For example, follow up requirements following fire and legionella risk assessments were outstanding; although steps were taken to address this during the inspection. For one person issues with their equipment had not been proactively chased to ensure they were able to access the community. This was done during the inspection and a positive outcome was achieved for this person.
- Relatives gave us some mixed feedback about the leadership at the service. One relative told us they thought the service was well managed and that the registered manager was approachable and responsive to issues raised. Another relative told us they did not always find the registered manager responsive. We saw that the registered manager and operations manager were working to address these issues at the time of the inspection.
- We discussed the gaps in management presence at the service with the registered manager, regional manager and the chief operations officer. They told us these issues had been identified and they were in the process of reviewing the arrangements and making changes to increase the management support at the service which will be notified to us through our ongoing monitoring. At the time of the inspection the registered manager was being supported by a quality improvement manager one to two days a week.
- The registered manager understood their responsibilities under the Health and Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating, which was displayed in the provider's office and on their website.
- The service had developed good working relationships with health professionals and the local authority

and worked to implement any recommendations they made to support the people they cared for. They worked closely with day centre staff to ensure people's needs were met and all staff were aware of any changes to people's support needs.

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

- People were positive about the care and support they received and the way their views were considered. One person said, "I get on with staff really well. I like living here. The staff really help me." People were working towards goals that were important to them and that encouraged their independence.
- Minutes from staff meetings and our observations were that staff demonstrated a commitment to provide person centred care and empower people by engaging with and being led by people using the service and their needs.
- The registered manager demonstrated a detailed knowledge of people's needs and the needs of the staff team. Staff spoke positively about the registered manager and told us they were open and approachable. One staff member said, "[The registered manager] is supportive and you can go to her with a problem and she listens. She works hard to improve things for people here."
- The registered manager understood their responsibilities under the duty of candour and were open in informing people's relatives where appropriate when incidents or accidents had occurred.

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

- People told us staff regularly sought their views on the care and support provided. One person said, "The staff listen and talk with us. We can go talk to them at any time." There were formal systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings and annual surveys.
- Feedback from professionals and relatives was sought through surveys and more informally. The local authority who commissions the service commented that the registered manager was responsive to suggestions and ideas.
- The provider organisation had changed at the time of the inspection through the merger of the previous provider with another, both of whom had a shared ethos to have the people and their families at the centre of what they do.

Continuous learning and improving care

- There were effective processes in place to monitor the quality of the service and to make any improvements and identify learning if required. The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements.
- Audits were carried out on a regular basis in areas such as medicines, and the home environment. There had been a recent audit of staff records. Where issues were identified, action plans were developed to address any issues or concerns raised. The service had an action plan from the last monitoring visit by the local authority and we saw actions to address issues found had been taken. For example, the service had changed their pharmacy since the last inspection and was working to build an effective relationship with the new one.
- The provider carried out quality monitoring visits to monitor and identify any areas that needed improvement or development. Any areas identified as needing action were checked at the subsequent visit to ensure they had been completed.
- There were regular handovers between staff and staff meetings provided staff with the opportunity to learn about any new information or discuss issues or concerns and discuss people's individual needs and

any issues.

- Feedback from the local authority and health professionals was positive about the service. One health professional commented on their "confidence in the registered manager and the team."