

Care Management Group Limited

# Care Management Group

## Inspection report

Bales Court  
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Dorking  
Surrey  
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Tel: 01306879838

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Care Management Group is a supported living service providing personal care and support to people with a learning disability or a mental health condition in their own homes.

Bales Court is a supported living service where people live in their own home and receive care and support to enable people to live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support 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 citizen.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

People's experience of using this service:

- People were cared for by staff who knew how to keep them safe. Staff were trained and knew how to recognise and report abuse. They understood how to report any concerns and were confident that allegations would be investigated to help ensure people were protected.
- Staff were recruited safely there were enough numbers to meet people's needs.
- Staff were supported by a system of induction, training, one-to-one supervision and appraisals
- People were supported by a stable and consistent staff team who knew them well and had received training specific to meet their needs.
- Staff told us they got to know people well and always sought their consent before delivering care. Staff knew how to apply the Mental Capacity Act 2005 (MCA) law. They understood the law was a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves.
- Care plans included clear objectives and goals. Care plans were up to date and accurately reflected individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.
- Staff understood how to care for people in ways that ensured their dignity and privacy was promoted.
- The service offered flexible support to people to meet people's needs and support them as they wanted.
- People took part in a range of activities, based on their hobbies and interests.

- The service had good community links and had several initiatives with local churches and community venues.
- Staff spoke very positively about the registered manager and felt able to raise concerns and were confident these would be addressed.
- The registered manager was open, transparent and very person centred in the way they ran the service.

Rating at last inspection: At the last inspection, in October 2016 the service was rated Good. At this inspection we found the service remained Good.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Care Management Group

## 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.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type:

The service is registered as a supported living service. CQC are currently in discussion about this registration with the provider based on this inspection. This was because the service appeared to operate more as a care home. The choice to live at the service and receive care from the organisation had not been recently reviewed. This process would need to involve suitable advocacy as people did not have mental capacity to make this choice. Staff also followed the providers care home procedures in certain areas such as medicines administration.

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

Notice of inspection: The inspection was unannounced and carried out on the 24 April 2019 .

What we did:

Before the inspection we reviewed all the information we had about the service, including notifications and responses from questionnaires we had sent to people using or staff working for the service.

On the site visit, we looked at the records for the service including two people's care and support plans, risk assessments, training information, staff supervision, recruitment records, audits and quality assurance reports.

We spoke to the Registered manager and three support workers. We also observe daily life for people who

lived at the service.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded because there were arrangements in place to keep them safe and reduce the risk of abuse.
- Safeguarding and whistleblowing policies and procedures were available and understood by staff. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns.
- Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any risks in relation to the care and support needs of the person.
- Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks such as use of equipment.

Staffing and recruitment

- The recruitment procedures for new staff were robust and helped to minimise the risk of unsuitable staff being employed by the service.
- New employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the follow up of two references.

Using medicines safely

- People's medicines were managed and given to them safely. Records clearly stated what medicines were prescribed and the support people would need to take them.
- Where the service provided support to people with health conditions, staff were trained in administering medicines.

Preventing and controlling infection

- Staff used personal protective equipment (PPE) such as disposable aprons and gloves, and these were used by staff when supporting people with personal care.

Learning lessons when things go wrong

- Staff were aware of the reporting processes for accidents or incidents that had occurred. There was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and were reviewed. This was to ensure the service learned and acted after all accidents and occurrences.



# 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

Good: ☐ 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, and preferences had been assessed and staff had a very good understanding of the support each person required.
- Assessments contained information and guidance specific to each person's needs and wishes.
- Some people's relatives had also been involved, where people were not able to communicate their preferences.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they received a range of relevant training. Staff training was also developed and delivered around people's individual needs. For example, staff received specific training in mental health, and epilepsy.
- There was an effective support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge, is integral to ensuring high-quality care and support.
- The one to one supervision sessions also looked at CQC's five key questions and focused staff on how they could improve people's lives.
- Staff were supported and encouraged to develop new skills and to progress within the organisation.
- Staff knew people very well and how to best meet their needs. They told us they used the training they had received to support people and provide a good quality of life.

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

- People were fully supported by staff with food shopping and cooking meals.
- Staff told us they assisted people with their meals and hydration needs.
- Care plans set out how people were supported to eat a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

- People had a hospital passport, and this set out important information about them that other professionals needed to know in an emergency.
- There were positive links with health and social care services. The service worked with local GP services to hold health sessions in their own home for people who did not like visiting health settings.
- Support plans were in place with guidance from professionals such as speech and language therapists, occupational therapists, physiotherapists and learning disability nurses.

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

- People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people who live in their own homes this would be a Court of Protection Order.
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that each person using the service had a Court of Protection Order. This was because no one who lived at the service had mental capacity to make informed decisions in their daily life.
- No one at the service had the mental capacity to make an informed choice to receive care from the organisation that currently supported them. We discussed this with the registered manager, they told us advocacy services would be used to assist people around decision making. This included whether the service and the organisation providing their care was most suitable for them.

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as

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

- Staff were very knowledgeable about the people they supported.
- Staff worked well together to support people.
- Staff shifts were planned so staff had time to spend with people on an individual basis to enable them to do what they wanted.
- Staff engaged with people in calm and caring ways. The interaction all the staff and people at the service was warm good humoured and friendly.

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

- Most people were not able to say how they felt or make their views known directly. Staff had got to read people's body language and other verbal 'clues' to get to know what they felt their views were in their daily life. There were clear and detailed communication care plans in place. These explained really clearly how each person expressed their needs in different areas of their daily life
- Care records set out clearly how to interpret each person's body language and how to know how they were feeling in different situations in their daily life.

Respecting and promoting people's privacy, dignity and independence

- Personal information was kept securely in the office, which was locked when not in use.
- Staff understood their responsibilities regarding confidentiality.
- Support plans set out what elements of care and support people were able to either complete or needed assistance with.
- Staff spoke positively about the importance of promoting people's independence. One staff member said, they had recently taken someone swimming to a public pool and the event had been a real success for them.
- People were supported to keep contact with families and friends. They were also able to develop new friendships through community social groups they went to.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support responsive to their needs. Staff had a very good awareness of the needs of people they supported. Staff spoke knowledgeably about how people liked to be supported and what was important to them.
- Information was available to people in different formats to meet their needs.
- Staff were seen to communicate with people by use of warm open body language gestures and in some instances by use of specific signs people had taught them. This enabled staff to understand how people were feeling and establish the person's choices. For example, in relation to an activity or food choice.
- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans set out routines at various points throughout the day. For example, morning routine, lunch and evening times.
- Care records included a full assessment of each person's range of needs. Support plans had been developed and these gave staff clear and detailed information of what was important to people. This include daily routines and preferences. Staff told us they found information provided helpful and supportive.
- Staff told us people had been supported to go on holidays. Opportunities were explored with people and some people were supported to opportunity to go on individual holidays based on their preferences.
- People's care records and photo albums gave examples of the range of activities people participated in.
- People were supported to prevent social isolation. People were encouraged and supported to attend meaningful activities, educational and social events within the local area to develop friendships and maintain a community presence. Staff also supported people with home-based activities such as cooking, hobbies and interests.

Improving care quality in response to complaints or concerns

- Staff understood their role and responsibility in responding to concerns and complaints.
- The complaints records showed complaints had been responded to in a timely manner. They were also addressed in accordance to the complaint procedure and were thoroughly investigated.
- The registered manager also considered complaints for themes and patterns.

End of life care and support

- At the time of inspection, the service was not supporting anyone at the end of their life. The service had previously supported people through end of life care. Feedback from families showed this had been done in a very sensitive way.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The staff told us the registered manager was exceptionally approachable and had a very kind manner and approach. They felt listened to.
- Our observations of the registered manager engaging with people and staff also showed a very open warm and caring approach.
- The registered manager had an open-door policy and staff came to see them with their individual matters.
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC when legally required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was very open and transparent when we discussed the services current registration status with us. This was in response to us enquiring as to whether the service had been correctly registered or not as a supported living service. This was because some aspects of the service conveyed that it was being run as a care home. For example staff one to one personal care hours were not set out on the staff rota. This would be expected in such a service because some people may live there and not require any personal care hours from staff.

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

- The registered manager told us they met with the team regularly to discuss all aspects of the service. The registered manager said they valued each member's contribution and decisions were made as a team wherever possible.
- Staff also told us how they felt valued and this conveyed the registered manager's approach to inclusion and openness.

Continuous learning and improving care

- The registered manager told us staff meetings, one to one supervision meetings and observations were how they were assured staff were appropriately supported to provide effective care and support.
- There was a system of audits and processes in place to check on the quality and safety. These looked at areas including health and safety, staff training, medicines, accidents and support plans to ensure the service complied with legislative requirements and promoted best practice.
- The registered manager had an improvement plan. This set out actions identified through internal audits.

This showed the provider had procedures and systems in place to continually drive forward improvements to the service people received.

#### Working in partnership with others

- The service worked well with other organisations. They had formed close relationships with local healthcare services and worked with them to achieve the best outcomes for people.
- The service had supported people to form links with the local community including local churches and community centres.