

Care Management Group Limited

Care Management Group

Inspection report

Bales Court
Barrington Road
Dorking
Surrey
RH4 3EJ

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19 October 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?	Requires Improvement ●

Summary of findings

Overall summary

Care Management Group is registered to provide personal care to people in their own homes including supported living services. We inspected a supported living service for up to eight people living with a learning disability. At the time of the inspection there were eight people receiving support with their personal care.

This inspection took place on the 19 October 2016.

On the day of our inspection there was a registered manager in place. 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 or registered manager had failed to notify CQC of serious incidents and concerns, as a requirement of their registration with CQC.

The risk to people's safety was reduced because staff had attended safeguarding adults training, they could identify the different types of harm, and knew the procedure for reporting concerns. Risk assessments had been completed in areas where people's safety could be at risk. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

People had emergency evacuation plans (PEEPs) in place. This meant that staff were aware of what action they needed to take in the event of an emergency. People received their medicines as prescribed because they were stored, handled and administered safely.

People were supported by staff who received an induction, were well trained and received regular assessments of their work.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, and to report on what we find. The manager was acting in accordance with the requirements of the MCA. They could demonstrate how they supported people to make decisions about their care and where people were unable to make decisions, there were records showing that decisions were being taken in their best interests.

People were encouraged to plan, buy and cook their own food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

People were supported by staff who were kind and caring and treated them with respect and dignity. Staff

communicated well with people to make them feel their views mattered and they would be acted on. Staff responded quickly to people who had become distressed. Priority was focused on person centred care and staff were aware of the importance of encouraging people to live their lives as independently as possible.

People were able to contribute to decisions about their care and support needs. People were provided with an independent advocate, if appropriate, to support them with decisions about their care. People were supported to maintain important relationships. Friends and relatives were able to visit whenever people wanted them to.

Support records were person centred and focused on what was important to people. The records were regularly reviewed and people and their relatives were involved. People were encouraged to take part in activities that were important to them. The complaint's procedure was in a format people could understand, if they wished to make a complaint.

People, relatives and staff gave positive comments regarding the registered manager; they found her approachable and supportive. People who used the service were encouraged to provide their feedback on how the service could be improved. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

We identified one breach of the Health and Social Care Act 2008 (Registration) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Risks to people's safety were reduced because staff knew and understood what actions they needed to take to keep people safe.

Assessments of the risks to people's safety were conducted and regularly reviewed.

Regular reviews of the environment in which people lived, along with plans to evacuate people safely in an emergency, were carried out.

People were supported by an appropriate number of staff to keep them safe. Safe recruitment processes were in place.

People's medicines were stored, handled and administered safely

Is the service effective?

Good ●

The service was effective.

Staff were supported by the registered manager, undertook relevant training and had the quality of their work regularly assessed.

People's records showed the principles of the MCA had been adhered to when a decision had been made for them.

People were supported to follow a healthy and balanced diet.

People's day to day health needs were met by staff and external professionals and referrals to relevant health services were made where needed.

Is the service caring?

Good ●

The service was caring.

People had an excellent relationship with staff who were kind,

caring and respectful. People were provided with person centred care, encouraged independence and treated with dignity.

Staff had a detailed understanding of people's needs, communicated with them well and treated them with respect and dignity. People were provided with the information they needed that enabled them to contribute to decisions about their support. Where needed, independent advocates supported people with making important decisions.

People were encouraged to maintain meaningful relationships with friends and relatives.

Is the service responsive?

Good ●

The service was responsive.

People's support records were written in a person centred way. People were involved with the planning of their care and support.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider or registered manager had not always notified CQC of serious incidents and concerns, as a requirement of their registration with CQC.

People felt the registered manager was approachable. The registered manager ensured staff knew what was required of them.

People, relatives and staff were encouraged to provide feedback on how the service could be improved.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

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 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 19 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that staff and people who used the service would be available. The inspection was conducted by one inspector.

To help us plan our inspection we reviewed previous inspection reports and information received from statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who used the service, one relative, two members of the support staff and the registered manager.

We looked at the support records for four people who used the service. We also looked at medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

Before the inspection we contacted the commissioners (who fund the care for some people) of the service and asked them for their views.

Is the service safe?

Our findings

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. A person who used the service told us they felt staff supported them safely with their needs.. One relative confirmed they thought their family member was safe. The relative said, "I am reassured that [name] was kept safe."

People were provided with relevant information how to keep them safe. Regular support meetings were held with people and they were able to raise any concerns they may have about their safety.

The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. Records confirmed support workers had completed safeguarding adults training. Staff we spoke with were aware of who they could speak with both internally and externally if they had concerns. This included reporting concerns to the local authority and Care Quality Commission (CQC).

The registered manager told us they were responsible for reporting safeguarding incidents. They said safeguarding information was accessible for all staff and this was discussed in supervision and team meetings and meetings held with individuals. We saw samples of documents where this had been recorded as taking place.

Risks to people's needs had been assessed and management plans were in place. A relative told us they considered any risks were well managed. They said the support workers knew their relation very well. They told us they and their relative had been involved in discussions and decisions about how risks were managed.

Where risks were identified staff were informed how to reduce and manage these risks. Support workers told us and records we saw confirmed there was detailed information about how to manage risks to people's health and wellbeing. One support staff told us how risks regarding a person's behaviour had reduced over time and there were systems in place to help them monitor these changes

We looked at a person's care file and found risks had been discussed and the person was involved with these meetings. We found support plans provided clear guidance for staff and agreed measures had been put in place to manage any risks. This showed that action had been taken to promote the safety and welfare of people who used the service.

Personal emergency evacuation plan (PEEP) was in place, but these were generic. PEEP information was used to inform support workers of people's support needs in the event of an emergency, such as an evacuation of the building. There was a contingency plan in place to supply additional support should the need arise. The registered manager told us they had been advised by their local fire officer to create a plan that identified the level of support people would require if there was a need to evacuate the building. We saw the provider had implemented a traffic light system which told support staff and the fire officers who

was high risk. Fire evacuation tests took place every three months and the fire equipment was tested weekly.

The provider employed sufficient support staff to meet people's individual needs and keep them safe. We received positive comments from people who used the service and one relative about the availability of staff support. One person told us staff were always there to help them. A relative said, "Staff consistently interact with [name] there are quite a few of them and they work well with [name]."

Support staff were positive about the staffing levels provided. They said constant care was provided as a regular staff group was in place. One support staff said, "There are enough staff to meet people's needs, as some people require one to one support and others require two to one support." Another staff member said, "Staff cover each other when staff were absent." They also told us they felt staff were deployed appropriately with the right skill mix.

The provider had safe recruitment and selection processes which were followed. The files contained all relevant information and appropriate checks had been carried out before staff were employed. The provider had ensured references, proof of identification and a criminal record check had been received before staff commenced work. This reduced the risk of people being supported by inappropriate staff.

People's medicines were stored and handled safely and people received them in a safe way. One person told us they received their medicine as prescribed. Records we looked at showed, that people had been asked how they would like their medicines to be administered.

We found appropriate arrangements were in place for managing and handling medicines. There were systems in place for reporting medication errors and where this had occurred, appropriate steps had been taken. Protocols for PRN medicines 'As Required' were in place. These protocols identified how and when a person should take these medicines.

People's medicines administration records (MAR) provided staff with information that helped them administer medicines safely. Photographs were placed at the front of each person's record to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies and how they would like to take their medicines, for example with water or food. We observed staff administering medicines to people and they did so in a safe way. There was a colour coded system to ensure people received the correct medicine at the correct time and as written on their prescription. We saw that it was identified and recorded when a certain medicine had been discontinued.

Staff told us they had completed medicine training and we checked to make sure the training was in date. The registered manager told us the provider had a system in place to check and ensure staff were keeping up to date with all relevant training, which included medicines.

The registered manager told us they were responsible for auditing the MAR records on a monthly basis to ensure they were completed correctly. We found audits and assessments were completed and medicines were stored in accordance with current safety standards. Regular checks of the temperature of the room the medicines were stored in were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures recorded were within safe limits. This showed there were suitable arrangements in place for the safe storage of medicines.

Is the service effective?

Our findings

Most people were unable to tell us if their care was relevant to their needs, but we observed people received care that met their needs. One relative gave positive feedback and commented about the effectiveness of the care their family member received and how it was relevant to the person's needs. We found people were involved in everyday choices about their life and their wishes and preferences that met their individual needs.

Records confirmed that new support staff had received an induction that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Support staff told us they had opportunities to meet with their line manager to discuss their work and development needs. The staff we spoke with told us they felt they had sufficient training. One staff member said, "I have had lots of training. I feel comfortable supporting people." Staff told us they felt supported by the registered manager. Staff said they received supervision and appraisals regularly. The registered manager told us they observe staff care practice to ensure they were providing effective care. Staff files we sampled confirmed what staff and the registered manager had told us.

Staff had a good understanding of how to support people who may present behaviours that challenge. They could explain how they supported people and how they ensured the person involved and others were safe. We reviewed records which showed how examples of these behaviours had been addressed. Where needed, changes to people's care plans had been made to reduce the risk of reoccurrence and to educate staff further on how to manage them.

The registered manager gave us an example of how they had supported a person who was living with dementia. They told us how the staff had received specialist training to ensure the person received effective care. We saw information that commended the service for the good work they had done to make sure the person had a consistent routine and was engaging with activities and other people. Something the person did not do before receiving support from the service.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the requirements of the MCA were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment and best interests documentation had been completed. Staff showed an understanding of the principles of MCA and we saw they had received training regarding this.

People were unable to confirm fully that they had given consent to care and support. The registered

manager told us although people were not always able to communicate their consent verbally they did indicate agreement through thumbs up or used body language to identify they had consented. One staff member told us they used a sign language called Makaton (Makaton is using signs and symbols to help people to communicate.)

One person told us by using sign language that they were supported to make their own choices and decisions about what they did on a daily basis. We saw processes were in place to ensure the person was able to give consent.

People were supported to eat and drink sufficient amounts and to maintain a balanced diet. One person told us they liked baking and going shopping. Staff told us they provided a weekly menu. We saw the menu was placed in the kitchen. People had their own food cupboard with a list of foods they liked and disliked. This was also recorded on their care plan.

People were encouraged and supported to lead a healthy lifestyle. Where people agreed, they were weighed regularly to enable staff to monitor any excessive weight loss or gain. Where needed, people were offered the choice of speaking with a GP or dietician about their weight.

Staff told us and records confirmed they had completed food safety training. One staff member told us people were supported to prepare food while staff observed them. The registered manager told us people were able to eat whenever they wanted to and those that were able were encouraged to develop their own independence with preparation and cooking of their own meals with support.

People were supported to maintain their health. Records confirmed that people were supported to see a GP, optician and attend hospital appointments when required. A relative told us staff monitored their family members health needs and kept them informed of any changes.

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and with family. We found family were able to visit at any time. People received care and support from staff who were kind and caring.

The staff we spoke with had a good understanding of people's needs and could explain what was important to them. People's care records contained detailed information about them which provided staff with the information needed to support them with forming meaningful relationships.

Staff interacted with people in a positive and caring way. We observed staff sit and talk with people, listening to what they had to say and showing a genuine interest in their views. We observed a jovial discussion about music videos which people and staff contributed to equally, with both enjoying the conversation.

Staff spoke passionately about the support they provided for people and showed a genuine empathy and understanding of each person's individual needs.

People were supported to express their views and be actively involved with decisions about their care and support. Relatives told us they felt involved in how their family members care was delivered, because the staff always kept them informed on a regular basis. Care records contained information which showed that people and their relatives had been involved in the development of their care plans. Care plans contained information regarding the person's life history and their preferences. Care plan audits and reviews had taken place and reflected a person's needs.

Information was available for people if they wished to access and receive support from an independent advocate to make major decisions. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. This information was easily accessible for people within the home.

Throughout people's care records we saw numerous examples where people's ability to perform daily tasks independently of staff had been assessed. This included carrying out domestic tasks around the home. We saw this was incorporated into daily activities. The registered manager told us they and their staff encouraged people to do as much for themselves as possible and they felt this had a positive impact on the person themselves, but also for the others living at the home.

People were treated with privacy, dignity and respect. One relative said, "Staff are well mannered and very respectful to [name]." We observed staff encourage one person to be independent and respectful to their wishes. For example, the person liked their own space and retreated to their bedroom for a nap during the day. Support workers respected this, but also made regular checks to make sure the person was all right.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We observed staff responding promptly to people when they required assistance or support. People's care and support needs were written in individualised plans that described how staff should provide support for each person and what they needed to do to provide personalised care.

We spoke with one person and they told us they liked to go out to a day centre and staff supported them to do this. Another person did not leave their home very often, but with staff perseverance and encouragement they now go shopping and out for coffee.

There was a clear emphasis on supporting people with leading their lives in the way they wanted to. Throughout the inspection we observed people deciding what they wanted to do, where they wanted to go and what support they needed from staff. The staff respected people's choices and offered people the support they needed to follow their chosen activity for the day. We saw a care plan review meeting was taking place on the day of our visit. This showed us people and their family were involved with discussions about people's care needs.

People were encouraged to access activities in the local community that supported people living with a physical and/or learning disability. People's care records contained detailed examples of the activities that people had been involved in. These ranged from day to day activities such as going to the shops and or going away on holiday. Two people had won awards for their achievements and goals and participating in an activity they enjoyed.

We saw staff kept daily records of people's experiences. This monitoring helped staff note changes to a person and identify any triggers for when the person became unwell. This meant staff could respond quickly, as they would know the sign that identified changes in behaviour that may challenge others. Agreed control measures would be used to help manage any risk to the person's health and wellbeing.

People and their family members told us they knew what to do if they had a complaint or problem. The person told us who they would speak with if they had any concerns or complaints. They had access to the complaint procedure and we saw this was available in different formats. There were systems in place to monitor and take action should a concern or complaints arise. The registered manager told us they had not received any concerns in the last 12 months. Records we looked at confirmed this. We saw where complaints had been raised these had been dealt with as per the providers policy and procedures.

Is the service well-led?

Our findings

The registered manager told us there had been no safeguarding incidents since the last inspection. However, we found there had been two incidents that were potential safeguarding incidents. One person received a head injury on two separate occasions. These incidents were not submitted to the Care Quality Commission (CQC). This meant that CQC was not able to monitor safeguarding or incident's effectively. We found guidance from the provider dated October 2015, which highlighted the process of reporting incidents to CQC, however this had not been followed correctly. When asked, the registered manager they told us that this has been an oversight, and in future they would notify CQC in a timely manner.

The provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

People and their families had the opportunity to be involved with the service. Relatives and the registered manager told us they had regular contact. One relative said, "They keep me well informed." The relative also gave positive feedback about the service. We saw satisfaction surveys had been completed by people with support from the staff.

Support staff told us that they felt valued and involved in the development of the service. They said that communication was good with the registered manager. This included daily staff handover meetings and staff meetings.

Management, staff and people living at the home all appeared to enjoy each other's company. The registered manager contributed to the friendly and positive atmosphere through their relaxed and open approach to managing the home. Staff also spoke positively about the registered manager. One staff member said, "I am fully supported by my manager."

The registered manager told us they regularly met with their area manager to discuss best practice for the home. They told us they discussed the things that worked well and the things that could be improved to help them increase the quality of the service that people received.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and the representatives of the provider. The registered manager told us they completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication and health and safety.

A registered manager was in post. All staff we spoke with felt the registered manager was approachable and listened to their views or concerns. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including those of night staff.

The registered manager told us their biggest achievement was providing people with effective care. The registered manager said that when one person first received support there was a great deal the person would not do, but with perseverance and encouragement the service had improved the person's quality of life. We saw this confirmed in care plans we looked at and observed how the person was undertaking daily tasks.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice.