

Care Management Group Limited

# Care Management Group - 32 Mays Lane

## Inspection report

32 Mays Lane  
Stubbington  
Fareham  
Hampshire  
PO14 2EW

Tel: 01329668833

Website: [www.achievetogether.co.uk](http://www.achievetogether.co.uk)

Date of inspection visit:  
24 September 2019

Date of publication:  
16 October 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?

Good ●

# Summary of findings

## Overall summary

### About the service

32 Mays Lane provides residential care for up to 5 people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were five people living at the service.

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 deputy 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

Relatives and staff told us 32 Mays Lane was a safe place for people to live and our observations reflected this. Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with their care and how to minimise these. Enough staff who had been recruited safely were available to meet people's needs.

People's needs were met in an individual and personalised way by staff who were kind, caring and responsive to their changing needs. 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.

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. People were supported to engage in a variety of activities of their choice, both in the home and out in the

community.

The service had clear values and a commitment to providing high-quality, person-centred care. Staff were clear about their roles and the standards expected of them. Staff felt valued by the management team. Effective governance systems were in place to monitor the quality of care provided and records maintained.

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

#### Rating at last Inspection

The last rating for this service was good (published 19 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Care Management Group - 32 Mays Lane

## **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 inspection was conducted by one inspector.

#### Service and service type

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

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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the communal areas of the home. We spoke with five members of staff including the deputy manager, care staff and the regional director. We reviewed a range of records. This included three people's care records and medication records; three staff files in relation to recruitment and additional staff supervision records; a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We received feedback about the service from two people's relatives.

# 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines as prescribed. Arrangements were in place for obtaining, safe storage, administering and disposing of medicines in accordance with best practice guidance.
- Where medicines were prescribed to be administered on an 'as required' (PRN) basis, protocols to guide staff were detailed and personalised.
- However, there was not an effective system in place to monitor the effectiveness of people's PRN medicines. Following the inspection, the deputy manager told us they had put systems in place to effectively monitor PRN medicines.
- The provider had signed up to the STOMP pledge. STOMP is a national NHS England campaign which is aimed at stopping over medication of people with learning disabilities, autism or both. We found people were not prescribed medicines that can unnecessarily sedate or restrain people.
- Staff had been trained to administer medicines safely and this was reassessed annually as part of a formal competency assessment.

### Staffing and recruitment

- People were supported by appropriate numbers of consistent, permanent staff.
- Relatives told us there were enough staff and staff confirmed this. One relative told us, "Levels of staffing are just right, staff have plenty of time."
- We saw there were enough staff to care for people safely during our inspection.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

### Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed to protect people from the risk of abuse.
- Relatives and staff told us they felt the service was safe. One relative said, "Yes, it is most definitely safe, I have no worries about that."
- Staff had received safeguarding training and were aware of the action they should take should they identify a safeguarding concern. Staff were confident that any concerns would be acted on by the management team.
- Records confirmed the management team reported concerns to the relevant agencies and undertook investigations where these were required.

### Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed and monitored. These were based on individual needs, for example, specific health conditions and behaviours that could pose risks to people and others.
- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support to help people learn new skills or enjoy experiences such as accessing community services.
- The provider managed risks relating to the premises with regular safety checks and assessments.

#### Preventing and controlling infection

- The home was clean and hygienic.
- Staff completed regular cleaning, in accordance with set schedules.
- The laundry room was cramped. However, it was tidy and organised, and staff operated an effective system to reduce the risk of cross-contamination between dirty linen awaiting washing and clean linen that had been washed.
- Staff received training on infection control and were provided with personal protective equipment such as disposable aprons and gloves.

#### Learning lessons when things go wrong

- The service had an effective system for reviewing incidents to learn lessons. Incidents and accidents had been identified and actions taken to reduce the likelihood of them happening again.
- Monthly management meetings took place with the provider which enabled the management team to share learning from incidents/accidents and complaints in the provider's other homes and to reduce the risks in future practice across the provider's services.



# 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 and choices were assessed prior to them moving into the home and regularly thereafter.

Detailed support plans were developed from this information.

- Care was planned and delivered in line with people's individual assessments and support plans.
- Technology was used to help manage people's health conditions. For example, an epilepsy mat was placed under the mattress for one person, this alerted staff if the person experienced a seizure and meant they could be helped promptly.

Staff support: induction, training, skills and experience

- The service provided a comprehensive induction programme for new staff. Ongoing training was kept up to date.
- Staff received a range of training opportunities to enable them to deliver effective care and support for people living with a learning disability; such as autism awareness, positive behaviour support and communication training.
- People's relatives thought staff were well trained. A relative told us, "They all know about the residents and have a good knowledge of rules and regulations so the training must be excellent."
- Staff received regular supervision and staff confirmed they felt well supported.

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

- People were supported to maintain a balanced diet and had enough to eat and drink.
- Staff knew people's food preferences and people received food of their choice. Where people had specific dietary needs, these were known by staff and well planned for.
- Staff followed guidance from professionals regarding people's eating and drinking needs and this guidance was recorded in care plans for staff to follow.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to achieve good outcomes for people and people were supported to access healthcare services and support appropriately. One relative told us, "The thing that impressed me was they brought in a behavioural specialist who wrote up a very detailed report and developed a strategy, all staff followed it which has worked extremely well."
- People's health needs were clearly recorded in their support plans and contained information from a range

of health care professionals. Care records demonstrated that staff followed any guidance issued by healthcare professionals.

- When people were admitted to hospital, staff provided written information about them to the medical team, to help ensure the person's needs were known and understood.
- Staff worked well together to ensure that people received consistent, timely, coordinated, person-centred care and support.

Adapting service, design, decoration to meet people's needs

- The provider had identified that the environment required modernising and updating. Some communal areas were in need in redecoration and part of a communal area had been sectioned off.
- The sensory room was out of action and although staff told us this did not appear to have a negative impact on people, it meant people could not make use of this facility. The National Autistic Society have highlighted the benefits of a sensory room for people who live with learning disabilities, including stimulating the senses and improving behaviours and mood.
- We discussed our concerns with the regional director who told us that plans were in place to address this. However, they were unsure as to when these issues would be rectified.
- Work had recently been undertaken to redecorate people's bedrooms. People had been involved in choosing how they wanted the decor and we saw that people's bedrooms reflected their preferences and interests.
- Level access was available to an accessible rear garden, meaning people could access this when they wished to do so.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- We observed staff ask people for consent before supporting them and relatives confirmed that staff included people in decision making where possible.
- Where people did not have capacity to make decisions, they 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 completed training and demonstrated a good understanding of the MCA. They had an in-depth knowledge of people's preferred communication methods and provided the support people needed with making daily living choices.
- Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these as required.

# 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 the rating has stayed 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 caring staff. One relative told us, "The staff are helpful, caring and pleasant, they take a personal interest in the clients and are very supportive."
- We observed positive interactions between people and staff and it was evident people trusted the staff that were supporting them.
- People's lifestyle and equality needs had been identified in their care records. Staff knew what was important to people in relation to their equality needs and the support they might need to maintain them. Staff confirmed that all people were treated fairly regardless of any protected characteristics they may have.
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living at the home. Visitors could come to the service at any time and relatives told us they always felt welcome.

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

- People were supported to express their views and make decisions about their care. One relative told us, "The emphasis is on helping [Name] to decide what she wants to do, staff will then respect her choices."
- Records confirmed that people, and where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided.
- Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend their time.
- Effective communication guides provided clear guidance to staff about how each person communicated. For some people who could not verbally express themselves there were guides which included details of what they might do and what this usually meant. Staff had a good understanding of the different ways people communicated.

Respecting and promoting people's privacy, dignity and independence

- Promoting people's independence was integral in the service. Relatives were positive about the new skills people had learnt which enabled greater independence. One relative told us, "The focus is on what [Name] can do and developing that, they never assume she can't do anything and it's been surprising what she can achieve."
- Staff demonstrated enthusiasm about supporting people to become more independent. One staff member told us, "[Name] has come so far in the time I've worked here. He has come such a long way, it's amazing to see."

- Support plans included information about what people could do for themselves and records of staff meeting minutes demonstrated that the team worked together to help people become as independent as possible.
- Care was provided in a way that respected people's privacy and dignity. Staff provided examples of how to protect people's privacy and dignity such as closing doors and curtains when they were supporting people with personal care.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately.

# 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 has now remained the same.

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

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

- People continued to receive personalised care that was responsive to their needs. One relative told us, "They [staff] are extremely responsive, they know [Name] so well and all his likes and dislikes."
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were very knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Observations of staff showed them to be understanding and responsive to people's needs. For example, one person could have rapidly changing moods, which could mean they quickly became upset. We saw staff respond effectively with this person and used positive support and reassurance to help the person feel happy and calm again.
- People were supported to achieve their goals. Goals were monitored and reviewed to ensure they were achieved where possible. For example, one person wanted to go on holiday once a year and swim regularly. We saw they had achieved this.
- Staff had a good understanding of how to provide person centred care and all staff we spoke with felt this was achieved at 32 Mays Lane. One staff member told us, "Everything we do here, we do for each individual and what suits them the best."

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.

- The provider was working within the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively. Staff had a good understanding of people's differing communication needs.
- People were provided with information in a way they could understand which helped them make decisions about their care. For example, some information was provided in an easy read format, for other people, pictures or objects of reference were used. The deputy manager described how they had recently got a computer tablet for one person and used a particular application to aid communication.

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

- People were provided with opportunities to participate in a range of activities of their choice both within the home and on regular outings to the local community. The deputy manager told us of their passion to ensure people were able to enjoy a variety of activities and described how all staff had worked hard to maximise opportunities for people.
- Some activities were planned with people and these included activities such as swimming, meals out and shopping. Where activities had not been planned, we saw staff encouraged people to engage in something they may enjoy. For example, during the inspection, one person was encouraged to play their musical instruments and another person was supported to go for a walk along the beach.
- Some people had recently returned from a holiday. Staff had supported them and were positive about how much people had enjoyed it. One staff member told us, "It was absolutely amazing to see them [people] enjoy themselves so much, they loved every single minute of it and so did I."
- Birthdays and special occasions were celebrated within the home and shared with everyone living there. One relative told us, "The staff arrange a lot, like parties and they include others from local homes. There were several birthdays in July, the staff arranged a barbeque with entertainers, food and music, it was brilliant."

#### Improving care quality in response to complaints or concerns

- A complaints procedure was available and provided in an easy read format for people.
- Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result. One relative told us, "I've never needed to complain, if I did, I would talk to [registered manager], I'm sure she would listen and act on it, she's easy to talk to."
- The deputy manager confirmed that no formal complaints had been received in the last year.

#### End of life care and support

- The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our visit.
- The deputy manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.

## 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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, management team and staff were highly committed to delivering person centred and high-quality care for people. People received support that was developed in line with their needs and wishes.
- Relatives were positive about the culture and leadership of the service. One relative told us, "It feels very much like home, it's like walking into a family. There is always a happy atmosphere and the staff are all very positive." Another relative said, "The manager is good at leading the team, there's a good culture."
- Staff felt valued and supported by all members of the management team. Comments included, "[Regional director] is excellent.", "[Registered manager] is lovely, approachable, upbeat and hands-on." And "[Deputy manager] is always willing to give advice and help us." All staff told us they enjoyed working at 32 Mays Lane.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The provider had informed appropriate authorities of any reportable incidents, including safeguarding and serious incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The service had clear lines of responsibility and accountability with a structured management team in place.
- Staff had been supported to understand their responsibilities to meet regulatory requirements. The provider had policies and procedures to help them consistently provide people with good outcomes. These included best practice guidance and regular training. Staff had also taken part in an exercise where they recorded what they thought made the service, safe, effective, caring, responsive and well-led. The regional director told us this helped staff to understand the impact of their work and staff told us this had been useful.
- The staff team were motivated and as a result, people were cared for by competent staff who knew them well. Staff understood risks and how to act in the event of an emergency.
- The provider had an effective quality and auditing system in place to ensure the quality of care provided remained consistent and of high quality. Where areas were identified as needing improvement, these were actioned. For example, a new bed had been ordered for one person so their assistive technology worked

better.

- The regional director told us that information was shared between the provider's services to improve service provision.
- Any practice issues identified were shared with staff through team meetings and group discussions to ensure lessons were learned. Records demonstrated that when staff performance fell below standards, action was taken to address shortfalls and support the staff member to develop and improve their performance.
- We found notifications were submitted to the CQC as required by law and the previous CQC rating was prominently displayed in the home and the provider's website

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Systems were in place for gathering people's views of the service and those of people acting on their behalf. People with different communication needs were communicated with in their preferred communication style. Records demonstrated that feedback was positive.
- People's individual life choices and preferences were consistently met and people and relatives were involved in planning care and support. A relative told us that communication in the service was "excellent" and any ideas to enhance the support their relative received were promptly acted on.
- Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one meetings and staff meetings. Regular meetings were held for staff and staff told us the meetings were useful. A staff member told us, "My ideas have been taken on board."
- The service engaged with multiple health and social care professionals to ensure people received effective, joined up care. Records demonstrated multi-agency support had positively impacted on people's lives.
- Some links had been made with the community such as the local church and a lunch club which supported people's well-being.