

Care Management Group Limited

Care Management Group - Victoria House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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:

Victoria House is a residential care service providing personal care and accommodation for up to six people living with a learning disability. At the time of our inspection six people were using the service.

People's experience of using this service:

- The service was not always clean. We recommended the service ensure there were systems in place to prevent the risk of infection.
- The service did not record and learn from accidents and incidents. We recommended the service follow best practice guidance and demonstrate a culture of continuous improvement.
- People's risks were not always assessed to ensure staff could provide adequate care and support. We recommended the service assessed people's risks to ensure risks was mitigated.
- People were protected from potential harm and abuse.
- There were enough staff to provide support and staff had been recruited in a safe manner.
- People received their medicines in a safe way.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did not support this practice. We recommended the service review their systems to manage this in line with best practice.
- The service was adapted to meet the needs of people living in the service.
- The service supported people to maintain a healthy lifestyle and access support from other health and social care professionals.
- Staff were provided with adequate training and support to provide effective care.
- People received support that was caring and met their needs.
- People were supported to be independent and their privacy and dignity was respected.
- People and their relatives were involved in their care package and knew how to raise a complaint.
- The quality assurance systems in place did not identify the shortfalls we found during our inspection. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Good Governance.'
- People and their relatives spoke positively about the registered manager and the service worked well in partnership with others to improve the quality of care provided.

Rating at last inspection:

At the last inspection the service was rated Good, (published: 1 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Care Management Group - Victoria House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
Two inspectors.

Service and service type:
Victoria House 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 provides personal care and accommodation for six people living with a learning disability.

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:
Unannounced.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with the local authority commissioners and other health and social care providers to gather

feedback.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. This is known as a Provider Information Return (PIR). The provider had completed a PIR.

During the inspection it was not always possible to speak to everyone and ask direct questions about the service they received because of people's learning disabilities. However, people could express how they felt about where they were, the care they received and the staff who supported them through non-verbal communication. We observed interactions between staff and all the people using the service as we wanted to see if the service communicated and supported people in a way that had a positive effect on their wellbeing.

We spoke to four members of staff and reviewed four people's personal care records, one staff record, staff duty rotas, medicine administration records and other records relating to the management of the service such as health and safety and training records.

After the inspection we spoke with three relatives of people living at the service over the phone, and received documents to review including quality assurance and feedback records.

Is the service safe?

Our findings

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

Requires Improvement: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection:

- The service was not always clean. The wallpaper in places was chipped and the windows and units were unclean. In the bathrooms there was not always toilet roll, hand towels or hand soap; the bins had not been emptied and there was hair in the bathtubs, despite being told a cleaner had been in. In one person's bedroom we also saw their specialist equipment appeared old, unclean and had holes in it. This did not ensure people were protected from the risk of infection.
- The service had a food safety visit in January 2019 and received a score of 3/5; the report stated that temperatures were not being recorded, both for cooking food and fridge and freezer temperature. We saw no evidence of an action plan to address this; the registered manager advised they had not done this. However, temperatures were now being recorded.
- Relatives told us they found the service clean; "The place is always spotless."
- Staff told us they were provided with equipment to reduce the risk of infection. One staff member said, "We clean everything after use. Everything is individual. People have separate sponges."
- The service completed environmental risk assessments and carried out regular checks to manage fire safety, use of equipment and hazardous substances to ensure they were safe to use.
- A recommendation was made to follow best practice guidance and ensure there were robust systems in place to prevent the risk of infection within the service.

Learning lessons when things go wrong:

- We were advised that records were kept of accidents and incidents. The registered manager told us that they always analysed incidents to ensure lessons were learnt.
- However, staff did not know where these records were kept and we could only find one record from 14 January 2018; the section that required the registered managers response was blank and there was no evidence of further actions taken to minimise the risk of re-occurrence.
- A recommendation was made to follow best practice guidance and ensure the service demonstrated a culture of continuous improvement and provided safe care and support.

Assessing risk, safety monitoring and management:

- Individual risk assessments were in place for different support needs including personal care, communication and nutrition. These were reviewed every six months or when a risk changed.
- We found that one person who had a specific condition had reviews from relevant health professionals and measures had been put in place to keep this person safe from harm. However, there was no risk assessment in place which meant staff were not guided to keep this person safe. This meant people were not always being supported to manage risk and stay safe.
- A recommendation was made to follow best practice guidance and ensure the service assessed people's

risks to ensure potential harm was mitigated.

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

- Relatives told us they felt their loved ones were safe. One relative said, "I have always felt [person] is safe and well-looked after."
- The service had not raised any safeguarding alerts; however, staff demonstrated an understanding of safeguarding and how to keep people safe from potential harm or abuse.
- Records confirmed all staff were up to date with safeguarding training.

Staffing and recruitment:

- Relatives and staff told us that there were enough staff available to provide safe care and support to people. One relative said, "[Person] gets 1-1, [person] is never on their own."
- The staff rota, and observations confirmed there were five staff on each shift; this ensured people who required 1-1 support and other people all had staff available to support them.
- Safe and effective recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) criminal record checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. This meant that the service could be assured that staff employed were suitable to provide safe care.

Using medicines safely:

- Relatives trusted staff to manage people's medicines. One relative said, "[Staff] help [person], no problems there."
- Records confirmed that all staff had received medicines training and staff told us that they were confident with supporting people to take their medicines. Medicine Administration Records (MAR) included details on how to administer medicines, the person's medical diagnosis and allergies and showed that medicines were given as prescribed. MAR were audited monthly. This demonstrated that people received their medicines in a safe way.

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:

- Pre-admission assessments were not in place. The registered manager advised no new people had moved into the home since the current provider took over. The registered manager told us if new people were to move in they would complete a pre-admission assessment to demonstrate how the service could ensure they could provide appropriate and person-centred care for people.

Staff support: induction, training, skills and experience:

- Staff told us, and records confirmed they received an induction into the service. One staff member said, "I am very confident to work in this kind of job. I got all the training I needed." Inductions include shadowing members of staff, and reading policies and procedures.
- Records confirmed the service provided ongoing training for staff. One staff member said, "I do all the training, I have done epilepsy, medicines, safeguarding. I refresh every year."
- Relatives felt staff were knowledgeable; "[Person's] needs are carefully met." This demonstrated the service ensured staff could provide effective care and support.
- Staff told us, and records confirmed they received regular supervision and an appraisal. One staff member said, "We get supervisions, we look at what is done, how to make life better for [people]." This meant staff performance was regularly reviewed to ensure they were providing care and support of a high standard.

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

- The service supported people to keep hydrated and have a healthy diet. One relative told us, "Yea [person] eats well."
- One person had a specific condition that required support during mealtimes; in the kitchen we saw a 'mealtime place mat' that guided staff about how to support this person. Information included the appropriate position for the person to sit in and how they communicated with staff about their food. This person had a risk assessment for mealtimes in place and one staff member told us, "[Person] is at risk. We cut the food small, we make sure it is soft and all the time someone is here to support [person]." This shows people were supported to eat well, while being kept safe.
- We observed staff take a person-centred approach to supporting people during mealtimes. One person was supported to choose and make their own breakfast. Staff told us they would not have more than two people in the kitchen at a time as this would enable a supportive environment.
- The registered manager told us that people could access the kitchen at any time if they wanted to get snacks or have a cup of tea, and staff would support them. During our inspection we found the kitchen to be locked in the morning; the registered manager said this was not normal practice.

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

healthier lives, access healthcare services and support:

- Care records showed people were being supported to receive care from other health and social care professionals, including GP's, opticians and neurologists.
- One staff member told us, "We always keep other professionals updated."
- One relative said, "Previously we have spoken about [person's] medicines. We went to the doctor for a review and they said it was alright." This showed that the service worked well with other organisations to enable people to stay healthy.

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

- During our inspection we saw the whole service was in the process of being decorated. The conservatory room and kitchen were being re-painted with bright colours and there were photographs and activity boards in place. The registered manager told us people were given a choice of how they wanted their home to look; "[People] pick colour of the walls and the furniture they would like."
- The corridors had pictures on the wall, and each person's room was identified by their name.
- In people's bedrooms, furniture was old and in some cases broken. One staff member said, "We replace [people's] furniture regularly but when [person] sees new things [person] damages it." This person's care plans documented individual behaviour around damaging property and the importance of only buying specific products to ensure the risk was minimised.
- This shows the service was adapted and decorated to meet the needs of the people living there.

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 with appropriate legal authority. In care services, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service did not have consent forms in place for people, and best interest meetings had not been held to see where other relevant people could consent to people receiving care and support.
- We reviewed DoLS paperwork, and found that these authorisations were mostly in date; however, for one DoLS application there was a four-month gap between the application being signed off by the relevant local authority, and completion of new application. The registered manager told us the previous deputy manager had lead on this process and was not sure why there would be a gap.
- A recommendation was made for the service to follow best practice guidance and the ensure the monitoring of DoLS applications and the recording of consent was clearer.
- However, staff were able to give examples of seeking consent and supporting people in line with their best interests. For example, one person became visibly upset and communicated through their own sign language when they were reminded of their daily activity plan; staff understood this person no longer wanted to participate in this activity. Instead, this person was supported to relax at service.

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 partners in their care.

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

- Relatives told us staff were caring; "[Staff] pick up on [person's] moods and behaviour as [person] can't talk. They always look after [person] well."
- Staff could demonstrate how they provided emotional support to people. One person became upset and communicated this through sign language; the staff member explained to the person what was happening in terms of the inspection and reassured the person that they were okay. The person responded by hugging the staff member and said, "You are my friend."
- One staff member told us, "[Person] is more slow to process information and will stare for a while before responding. Don't worry if [person] doesn't respond straight away, be patient." This showed people's needs were understood.
- Staff demonstrated an understanding of the importance of equality and diversity. They told us people should not be discriminated against and all people should be treated equally. We found that people's care plans covered topics around sexuality and religious and spiritual beliefs. This showed that the service worked in a caring manner to ensure people's needs were met in a non-discriminatory way.

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

- The registered manager said family members were involved in reviewing people's care plans. Relatives told us, "Yes there are regular reviews, I am informed and I go there. I find them helpful." Another relative said, "We did find them helpful, there was a representative from the local authority. I can look at reviews any time I like." This showed that people's relatives were supported to be involved in making decisions about their loved one's care and support.

Respecting and promoting people's privacy, dignity and independence:

- The service supported people to be as independent as possible. Each person had their own coloured laundry and laundry boxes; this was to encourage a sense of independence and support people to manage their own belongings. Staff told us of one person who, "Loves to arrange" their towels and laundry. We saw one person being supported to do their laundry.
- One staff member gave an example of how a person had become more independent with their personal care and how they respected their privacy and dignity. They told us, when the person first moved into the service they were unable to manage personal care and instead would watch the staff members while they were doing it. The staff member said, "I realised [person] was watching, and learning. Now every morning we ask [person] and if they put their thumbs up it means [person] can do it themselves. [Person] couldn't do this a year ago. We make sure it is done in private."
- There was an unlocked cupboard with confidential documents in; these were not being stored in line with best practice guidance on confidentiality. We discussed this with the registered manager who advised they

would address it as a priority.

- This showed that the service knew how to support people to be as independent as possible and respect their privacy and dignity, and improve their wellbeing.

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:

- Relatives told us the service provided personalised care and support, "Staff understand [person] well. [Person] likes music, going dancing, films. [Person] has developed these interests since being there which [person] enjoys and makes [person] happy." Another relative said, "They know [person] well, they interact very well. [Person] likes going out for a walk. They do this."
- Staff gave examples of how they provided care and support that was person-centred. One staff member told us the service supported people to have days out; "We try to keep it to low numbers, we are mindful of the public, it is better this way." Another staff member told us, "We do lots of activities. Going bowling, and to the park. [People] like being busy."
- The service had created staff profiles for people to be able to choose their own key workers; the profiles included information about staff members favourite colour and music.
- Individual care plans recorded people's preferences and guided staff to meet their needs. Each person had their own activity timetable; for example, one person had rituals in place around personal care and staff were mindful to respect and adhere to this as, 'Failure to do so may lead to anxiety or failure to achieve task.' This showed that people were provided with person-centred care.

Improving care quality in response to complaints or concerns:

- The service had a complaints policy in place and records confirmed complaints were managed appropriately. On one occasion there had been a complaint raised by a member of the public regarding noise; the team met to discuss if any change to practice was required and met with the complainant. The local authority also visited to review any practical changes that could be made.
- Relatives told us they knew how to make a complaint and had confidence in the service to respond to these appropriately. One relative said, "Yes, I feel comfortable, you can approach [registered manager] any time and I have queried things and [registered manager] is always ready to answer."
- We found that the service was working in line the Accessible Information Standards (AIS). Organisations that provide NHS or adult social care must follow the AIS by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint as well as explain their care and support.
- We saw complaints posters in people's room and a complaints form and fire drill in the main corridor in pictorial format. This meant that people were supported to keep themselves safe.

End of life care and support:

- People were supported to discuss and manage plans for when they reached end of life. Within people's care plans, end of life information was regularly updated. One person's care plan said the person would, 'Pick own flowers.' This showed the service was working in line with best practice guidelines to ensure

people received appropriate and person-centred end of life care.

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.

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Systems in place to monitor the quality and safety of care and support provided were not always effective. The registered manager completed quality assurance audits including care plan reviews and unannounced spot checks. However, the shortfalls we found regarding infection control, the analysis of accidents and incidents, risk assessments, the monitoring of DoLS and the recording of consent had not been identified.
- We also found shortfalls in the monthly audits. We found that in January 2019 an audit had not been completed. We reviewed the audit for December 2018 and found the records indicated two staff members last had an annual appraisal in January 2017. The registered manager advised this was incorrect and they had not filled in their audit correctly. Records confirmed these staff members had received annual appraisals. We reviewed the audit for November 2018 and found the records indicated the last support plan reviews for two people were March and September 2016. The registered manager advised this was also incorrect, and records confirmed people's care plans were reviewed every 6 months.
- These monthly audits were signed off by the regional manager who had not picked up on these errors. This demonstrated that the management team did not have clear oversight of the running of the service which could lead to poor care and support being provided to people.
- Within individual folders that contained policies and procedures we found they had expired in October 2018 and the up to date versions had not been printed out. Although the up to date versions of the policies and procedures were available on the staff internet there was a risk that staff could refer to the out of date copies and as a result provide care and support that was not in line with up to date, best practice guidance.
- Systems and processes were not effective in assessing, monitoring and improving the quality of care at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Good Governance.'

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:

- People interacted well with the registered manager; people were observed to hug and laugh when communicating with the registered manager, and wanted to be by their side during the day.
- Relatives spoke positively about the registered manager; "I get on excellent with [registered manager], and I generally deal with the staff, I get on well with all of them, I know most of them."
- Staff told us, "We work as a team, we help each other, we get on well."
- The registered manager told us they felt supported by their line manager.
- This showed there was a clear sense of a positive management team that ensured people, relatives and

staff felt supported and able to provide person-centred, high-quality care and support.

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

- Records confirmed the service sought feedback through meetings and surveys from people, relatives, professionals and staff. Relative meetings discussed topics including activities available for people, and food of choice.
- Relative feedback was positive. One relative said, "[Service] caters well for the integration of all [people] irrespective of their disabilities." Another relative said, "My [relative] is well cared for and the staff are wonderful."
- Staff attended monthly team meetings. One staff member said, "At team meetings we discuss activities, health and safety, [people] and their personal care and health appointments."
- This showed that the service involved all people receiving care and those delivering care to ensure high quality care is provided.

Working in partnership with others, continuous learning and improving care:

- The service demonstrated a positive working relationship with other health and social care professionals. One professional told us, "The [registered manager] has been cooperative with us." Another professional said, "Sensible care [is] given to [people]. [People] are monitored and brought in early for assessment."
- The registered manager told us, and records confirmed they kept up to date with best practice and professional development by attending local authority partnership meetings and training.
- This showed that the service worked well with other organisations to ensure the service was well-led and people received support that was informed by best practice and up to date guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service had failed to ensure sufficient quality assurance and governance systems were in place to identify and improve the service.</p>