

Care Management Group Limited

Care Management Group - 23 Pierrepont Road

Inspection report

23 Pierrepont Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Care Management Group - 23 Pierrepont Road is a care home for up to 11 adults who have a learning disability and may also have other health conditions, autism, mental health needs or physical disabilities. The service is managed by Care Management Group (CMG) Limited, a national organisation providing care and support to adults and children with disabilities in England and South Wales. They manage over 120 services, including other residential care homes, day centres and supported living services. At the time of our inspection nine people were living at 23 Pierrepont Road. The people living there had a range of different mental health, learning and physical disability needs. There was a registered manager in post who had worked at the service for many years.

At the last inspection on 14 July 2015 we rated the service Good.

At this inspection on the 27 June 2017 we found the service Good.

People living at the service and their relatives were happy with the care they received. They felt at home and were able to make choices about their lives and how they spent their time. The staff treated people with kindness and respect and there was a friendly and caring atmosphere at the service. People's needs were assessed, planned for and met by the staff working with other health care professionals. People took part in a range of different activities which met their needs and reflected their preferences.

There were procedures designed to keep people safe. These included assessing individual risks and planning how to minimise the likelihood of harm for people. People received their medicines in a safe way and as prescribed. The staff understood about abuse and how to report any concerns they had. They also knew how to report and respond to inquiries and incidents.

There were enough staff to keep people safe and meet their needs. The staff team worked well together and supported one another. Communication within the staff team was good and they planned how to meet people's needs each day. The staff felt supported and told us they could speak with the registered manager about any concerns they had. They took part in regular team and individual meetings and an annual appraisal of their work. There were good opportunities for the staff to learn new skills and take part in training which helped them to understand their roles and responsibilities.

The service was well-led by an experienced manager who worked alongside the staff team to support people who used the service. There were good systems for auditing the quality of the service. Records were appropriately maintained, clear and up to date. The registered manager told us that the provider was supportive and they had the guidance and information they needed.

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 remains Good.

There were procedures designed to keep people safe and for recognising and reporting abuse.

The risks people were exposed to had been assessed and planned for.

People received their medicines in a safe way and as prescribed.

The environment was safely maintained.

There were enough staff who had been recruited in a suitable way.

Is the service effective?

Good ●

The service remains Good.

People were cared for by staff who were well supported, supervised and trained.

People's capacity to consent had been assessed and the provider acted in accordance with the Mental Capacity Act 2005, allowing people to make decisions or making these in their best interest when they lacked capacity to do so themselves.

People were supported by the staff working with other healthcare professionals to make sure their health needs were assessed, monitored and met.

People were able to make choices from a range of freshly prepared and nutritious food.

Is the service caring?

Good ●

The service remains Good.

People were cared for by kind, polite and supportive staff.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service remains Good.

People were supported in a way which met their needs and reflected their preferences.

People's care was planned and the staff encouraged people to maintain their independence, learn new skills and access the community.

People took part in a range of social, leisure and educational activities.

People knew how to make a complaint and felt able to speak with the registered manager or staff about any concerns they had.

Is the service well-led?

Good ●

The service remains Good.

There was a positive and inclusive culture at the service.

The service was appropriately led with clear lines of responsibility.

The provider undertook audits to make sure they provided a quality service and learnt from mistakes, incidents and feedback from other stakeholders.

Records were up to date, accurate and clear.

Care Management Group - 23 Pierrepont Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 27 June 2017 and was unannounced. This was a comprehensive inspection and was carried out by one inspector.

Before the inspection we looked at all the information we had about the provider. This included notifications of significant events and safeguarding alerts.

During the inspection visit we met eight of the people who lived at the service. We also met the registered manager, deputy manager and five support workers. We talked with people who lived at the service and the staff. We observed how people were being cared for and supported. We looked at the environment. We also looked at the records the staff used which included the care records for three people who lived at the service, records of accidents and incidents, meeting minutes, audits and quality checks, how medicines were managed and the recruitment and training records for four members of staff.

Following the inspection visit we contacted and spoke with the relatives or representatives of three people who lived at the service.

Is the service safe?

Our findings

There were appropriate procedures for safeguarding vulnerable adults. There was a file of information for the staff and posters about safeguarding and whistle blowing on display. The staff had been trained and understood about different types of abuse and who to report these to. In addition, the staff discussed safeguarding during their team meetings and individual supervision. The staff also discussed this with people using the service so they understood what constituted abuse and what to do if they were frightened or unhappy about something that happened to them. There were procedures for supporting people with their money and these included regular checks to make sure any money held on their behalf was appropriately recorded along with any expenditure.

People received their medicines in a safe way and as prescribed. Medicines were stored securely and were regularly checked and audited. The staff were trained and their competency at administering medicines was assessed annually. The records of medicines administration and supplies were accurate and clear. We witnessed staff supporting people to take their medicines and they did this appropriately.

The risks to each person had been assessed. These included risks associated with their mental and physical health, mobility and the choices they made. The assessments were clear and included instructions for staff on how to minimise risks and keep people safe. New risk assessments had been created when people's needs changed or a new risk was identified.

The building was maintained in a safe way. The staff carried out checks on health and safety and infection control. Tests and checks by external companies on water, fire, gas and electric safety were up to date and showed that the service and equipment were safe. There was a recent fire risk assessment and the staff carried out checks on fire detecting and safety equipment. These were recorded. There were individual personal emergency evacuation plans for each person who lived at the service which described how they should be supported in emergency situations.

The staff recorded all accidents and incidents and these were discussed and analysed by the registered manager with the staff. The registered manager reported all incidents to the provider and there were appropriate systems for monitoring these and identifying any trends or needs for improvement. We saw that the staff used incidents which had happened at other services, as well as their own, for reflection and practice discussions about how they could improve the way they worked with people.

There were enough staff on duty to meet people's needs and keep them safe. There were appropriate procedures for checking the suitability of new staff during recruitment. For example, staff completed an application form with full employment history and checks were made on their identity, eligibility to work in the United Kingdom, criminal records and references from previous employers. Staff were invited for an interview at the home and were subject to an induction and probationary period. The provider did not use agency (externally employed) staff at the service and vacancies and staff absences were covered by the provider's own staff working overtime or peripatetic staff who were familiar with the home.

Is the service effective?

Our findings

People were being cared for by staff who were well supported, supervised and trained.

The staff had good systems for communicating with each other and planning how people should be cared for. Each day there was a handover of information between the staff. We observed the afternoon handover on the day of our inspection. The staff used this time to share ideas and reflect on practice as well as discussing people's individual needs for that day. They planned ahead. They demonstrated a good knowledge of each person they were supporting and a desire to provide individualised care which reflected their needs, for example planning one person's birthday and discussing how to support another person when they had become anxious. The staff also used written communication books. There were monthly team meetings where the staff discussed a range of different topics. Some of these meetings were used for reflection on their work and some were used for learning, including inviting external speakers to support them. The staff all reported that communication at the service was very good with the team sharing ideas. They said that they felt well supported and had the information they needed. For example, one member of staff told us they had raised a question about a specific health condition of one of the people who lived at the service. Following this the registered manager organised for a team training session about this which the staff told us helped them to learn and change their approach. The staff told us they shared ideas about when things worked well and we saw examples of this.

The staff received a thorough induction which included a range of training and information. There was access to the organisation's policies and procedures at the service and other information about the organisation. The staff completed an induction checklist and shadowed experienced members of staff when they started working at the service. They told us that senior staff were always available to advise them and support them.

The staff completed a range of different training courses and we saw evidence of these. Some of the training was completed via an on line portal and the registered manager monitored the staff progress with this. The staff told us they also took part in classroom based training. The registered manager ensured that training updates were completed as needed. There was evidence of staff training and also how they had implemented this learning in supporting people, for example by sharing their learning with others in the team.

Each member of staff had regular individual meetings with their manager to discuss their work and individual needs. These were recorded and included an annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was acting in accordance with the principles of the Act and found that they were. Each person's capacity to consent had been assessed and recorded. The registered manager had applied for DoLS for people who lacked capacity and there was evidence that decisions had

been made in people's best interests by those who knew them best. There was information about how people communicated and made choices so that the staff could support people in the best way for their understanding. We saw evidence of this with the staff offering people choices and respecting their decisions. The staff used objects of reference, Makaton (basic sign language) and touch to support their verbal communication and allow people to have a greater opportunity to understand and make choices. For example, people were supported to make choices about how they spent their time and what they ate. People using the service met with their key workers each month to discuss their needs and if they wanted any changes. They also had group meetings to make decisions about the home.

People's healthcare needs were being met. The people who lived at the service had a range of different healthcare needs. Some of these were very complex. The staff had assessed these and there were clear plans for meeting individual needs. The staff and registered manager were able to discuss people's needs and how they worked closely with other professionals to meet these. There was evidence of regular consultations with professionals and action from these had been included into people's support plans and risk assessments. The staff monitored people's weight, health and wellbeing and recorded any changes in these. There was evidence they acted on these changes and people received the healthcare services they needed as soon as they became unwell. The staff had stayed in hospital with people when they had needed to be admitted and had supported them during their stays. The registered manager had invited some of the healthcare professionals to the service to join team meetings so that individual people's needs could be discussed and they could agree a plan to best support each person.

People were able to make choices about the food they ate and they were offered a range of nutritious and freshly prepared food. People were involved in planning their menus. Information about the menu choices of the day were displayed, although people were able to choose alternatives if they wanted. People were offered drinks and fresh fruit throughout our visit and had access to the kitchen to help themselves to drinks and snacks. The lunchtime meal on the day of our visit was a selection of fillings for wraps and sandwiches. These were placed on the dining room table and people were encouraged to make their own meal if they were able to, with others receiving support from the staff. The registered manager told us that some people were able to prepare more complex meals and cook and people were involved whenever they wanted and were able to. People's nutritional needs were recorded in their support plans. They were weighed regularly and there were plans and risk assessments where people had an identified nutritional risk. These were regularly reviewed and updated.

Is the service caring?

Our findings

People living at the service had good relationships with the staff. We saw that the staff were kind, caring, polite and supportive. They also shared jokes with people throughout the day. They spoke with people in a fond and familiar way and there was a pleasant atmosphere of warmth and trust. People were supported to make choices and the staff listened to and acted on what they said.

People's privacy and dignity were respected. The staff knocked on bedroom doors and called people by their preferred names. The staff responded appropriately and discreetly to people's personal care needs.

People were supported to be as independent as they wanted. They used the local community and were involved in planning for the service. They also took part in shopping, cooking and household tasks where they were able.

People's cultural needs were recorded in their care plan along with information about how the staff could meet these needs. The staff provided person centred care which reflected these and other needs and we saw that people were treated as individuals.

Earlier in 2017 one of the people who lived at the service passed away. The registered manager explained how they and the staff had helped to organise the funeral and celebration of their life. They had made arrangements to ensure the other people who lived at the service could say their goodbyes in the way they wanted and which was important to them.

Is the service responsive?

Our findings

People who lived at the service were supported in ways which met their needs and reflected their preferences. Each person had a comprehensive support plan which outlined their needs and how they wished to be cared for. These plans were regularly reviewed and updated and people were involved in reviewing and planning their own care. The staff recorded the support they had given to people each day and these showed that needs were being met and people had choices. The staff were innovative and creative in the ways they supported some people. For example, one person enjoyed making jewellery. The staff had supported them to sell their jewellery at stall at the organisation's conference. They were looking at other ways to promote this, for example making business cards. In another example one person had a condition which meant they were at risk of putting objects in their mouth. The staff had asked for, and had received, training specifically about this and had put in place strategies to help support the person and recognise when they felt uncomfortable and when they needed additional support.

People living at the home had varied needs and the staff met these well by offering different levels of care and support. People were encouraged to be independent where possible, making their own food, making choices about their environment and how they spent their days. Some people had complex physical and mental health needs. The staff worked with other professionals to ensure these were being met. The staff demonstrated a good understanding of each person's needs and shared ideas about best practice so they could improve the care and support they provided.

People took part in a range of different social, leisure, educational and sensory activities as groups and as individuals. During our visit some people were at work and day centres, others took part in activities in the home and some visited the community to shop, use the bank and use public transport. There was a plan of activities for each person which the staff supported people with so that they took part in different things each day but this was flexible and adjusted to meet individual needs, wishes and other factors such as the weather. We saw that people who needed structure to their day were supported with this and the staff explained changes so that they did not become anxious or upset.

People using the service were involved in helping to run the service. For example, one person was invited to sit on staff interview panels and asked potential staff questions. They were able to contribute their thoughts on new members of staff to help with the recruitment processes. People were also involved in quality audits such as health and safety checks. They had regular meetings where they discussed the service, menus, activities and also had information about important issues regarding health, personal care and safeguarding. There were posters and information around the home in easy to read format to help people understand about making a complaint, abuse, planned activities, menus and other information. We saw the staff engaging with people and offering them choices about the home throughout the day.

The registered manager told us that they involved family members and they confirmed this, telling us that they were appropriately informed of any changes in the needs of their relative. They said that they felt welcomed at the service. Some of the family members had helped by planting and looking after the garden

at the service.

There was an appropriate complaints procedure and information about this was shared with people in an accessible format. Relatives told us they knew how to make a complaint and who to speak with if they were unhappy with anything. We saw that people who lived at the service and their relatives were encouraged to contribute their ideas. There had been no formal complaints at the service since the last inspection.

Is the service well-led?

Our findings

People living at the service were relaxed and comfortable at the home; likewise the staff appeared and reported they felt at ease at the home. One member of staff told us, "It's just like a family home here." Another member of staff said, "It feels like a family, the service users and staff are all part of one big family." The staff told us the registered manager and deputy manager were supportive and always available when they needed them. We saw that there was an equality within the home with people using the service, the staff and managers sharing jokes and spending time together in a respectful and caring way. One member of staff told us, "When I came for my interview and met [the registered manager] and [the deputy manager] I knew this was the right place, the whole team is so supportive." The registered manager also praised the way in which the staff team worked. They said, "The staff do a great job", "The keyworkers go beyond the call of duty" and "The whole team works hard and is very supportive."

There was a registered manager at the service who had been in post for many years. They had previously worked as a support worker and senior member of staff before becoming the manager. They had an excellent understanding of people who lived at the service and their individual needs and they demonstrated a caring and committed approach to the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider asked people using the service and other stakeholders to complete annual satisfaction surveys. These were then analysed to ensure that any concerns were addressed. We viewed the returned surveys from 2016 and 2017. These were all positive with comments including, "I think all the staff and manager do a good job looking after the residents and I am very happy with the way I which [my relative] is looked after", "Pleased [our relative] is looked after, the service does a good job" and "[The registered manager] is a great professional manager and her team are very understanding and caring to [my relative]."

The staff and registered manager carried out audits of the service, which included checks on health and safety, the environment, how medicines were being managed and infection control. These audits were recorded and we saw that action had been taken when problems were identified. The registered manager also undertook a general audit of all aspects of the service monthly and reported the findings to the provider. The provider's operations manager carried out quarterly audits. These included checks on finances, care plans, medicines management, other records, care provided and the environment. The most recent external audits from the supplying pharmacist, environmental health and fire safety officer indicated they were satisfied with the service. Where minor improvements were needed the provider had acted on these.

People using the service were involved in carrying out their own audits and the staff asked for their feedback about the service during regular meetings.

The registered manager told us that the provider was supportive and offered the guidance they needed as well as helping to monitor the quality of the service. The registered manager had opportunities to meet with other managers to discuss the service and learn. They used different experiences to learn from each other and support their teams, for example learning from incidents and safeguarding alerts.

The provider notified the Care Quality Commission of significant events as needed. They maintained good relationships with the local authorities who funded and supported people and the various healthcare professionals. All incidents and accidents were recorded and analysed so that improvements could be made to make sure people were protected and kept safe in the future.

Records were well maintained, up to date and accurate. Information was easy to access and clearly recorded. Changes in people's needs or planned care were recorded and the staff were aware of these.