

Care Management Group Limited

# Care Management Group - 100 Goldstone Crescent

## Inspection report

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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

The inspection took place on the 15 June 2017 and was announced.

Care Management Group – 100 Goldstone Crescent provides personal care and accommodation for three younger adults who have learning disabilities. The support provided is tailored to meet people's individual needs and enables the person to be as autonomous and independent as possible. There were three people living at the service at the time of our inspection.

At the last inspection on 12 August 2014, the service was rated Good overall. At this inspection we found the service remained Good overall.

People and their relatives told us they felt people continued to be safe in the service. They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and they would be listened to. Systems in place to assess and manage risks had been maintained to provide safe and effective care. People continued to be supported by staff who had been through robust recruitment procedures.

Sufficient numbers of suitable staff had been maintained to keep people safe and meet their care and support needs. Staff on the day shifts usually covered any gaps in day staff. One member of staff told us, "There is a minimum of two staff on the shift. That's more than enough. It's a lovely team. Two team members have been here for many years, so know the people well." Staff told us they received supervision and they were well supported. They had received training to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively.

Care and support provided was personalised and based on the identified needs of each individual. People's care and support plans and risk assessments had been maintained and reviewed regularly. Where people were unable to make decisions for themselves this had been considered under the Mental Capacity Act 2005.

People continued to live in a service with a relaxed and homely feel. People were supported by kind and caring staff who treated them with respect and dignity. One member of staff told us, "It's like a family here." They were spoken with and supported in a sensitive, respectful and professional manner.

People told us they liked the food provided. Staff told us that an individual's dietary requirements had been considered and people were regularly consulted about their food preferences.

Relatives told us communication with the service was good. People had regular opportunities to comment on the care they received. They were aware who to speak with if they had any concerns.

Staff told us that communication throughout the service continued to be good and included comprehensive

handovers at the beginning of each shift and staff meetings. They confirmed that they felt valued and supported by the manager, who they described as very approachable. The registered manager told us that senior staff had maintained a range of internal audits, and records confirmed this. They operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

Further information is in the detailed findings below.

## 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.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Care Management Group - 100 Goldstone Crescent

## **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.

This inspection took place on 15 June 2017 and was announced. This was so that key people could be available to participate in the inspection, and for people living in the service to be made aware we would be visiting their home. One inspector undertook the inspection.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a Provider Information Return (PIR) on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from the local authority commissioning team who have responsibility for monitoring the quality and safety of the service.

We spoke with the three people using the service, the manager, two care staff and a visiting relative. After the inspection we spoke with a further relative.

We observed the care and support provided in the communal areas. We spent time reviewing the records of the service, including policies and procedures, two people's care and support plans, the recruitment records for three new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

# Is the service safe?

## Our findings

People and their relatives told us people were safe in the service. One member of staff told us, "It's a good consistent staff team which makes it secure for people."

Robust risk assessments remained in place for people, which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. Special consideration was given to individual risk assessments for each risk for example, for one person there was detailed guidance on the support to be given when they went swimming. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The manager analysed this information for any trends.

People remained protected from the risk of abuse, because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or adults. Proof of identity and employment references had also been obtained. We saw evidence that staff had been interviewed following the submission of a completed application form.

Staff and relatives felt enough staff had been maintained to meet people's care and support needs. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. Staff told us that they rarely used agency staff with shifts usually covered by existing staff or bank staff, so ensured good consistency of staff. One member of staff told us, "There is a minimum of two staff on the shift. That's more than enough. It's a lovely team. Two team members have been here for many years so know the people well." Another member of staff told us how it was ensured the rota was covered and told us "Staff are very flexible."

People continued to receive their medicines safely. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked

effectively and any issues could be identified and addressed. One member of staff told us, "(The manager) is very much more on the checks at the beginning and end of the shift. We talk about it at staff meetings. We discuss with people what they are taking and what it's for." Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

## Is the service effective?

### Our findings

Relatives felt staff were skilled to meet people's needs and continued to provide effective care.

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 continued to be given choices in the way they wanted to be cared for. Staff were able to tell us about the applications made for a Deprivation of Liberty (DoLS) and of a best interest meeting which was being planned. Staff told us they always asked people for their consent before providing any care or support. One member of staff told us, "We always ask for example, when we start in the morning what they would like for their breakfast and their packed lunches. They should also agree to take their medicines." Another member of staff told us, "You want them to go out, but it's their choice. It's about getting the balance right, for example ensuring people's hygiene. We might try at a different time of the day or with a different member of staff."

People continued to be supported by staff that had the knowledge and skills to carry out their role and meet individual people's care and support needs. When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. One member of staff told us, "The induction was really helpful. It was organised. I filled out an induction booklet and also attended a lot of training run by the local authority." Staff confirmed they felt very well supported and continued to receive individual supervision and team meetings which had been maintained. One member of staff told the supervision was, "A good opportunity to discuss everything with your manager. We have monthly staff meetings and discuss issues and can make suggestions." Staff told us an annual appraisal took place.

We found people continued to be supported to access a varied and nutritious diet and to follow any dietary requirements. People shopped and helped staff to prepare the meals and snack. One member of staff told us, "The menu planning has improved and their diets have improved. They love putting the pictures up (On the pictorial menu board.) It's very important to them what's on the menu. We encourage people to go out shopping for the meals. One relative told us "They are working with (Person's name) on a healthy eating diet." People were supported to eat their meals for example, for one person detailed in their care and support plan, 'I require a soft, fork mashable diet (Type E on a dysphasia chart.) I use a modified angled spoon/fork with a chunky handle and a plate guard'.

People's physical and general health needs continued to be monitored by staff and advice was sought promptly for any health care concerns. People had been supported to attend an annual health check and review of their medicines. Staff supported people to book GP appointments and they could attend these with staff. There was a record that people had been supported to attend regular eye tests and dental check-ups.



## Is the service caring?

### Our findings

Relatives felt staff were consistently kind and caring. A member of staff told us, "It's home from home with support." A relative told us, (Person's name) is kept active and busy. They are like a little family. She is always happy to come back, which is a relief to me. (Manager's name) has been really, really good at keeping (Person's name) active." A comment received from the 2017 quality assurance surveys sent out from the service detailed, '(Person's name is always happy and busy. It is more like a family than a service provider. Thank you to all the staff.'

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. One relative told us, "Yes the staff are lovely. You can see (Person's name) is so happy there." Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia.

Peoples' differences remained respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to. One person had been supported to attend a local church.

People told us they remained involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved people when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. Relatives confirmed that they felt that staff respected people's privacy and dignity. Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space.

## Is the service responsive?

### Our findings

Relatives told us that staff remained responsive to people's needs. People were supported to be as involved as possible in making decisions about their care and support wherever possible. People were listened to and enabled to make choices about their care and treatment and supported to develop their skills and increase their independence with the agreed goal that people were working towards. Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. When asked what the service did well one member of staff told us, "(Person's name) was dependent on the staff for everything and their behaviour was agitated. She has been encouraged to join in more activities and be involved more. She can now do chores herself and her behaviour has improved." One relative told us, "(Person's name) has so many social activities on".

The three people had lived in the service for a number of years. The care plans were very detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans had been reviewed and updated as and when required.

People continued to be supported to attend a range of activities, including attendance at a day centre and undertaking voluntary work. One person had just gone to the Houses of Parliament to attend a STOMP meeting (Stop over medication of people with Learning Disabilities.) They told us how they had enjoyed attending the meeting. Two people attended a drama group at one of the daycentre and had been involved in local productions. People told us about the activities they liked, including going for walks, going out to the pub, shopping, bowling, swimming, playing karaoke, going boxing and to Zumba classes. One person was being encouraged to help in the garden. People had been supported to go on a regular holiday. Staff were working with one person to achieve their goal of going on holiday to Spain. People told us of their trip to a previous trip Disneyland in Paris and of their recent holiday in the New Forest.

Feedback was sought through regular meeting with people to plan the week ahead, reviews of the care and support and with the use of quality assurance questionnaires. We observed people were listened to and staff responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. One member of staff told us, "It's a lovely environment and people feel very safe. At the end of each weeks residents meeting we ask people who they would speak to if they had any concerns. They say staff because they feel comfortable here." The complaints procedure and policy were accessible and displayed around the service in easy read format. Complaints made were recorded and addressed in line with the policy with a detailed response.

## Is the service well-led?

### Our findings

Relatives told us that they continued to be happy with the care and support provided at the service and the way it was managed and found the staff team approachable and professional. One relative told us the care was, "Excellent." When asked what the service did well replied, "He seems always happy." One member of staff told us, "(The manager) is always available. She will be there for us. Staff respect decisions from each other." Another member of staff told us, "We (The staff team) all have different strengths. (The manager's name) is very approachable. It's team work. People feel supported." A third member of staff said how the manager was getting people more active and involved with activities, "(Manager's name) is much more interactive with the service users. For example she has arranged boxing for (Person's name) which is good for her health."

The service did not have a registered manager. 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. A manager has been in post since September 2016 and has confirmed an application to become a registered manager has now been sent to the CQC.

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. People were asked to complete a quality assurance questionnaire each year. The information was then collated and analysed and action plans drawn up to address any issues identified. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The provider's representatives undertook their own quality assurance checks and monitored progress where action had been highlighted. We looked at the last report and discussed progress with staff towards completing the actions highlighted.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager was aware of the need to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.