

Care Management Group Limited

# Care Management Group - 53 West Park

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

53 West Park provides personal care and support to people living in supported living settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using the service lived in their own rooms or bed sits within a large house with a communal kitchen, living room and a garden. At the time of the inspection there were nine people using the service and eight people receiving the regulated activity personal care.

People using the service had learning disability or autism and or mental health needs. The support service has been developed and designed in line with the values that underpin the Commission's Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

At our last inspection on 23 and 24 March 2016 we rated the service Good overall and well led requires improvement because there was no registered manager. At this unannounced inspection on 10 October 2018 we found the evidence continued to support the rating of Good overall and well led remained Requires Improvement. This was because although there had been some improvement and a registered manager was now in place who understood the requirements of them and we received positive feedback about their leadership.

There were however, some aspects of the quality monitoring that needed improvement to ensure they were effective in relation to the storage of some medicines, some records and updating the fire risk assessment. Action was taken to address some of these issues during and following the inspection.

There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Improvement was needed because actions identified from audits were not always promptly acted on. The registered manager told us they had been without a deputy manager until recently but now one was appointed she was confident they could address the shortfalls found. We will check on this at our next inspection.

People told us they felt safe and were supported to be safe in the community. Staff understood how to protect people from abuse or harm. Risks to people were assessed and guidance provided to staff to reduce risk. There were processes in place to learn from accidents and incidents.

People were supported and encouraged to keep their rooms and shared communal areas clean and staff had training on how to reduce infection risk. Medicines were safely managed and administered.

There were enough staff to meet people's support needs. Staff received sufficient training supervision and support to fulfil their roles and responsibilities. There was a range of training provided that helped them support people's individual needs.

The service worked in an inclusive way and prior to joining the service people's needs were carefully assessed in partnership with service users, their families and health and social care professionals where relevant.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. 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 support this practice. Staff told us and we saw they sought the consent of people before they delivered care and support.

People were encouraged and supported to meet their dietary and nutritional needs and provide them with sufficient choice. The service worked with health and social care services and professionals to maintain the health and well-being of people they supported. The service supported people when they moved between services through effective communication to ensure their care and support were coordinated well.

People told us staff were kind and caring and treated them with dignity and respect. People were involved in making decisions about their support and encouraged to be as independent as possible. there had bene no complaints since the last inspection.

People had personalised support plans which were reviewed regularly and addressed all aspects of their needs. Relatives told us they were consulted and kept up to date with any changes. Information was available to people in formats they were familiar with. Where appropriate people were encouraged to find employment or suitable training and participate in the local community. The service supported people's diverse needs.

People their relatives and health professionals spoke positively about the leadership at the service. People's views about the service were sought in a number of ways and the information used to consider any improvements.

## 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 rated Good.

### Is the service effective?

Good ●

The service remains rated Good

### Is the service caring?

Good ●

The service remain rated Good.

### Is the service responsive?

Good ●

The service remains rated Good.

### Is the service well-led?

Requires Improvement ●

The service remains rated Requires Improvement

# Care Management Group - 53 West Park

## **Detailed findings**

### Background to this inspection

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

This inspection site visit took place on 10 October 2018 and was unannounced. It included visits to people in their own homes. We visited the office location to see the manager and to review care records and policies and procedures.

Before the inspection we reviewed the other information we held on the service such as notifications. A notification is information about important events the provider is required to send to us by law. We reviewed the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We asked health and social care professionals for their views of the service.

During the inspection we spoke with five people using the service and a relative about their experiences and views of the service. We also spoke with three staff members and the registered manager. We looked at three care plans, two staff records and other records related to the running of the service such as medicines records, staff training and audits.

After the inspection we sought feedback by phone from three other relatives, as well as two health and social care professionals using the service.

# Is the service safe?

## Our findings

The service continued to operate effective safeguarding practices to support people to remain safe from abuse or neglect. People told us they felt safe from abuse or discrimination and that their possessions were safe. One person told us, "Yes it's safe here, there is nothing to be worried about in that way." Another person told us, "I certainly do feel safe here." A relative commented, "[My family member] feels safe and is always eager to go back there. Which is a good sign."

Information about how to stay safe was available for people and their families or visitors, in different formats to ensure everyone was included in access to this information. The provider had produced a guide to staying safe on line in an accessible format. We saw staying safe was discussed regularly at tenant's meetings to increase people's awareness and enable them to understand and develop confidence in how to keep themselves safe in a range of situations. One person told us how they had taken part in a video to raise awareness amongst people using the provider's services about identifying bullying and action they could take.

Staff were knowledgeable about the kinds of abuse that could occur to people and they were aware of their responsibilities under safeguarding. They were familiar with the provider's whistleblowing policy. The registered manager had raised safeguarding referrals in response to possible safeguarding concerns appropriately and worked closely with the local authority to ensure people were protected from harm. There were robust arrangements in relation to arrangements to look after people's money where this was appropriate.

We found the service looked to learn from safeguarding, any errors or accidents and these were monitored by the provider and registered manager for any patterns and learning. We saw the provider cascaded learning from any safety events or safeguarding across its services to encourage wider learning. These were discussed at staff meetings and displayed in the office to encourage staff awareness.

People continued to be protected from possible risks. There were arrangements to manage possible emergencies. Staff received training in emergency first aid and there was guidance in people's care plans to cover individual health emergencies. People had emergency evacuation plans to ensure a safe evacuation in an emergency. Staff received fire safety training and people using the service and staff took part in fire drills to ensure they were aware of what to do in an emergency.

Assessments were completed to reduce and monitor risks in relation to people's medical, health and support needs. Guidance for staff in relation to those risks was available in people's support plans. These covered areas such as risk of falls, risks in the environment and in the wider community and people's health needs such as diabetes or epilepsy. We saw there were risk monitoring tools in relation to these risks such as seizure monitoring to provide a clear picture to health professionals and guide staff on any necessary emergency procedures. One person said, "Staff definitely know how to look after me if I am ill."

Positive risk taking was also considered, for example the registered manager told us they undertook travel

training to enable people to go out independently in the community.

There were measures to reduce infection risks. People were encouraged to be responsible as possible to keep their rooms and communal areas tidy and clean. Staff received training on infection control and knew how to prevent and reduce the risk of infection and cross-contamination. We observed staff had access to personal protective equipment (PPE) to reduce the risk of infection.

People continued to be supported safely with their medicines. People told us they were supported to take their medicines when prescribed. One person said, "They are hot about that." People's medicines were stored appropriately and medicines records we checked were fully completed. Any medicines errors were identified and managed following the provider's policies.

The service had arrangements to monitor and check the accuracy of their recording and supply. This included regular internal checks as well as an external audit by a pharmacist which had been carried out on 9 July 2018. Staff were trained in the administration of medicines including emergency medicines for health conditions and they had their competency regularly assessed.

There were enough staff to meet people's needs. People told us there was always a staff member available when they wanted support. One person commented, "There are always staff around if you need them." A relative said, "That has never been an issue when I have been visiting." We saw that the registered manager flexed staffing levels to meet the support needs of people using the service. For example, extra night staff were used where additional night time support as identified as needed.

The provider continued to operate safe recruitment practices to reduce the risk of unsuitable staff. Staff records we checked contained the required criminal records, health, employment, identity and right to work checks.

## Is the service effective?

### Our findings

Care records showed that people's needs were assessed with them, their families where appropriate, and professionals before they started to use the service to confirm the levels of support required and if the service could meet their needs. Assessments were based on best practice guidance for example NICE guidelines and quality standards on learning disabilities. A relative said, "The service was very good at supporting [my family member] when they first started there. They understood his needs and gave him lots of encouragement."

Staff told us they continued to receive received training that was relevant to the support needs of people at the service. A staff member commented, "We are always receiving training. It does help us with our work." New staff completed the care certificate a recognised standard of training for staff new to health and social care. Refresher training was provided regularly. Training also addressed the specific needs of people at the service for example epilepsy training, positive behaviour support, learning disability awareness and mental health. Staff training was up to date with new staff to attend positive behaviour support training next month. Staff told us received regular supervision and appraisals to discuss their practice and any support needs and we saw written records were kept as a reminder of the discussions.

People were supported to be as independent as possible in relation to their dietary requirements. One person told us, "I go shopping and plan my own meals, staff can help you with ideas and help if needed." The level of support people needed with menu planning, shopping, food preparation and cooking was detailed in their support plan alongside any dietary requirements. There were a range of healthy option menus available for people to select to cook if they wished. People were supported to make positive choices in relation to their food. For example, one relative told us how their family member had been successful in managing a health need better through staff encouragement and motivation. Another person was supported to prepare food that supported their cultural needs.

People's consent was sought before they were offered support. One person said, "The staff always check if you want support first. I can manage most things myself." We saw that staff asked people before they offered support and checked they were happy with the support being offered. Where people were unable to verbalise their needs, staff told us and we observed how they looked for signs such as gestures or body language to check if people were happy with the care being offered.

People's rights under the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the home was working within the principles of the MCA.



Staff told us people at the service had capacity to make decisions in relation to their day to day care. The registered manager told us if someone did not have capacity to make a decision for example in relation to taking their medicines, they would discuss this with relevant professionals and family members and make a decision in their best interests.

People had access to the health and care services within the local community and they were supported by staff with their health needs. People told us they were supported to see a dentist or doctor or attend a health review or hospital appointment when they needed to. Health professionals we spoke with were positive about the way the service worked with them to support people. One health professional said, "The staff work with a variety of needs very well. They are flexible and their communication is strong."

Staff worked across other organisations to ensure consistency of support. People had hospital passports in an accessible format that reflected their health and communication needs to ensure to ensure their needs were met appropriately and consistently when they used other services and that hospital staff had important information in a timely way.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring and considerate when they supported them in their homes or in the community. One person said, "The staff are good here. They listen to what I am saying and help me when I need it." A relative commented, "My [family member] is very happy. The staff are all helpful and kind."

Staff engaged with people positively, listening and showing awareness of people's different moods. They encouraged people, where this was appropriate and their interactions were characterised by appropriate humour. We observed that people interacted in a relaxed way with staff and sought them out for reassurance with any issues or support with practical tasks such as shopping.

People were supported to make decisions in relation to their day to day care. For example, how they planned their day or what they chose to eat. People told us they talked about their support needs in their key worker sessions to consider any changes in references to the way their support was delivered. A key worker is an allocated worker with special responsibility for support to a named person. One person told us, "I talk about what support I need with my keyworker and if there is anything else I need help with." Records of these meetings demonstrated people's involvement in decision making about their goals and how they spent their time. For example one person had identified a goal to increase the time they spent in a work experience placement.

Staff told us they tried to encourage people to be as independent as possible and we observed a staff member engaging with an activity of someone's choice. Support plans detailed what people could manage independently, area that might vary and where they needed encouragement or assistance for their safety. For example, people were encouraged to run their baths, maintain their flats, do their own washing. A relative told us their family member, "Has blossomed ,... and started to do a lot more for themselves, learn new skills and grow in confidence."

People told us their privacy and dignity was respected and staff knocked on their doors before entering and protected their dignity when they were supported with personal care. One person told us "Staff knock on my door always." Staff told us how they would support people for example to close their curtains during personal care. Support workers were aware of the need for confidentiality about people's information and respected people's wishes to spend time alone in their rooms or speak privately with a staff member.

## Is the service responsive?

### Our findings

People received personal care that was responsive to their needs. People told us they had a service support plan that detailed their individual support needs. We saw these detailed their preferences and dislikes and gave guidelines for staff to follow in terms of their routines. These plans were in a format that was easy for people to understand. The support plans reflected people's capabilities, strengths and goals.

Staff were aware of the details of people's care plans and their preferences in the way they received support. For example, in relation to the time they preferred to go shopping or how to support people in the community. Relatives confirmed they were consulted about their family members' care and support needs. One relative said, "Yes we work together constantly and change things as [my family member] makes progress."

Where appropriate, we saw staff worked with relevant health professionals or the provider's own clinical support team or positive behaviour support team to develop plans in relation to specific needs. For example, positive behaviour support (PBS) plans to provide detailed support where behaviours may be viewed by others as challenging, in line with best practice. An external health professional commented, "I am able to direct pretty complex care plans with confidence that they will be implemented seamlessly. Their records are well kept and reliable."

Information was available for people in accessible formats in the shared communal areas in line with the Accessible Information Standard. This standard requires services to identify, record, share and meet people's information and communication needs. There was easy read information about staying safe, how to raise a complaint, the provider's forums open to people and quality assurance displayed in the service to aid understanding. Other documentations such as hospital passports were also in easy read format. The registered manager told us that people's communication needs were assessed when they started to use the service and reviewed regularly

People's diverse protected needs and characteristics were identified and plans put in place to address these needs where support was required. Staff had training on equality and diversity and sexual relationships for people with a learning disability. Staff told us how they would and had supported people's needs in relation to their sexuality, culture, religion, gender, age and disability. For example, people were supported to cook food relevant to their culture if they chose to and would support people to talk confidentially about their sexuality if they chose to and dress in a manner of their choosing.

In line with the Commission's Registering the Right Support guidance the registered manager told us how they were working to ensure people were engaged positively and supported to be active in the community. Some people at the service had local employment opportunities they enjoyed and others were supported to attend a day centre, take part in work experience and training programmes or volunteering to learn new skills and build their confidence. The registered manager told us they were working to source further opportunities in line with people's interests. For example, one person enjoyed gardening and was engaged in a project at the service with a view to obtaining work experience in a garden centre. People were

supported to go on a holiday of their choice, where appropriate.

People were also supported to enjoyed recreational facilities independently where possible, in the nearby community for example local drama and sport or social clubs. The provider organised a number of events to help foster confidence such as an annual sports event. There was also an annual awards ceremony to recognise people's achievements.

Information about how to complain was visible at the service and in format that was easy to understand. People and their relatives told us they had not needed to complain about the service and if they had a problem they would just speak with staff. One person said, "If I wanted to complain I would speak to my keyworker or the manager. They would sort it out." There was a system to record and manage complaints and learn from them and no complaints had been recorded this year.

Where people wished to there were processes to identify their choices and wishes in respect of their end of life care. Care planning records included consideration of people's end of life needs. No one at the service was receiving end of life care at the time of the inspection.

## Is the service well-led?

### Our findings

At the last inspection in March 2016 the service was rated requires improvement in this key question because there was no registered manager at the time of the inspection. At this inspection we found there was a registered manager who had been registered with the commission since February 2017. They understood their role and responsibilities as a registered manager. They had submitted notifications as required to the Commission as required and the rating for the service was displayed appropriately on the provider's website and at the office.

Feedback from people, health professionals and relatives was positive about the leadership at the service and there were systems in place that did monitor aspects of the quality and safety of the service effectively. However, we found there were some weaknesses in the quality monitoring that needed some improvement. The provider carried out regular quality monitoring of the service and action plans were produced for the staff team to address in a timely way. Recording issues we saw identified in provider audits and action plans were not always completed in a timely way. For example, some actions such as the need to update one person's care records had been acted on but other areas such as the updates of health passports for two people and an update to a medical profile had not been actioned following the audit in May 2018 and remained issues at the inspection. Records of people's health appointments had not been consistently recorded as required to allow for easy tracking and monitoring.

Where the service was responsible for the storage of some controlled drugs these were not stored in line with the provider's guidance. This was addressed following the inspection. We also identified that the landlords fire risk assessment was not available and this had been identified in provider audits in February and May 2018 as an outstanding action. The provider also completed their own fire risk assessment which was available. However, we found this fire risk assessment had last been completed in 2015 and did not include building work completed since that date. We discussed this with the registered manager who told us the landlord had changed quite recently and a certificate from the new landlord had been requested. They organised a new fire risk assessment to be completed and a copy was sent to us following the inspection.

The manager told us there had been some challenges to addressing actions as promptly as they wanted as they had been without a deputy manager for some time. A new deputy manager had just started work and they would address any outstanding issues and complete their action plans more effectively. We will check on this at our next inspection.

In other areas we found the governance and leadership of the service was effective. Audits were carried out across the service to monitor the quality and safety of the care provided, for example medicines, infection control and health and safety audits. We saw issues in these audits were acted on, for example in relation to any identified equipment or maintenance issues.

People, their relatives and health professionals all spoke very positively about the registered manager. One person said, "The manager is good you can talk to her about anything." A relative commented, "The manager is really good. She is very approachable and I feel very reassured she is in charge." A health

professional remarked, "I think this is a very good supported living service, probably amongst one of the best in the borough. The home manager is thoughtful, caring, reliable and responsive. We have an excellent working relationship and frequently communicate directly."

There was a visible, positive culture led by the provider and registered manager. Staff told us the provider visited the service and was, "Very keen on promoting people's wellbeing and dignity and respect." Another staff member told us they thought the registered manager, "Is positive and encouraging and sets a very good example. She puts the people here first and is also really supportive of the staff team. You can go to her about anything."

Regular handover meetings were carried out to ensure the consistency of support. Team meetings were held to enable staff to communicate about people's care and support needs and reflect on any issues. Staff were also expected to read and sign as read any policies or new documentation introduced to the service to ensure they were knowledgeable about any changes.

The provider had a 'Driving Up Quality Code' of key standards for improving learning disability care; this included for example, support to lead a meaningful life and encouraging a culture of openness and commitment to listen. The registered manager showed us they were working on an aspect of the quality improvement drive, with the support of one of the people using the service using their IT skills.

The registered manager was a finalist for a staff award in recognition of their support of the organisations values. The letter of nomination described the registered manager as, "calm, polite and receptive to the views and opinions of others to ensure that the best outcomes for the person we support are obtained."

People and their relatives were encouraged to express their views about the service. Regular tenant meetings were held with people taking turns to chair and an open agenda. We saw items discussed included staying safe, birthdays and holidays. One person at the service told us about their role on the service user parliament with elected service user MP's who represented the views of their peers and worked to effect changes throughout the provider's organisation. Annual surveys were also carried out by the provider with people who used the service and their families to seek feedback on the service.

Representatives of people across the provider's services were employed to visit other services as quality checkers of the service and speak with people at the service and staff and provide feedback to the provider and service about their findings in a regular newsletter. A recent newsletter had identified people needed more support with understanding their responsibilities as a tenant; these issues were then discussed at tenants' meetings. We saw that the service responded to ideas put forward in tenants meetings, for example in relation to organising particular activities in the community or in relation to the running of the service.