

Care Management Group Limited

Care Management Group - 7 Birdhurst Rise

Inspection report

7 Birdhurst Rise
South Croydon
Surrey
CR2 7EG

Tel: 02086812216
Website: www.cmg.co.uk

Date of inspection visit:
20 March 2017

Date of publication:
20 April 2017

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

7 Birdhurst Rise is a residential care home for up to nine people who have a learning disability, some have mental health related issues and behaviour that challenges. The service is based in a large detached house with each person having their own en-suite bedroom and the use of communal facilities; these include a lounge, activities room, a large kitchen/ dining room and spacious garden. In the private garden at the rear of the house is a new detached purposely built annexe with self-contained accommodation for one person.

At the last inspection in May 2015, the service was rated Good. At this inspection we found the service remained good.

The service demonstrated they continued to meet the regulations and fundamental standards. People were fully involved in how the service was run. The home had a homely feel and reflected the interests and lives of the people who lived there. The home was well decorated and safely maintained.

People received care and support from a regular group of staff who knew them well and understood their needs and preferences. Staff morale was good. There were sufficient numbers of suitably vetted and skilled staff deployed to meet people's needs.

Staff identified risks to people's health and safety and put necessary guidance and plans in place to manage the risks. People had access to the health care services they needed and received their medicines safely. There were checks in place to ensure staff managed people's medicines appropriately. Staff treated people with compassion and kindness; and respected their dignity and privacy.

People's care records recognised their rights and were person centred. 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 supported this practice.

The service was well managed by an experienced person who gave consistent leadership and direction. Quality assurance systems were robust and contributed to continued improvements. Record management was excellent and records were well organised and easy to access.

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 - 7 Birdhurst Rise

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 took place on 20 March 2017 and was unannounced.

The inspection was carried out by one inspector.

During our visit we spoke with all eight people using the service and three members of staff, the deputy manager and the registered manager. A small number of people were unable to express themselves verbally, we spoke with their relatives by telephone. We observed care and support in communal areas, activity programmes in action. We were invited to view three bedrooms by people, we viewed all communal areas.

We spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed, quality assurance reports, and reports completed by three social workers involved in reviewing the needs of people in the home. Following the inspection visit we contacted the relatives of three people to get their views of the service. We also contacted the monitoring department in the local authority for feedback about the service.

Is the service safe?

Our findings

The majority of people using the service have lived together as a group for a number of years and had developed good relationships with one another. One person's relative said, "My family member is at this home ten years, we see they are happy and safe, staff are very capable and understand how to support them appropriately especially with periods of behaviour that challenge the service." People told us they felt safe and liked living at 7 Birdhurst Rise. One person said, "My support worker is off today but the staff on duty know me well and are supporting me to safely go to the shops in Croydon."

There were sufficient numbers of staff to meet the needs and preferences of the people that lived there. Staff told us staffing levels were consistently maintained at these levels, there were four support workers in the morning and in the afternoon. This level of staff on duty allowed the service to respond flexibly to individual needs. It enabled people to attend community activities and have the support they required. People showed us photos of them attending events and enjoying themselves at pubs and cafes in the evening. We saw that staff were deployed flexibly to respond to the needs of people, for example one person had moved to the home recently for respite while their home was been being refurbished. Their assessment determined they needed one to one staffing levels over a 24 hour period, we met both support workers working day shifts.

Safeguarding policies and procedures were known to staff. They had on going training and understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. Our records and information from the local authority show there have been no concerns identified at the service.

Risk management was effective. We saw that risks to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. We saw examples staff responding appropriately to incidents such as falls and tailoring support plans to reduce the risk of these reoccurring.

We saw examples of staff supporting people with staying safe and becoming more independent, examples seen on our visit included staff presence to support people prepare a hot drink. Another person was supported with preparing the evening meal. During our visit we saw staff accompanying people who wished to attend community events and needed support with travelling safely.

There were additional contingency plans in place that directed staff on what action to take if a person experienced a relapse in their mental health. We saw a recent example of this. The person's deterioration was identified by staff who gave them the support they needed promptly to keep them safe and an urgent referral was made to the psychiatrist.

Staff received specialist training on positive behaviour support and felt competent at using this knowledge. There were positive behaviour plans in place to support persons who may behave in a way that put themselves or others at risk of being physically harmed. The plan included strategies and interventions for staff to use, there were also indicators to help staff recognise signs and triggers of negative behaviour such

as becoming anxious or upset. A social care professional involved with reviewing a person's needs recently had written in comments book, "A positive effort is made by staff at the home to help the person improve their behaviour."

The staff team had experienced very few changes, one new member of staff has joined in the past two years. Staff told us, and records confirmed that there was a robust recruitment procedure in place which included an application with two references, criminal records checks, interview and probationary period.

Medicines were safely managed. From records we viewed and stock counts we saw staff administered people their medicines as prescribed, and medicine reviews were undertaken by the GP on a regular basis. We saw medicines were stored securely in a locked cabinet. People had medicine profiles and records of medicines administered were accurate and up to date. These were audited regularly to ensure processes were robust. There were systems for the ordering, receipt and returning of medicines and records showed that staff received training to manage medicines safely, and their competencies in managing medicines were assessed annually.

The house was clean and well maintained when we visited and there were appropriate infection control procedures. The staff carried out regular checks on the safety of the environment, for example, of the fire alarms and hot water temperatures. Staff followed food hygiene procedures (e.g. checking of food temperatures, labelling of food kept in fridge), hand washing facilities with anti-bacterial rubs and disposable hand towels and cleaning mops. There were COSHH and environmental risk assessments, safe storage of hazardous substances was evident. All accident and incidents were appropriately recorded.

Is the service effective?

Our findings

People spoken with were happy with the support provided by the staff. We observed staff understood the support needs of people well, and that they also understood people's preferred method of communicating their needs. Staff supported people in a respectful manner, and always ensured that where possible, people were given the time to take in what was being said and to give consent to whatever activity or tasks they were being invited to participate in.

There was a consistent team of staff working at the service who were appropriately trained. Staff told us the provider gave excellent opportunities for training. Records showed that staff had undertaken training across a number of areas including safeguarding adults, health and safety and nutrition. Staff confirmed they were supported by the registered manager both through formal one to one supervision meetings and more informal day to day contact. Each shift a designated shift leader led the team and assigned duties to staff. A support worker told us this helped their personal development. A new member of staff told us they were still completing an induction and the Care Certificate. The provider had a specifically designed induction programme for all new staff that involved shadowing senior experienced staff.

The registered manager checked staff were putting their learning into action and remained competent to do their job through direct observation of their practice. Staff supervision records included discussions about people's care and support as well as individual learning or development needs. All staff had an annual appraisal of their work. Morale was good among the staff team and good team work was evident throughout our visit. Staff told us they felt well supported and could discuss any issues with the manager.

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 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met.

People's consent and ability to make specific decisions had been assessed and recorded. Where people lacked capacity, relevant healthcare professionals and those close to the person were involved to make sure decisions were made in the person's best interests. Staff understood their responsibilities in line with MCA and DoLS and had completed recent training. The registered manager had assessed where a person may be deprived of their liberty. Most people needed supervision to keep them safe and were unable to access the community unaccompanied. DoLS applications had been submitted to the supervisory body (local authority) and CQC had been kept informed of the authorisations.

People told us they enjoyed the meals provided to them and could choose what they wanted to eat. We

observed staff supporting people to choose and prepare their evening meal, this was a nutritious shepherd's pie freshly prepared.

People's health needs were met. Health action plans in place addressed people's health needs and staff kept accurate records about people's healthcare appointments and any follow up action required. Staff knew people's health needs and gave us examples of how they were working with other healthcare professionals to meet these. There was involvement of the diabetic nurse for a person with diabetes, the speech and language specialist had provided staff with recommendations for supporting a person with eating and drinking. Staff ensured these were followed. Staff had developed a hospital passport for each person. This provided a summary of the person's health and social care needs. It was provided when the person used hospital services and helped prevent any breakdown in communication with the service.

Is the service caring?

Our findings

People told us they liked living at 7 Birdhurst Rise. They liked the environment, cared about one another, and said the staff were kind and respectful. One person said, "My key worker looks after me, they take me to the places I like such as the pub and clubs." Another person shared with us a photo album they had made with their keyworker, they said, "Look at the photos of me smiling in Disneyland, we had a lovely time in America, I got new dresses to go there."

Some people living at the home were unable to communicate verbally with us, we observed interaction and engagement between people and staff. This showed positive interactions and people were comfortable and at ease with staff. Staff members were regular support staff and were able to describe the needs of people using the service and how they responded to these. Communication methods such as body language were known to staff and people had communication passports. People were able to demonstrate their needs through various interactions with staff and enjoyed freedom of movement and activity in and around the home. A staff member was supporting a person to go into the community but were mindful the person could become agitated if the environment was too noisy.

Each person was assigned a keyworker of their choice. Staff knew people well and were able to share with us key facts about their preferences, interests and background. They knew what people liked to do, what their preferred routines were and how to support individual physical and sensory needs. Person centred support plans were developed by support staff; these gave information about what people liked, their strengths and areas of support, the things that were important to them. Social care professional's comments were, "Staff understand the needs of the people they look after and support them accordingly." Staff knew that people's lifestyle choices affected their mental and physical health and their activities of daily living. They supported people and engaged them in activities they enjoyed. One person liked to play chess which we saw staff were engaging in.

Staff understood people's communication methods, we observed they were able to detect any discomfort or distress and provided caring interventions in a respectful manner. Staff were caring, attentive and prompt in their responses to changes in people's well-being. For example, when one person started to become anxious, staff supported them for a walk in the community which helped them settle. There was a homely and friendly atmosphere in the home when we visited. Interactions between staff and people using the service were friendly and staff clearly knew how to get individuals confidence and work with them positively to help promote their wellbeing. One person new to living in the home loved music, staff were aware of this. We saw staff encouraged them to integrate and engage with others through music and dance.

Care was delivered by staff in a patient, friendly and sensitive manner. We observed numerous examples of positive and caring interactions, including supporting people with expressing their views and staff supporting people to attend outside appointments. The home environment was structured to enable people to move freely around. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. A staff member told us, "I like it here, the environment is pleasant, respect is promoted all round by staff and people using the service."

People were supported to maintain relationships important to them. People were able to visit their friends and relatives and spend time as they wished with them. Relatives and friends visited people at the service. One relative said, "I am always made welcome and kept informed of any changes in my family member's welfare."

Staff participated in end of life training and learned to develop specific care plans with people known as Steps to Success. Training and advice on end of life care was facilitated by the local hospice team. A health professional said staff were progressing well and receptive to training. Staff had recently supported a person spend their final weeks of life at the home. The district nurse also helped staff support the person, they said, "Staff were able to support the person right to the end of their life, and afterwards they were able to support the residents through their grief and deal with the loss of their peer."

Is the service responsive?

Our findings

One person had moved to the home since our last inspection. The person came for a respite service while their own home was closed for refurbishment. The admission arrangement was done in a planned way to avoid too much disruption and to make sure the person's needs were fully assessed and the home was suitable for them. Regular support staff from the other home were assigned to support the person during their respite period. Assessments and care plans from the other service included person centred information about the person's needs and the support required for their physical, emotional and social well-being.

Support plans were developed for people setting out how individual needs would be met and how their goals would be achieved. Staff focused on helping each person to maximise their potential and, to live life as safely as possible. Staff received specialist training on positive behaviour support. There were positive behaviour plans in place to support persons who may behave in a way that put themselves or others at risk of being physically harmed. Staff told of strategies and interventions for staff to use to respond to individuals, there were also indicators to help staff recognise in advance signs and triggers of negative behaviour such as becoming anxious or upset. A social care professional involved with reviewing a person's needs recently had written in comments book, "A good outcome, positive effort is being made by staff at the home to help the person improve their behaviour."

We saw that staff supported people appropriately to maintain their physical well-being. The service promoted healthy eating plans with information on display in the kitchen dining area explaining in simple terms. One person was supported by staff to manage their tendency to put on weight. On-going in house reviews were completed and where needs had changed, appropriate action was taken which meant that care and support delivered met their personal requirements and needs.

Staff maintained accurate records about people's health and wellbeing that confirmed the support given and the response to this. Support plans evidenced that all areas of people's needs were accounted for. Some people had specific health care needs or conditions and there was detailed guidance for staff about how this affected the person and what steps they needed to take to support specialist needs.

People were supported to do the things they enjoyed and lived fulfilling and active lives. People took part in stimulating activities they enjoyed within and outside the service. Each person had an individualised activity plan and staff supported people to participate in these activities where required. One person told us of their pride on their achievements at college, they now enjoyed being in regular employment one day a week.

People's relatives told us they knew how to make a complaint if they were unhappy with the service and they confirmed that issues they raised were addressed and resolved promptly. One relative said "I know how to complain if I need to but I don't think there is any need to ever use it because the service is so good." Another relative said, "I know who to contact and where to go to if I have a problem."

Is the service well-led?

Our findings

The home had 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.

The registered manager worked with the service for several years and they complied with the conditions of their CQC registration. The service also had a deputy manager who assisted with the day-to-day running of the home. Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. During our visit we checked information relating to accidents and incidents. These confirmed that appropriate action had been taken and where appropriate, the manager had told us about any reportable events.

People and their relatives had confidence in the manager. People's views on how their service should be provided were obtained and acted on. The service consulted with people and their relatives on various matters about the service. People's views on how their service should be provided were obtained and acted on at regular residents' meetings, information was provided in picture format so that people could be well informed. We saw recent consultation process using surveys was still in progress, but some completed surveys commented positively on the service. Previous responses to customer satisfaction questionnaires contributed to changes in the menu.

People's relatives told us they happy with the service and they confirmed that issues they raised were addressed and resolved promptly. One relative told us that they could speak to the registered manager about anything. They felt listened to and he acted on their feedback. Another relative said, "The home is very well run. The manager does a great job at managing the home; he is experienced and always does what he promises. I have no concerns whatsoever." Professionals wrote numerous positive comments in feedback reports; these all indicated their confidence in the manager. We observed positive working relationships between the registered manager, staff and people. They shared information during our visit and discussed decisions together.

Staff told us that the registered manager was open to suggestions and was very supportive to the staff team. Staff were clear about the management structure and told us they had the leadership and direction they needed to be effective in their roles. The registered manager regularly held staff meetings to discuss issues regarding people and other concerns, records of these were maintained. Staff told us that they were able to raise issues as a team and find solutions together. One staff member said, "The registered manager is a great leader. He gives us all the support you need, we feel involved and valued." All the staff we spoke with demonstrated they understood their roles and responsibilities and the aims and objectives of the service. They talked enthusiastically about their roles in ensuring people achieved desired outcomes, and that they were well supported to improve their health and well-being, including maintaining an active life.

The provider had systems in place to regularly assess and monitor the quality of service provided. The

registered manager conducted a number of checks on the service to identify areas that needed improvement and took action to rectify it. These checks included health and safety, care records, and staff records, including training. They also carried out a monthly review of the service to ensure the service was safe and effective. The regional manager conducted a visit to the service and completed a report on the visit findings. These were followed up at subsequent visits.