Care Management Group Limited

Care Management Group - 283 Dyke Road

Inspection report

283 Dyke 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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Care Management Group - 283 Dyke Road is a supported living service that provides support for up to eight young adults who have learning disabilities in an environment, which enables them to develop the skills needed to live more independently within the community. There were seven people living at the service at the time of our inspection. People live in a shared house at 283 Dyke Road with individual tenancy agreements, and have their care provided to them by Care Management Group. They have their own bedrooms and access to communal areas in the house, as well as a garden.

Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

We saw that people were happy and relaxed with staff. People said they felt safe living at 283 Dyke Road and there were sufficient staff to support them at their home or when they were out in the community. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work with vulnerable adults. One person told us, "Yeah, I feel safe in this house". Staff were knowledgeable and trained in safeguarding vulnerable adults and what action they should take if they suspected abuse was taking place.

People's mental capacity had been assessed and independent advocates had supported people to make specific decisions, for example when somebody had required an operation. We found staff were up to date with current guidance to support people to make decisions. Any restrictions placed on them were done in their best interest using appropriate safeguards. One person had an example of a restrictive practice being in place, which prevented them from carrying out certain activities and this was being managed and reviewed appropriately.

People were encouraged and supported to eat and drink well. One person said, "I always like the food". There was a choice of meals and some people were able to prepare their meals independently. People were advised on healthy eating and their weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People's rooms were furnished and decorated in line with their personal taste. People were also dressed in accordance with their lifestyle choices. For example one person wished to dress as a pirate in anticipation of their birthday party.

People felt well looked after and supported and we observed friendly and genuine relationships had developed between people and staff. One person said, "The staff are friendly, they help". The registered manager told us, "We find a balance between nurturing, caring and promoting independence". Care plans described people's hopes and aspirations for the future and people were encouraged to be as independent as possible. People chose what they wanted to do on a daily basis and were able to access the community, to go shopping or volunteering to help out on a farm, for example.

People were encouraged to stay in touch with their families and would visit their relatives' homes. One person said "Mum and my brother live nearby. I see Mum every week or so". Relatives were asked for their views about the service and the care that was delivered to their family members. Completed surveys showed that families were happy overall and felt that staff were friendly, welcoming and approachable. Residents' meetings were held regularly and people said they felt listened to and any concerns or issues they raised were addressed. One person said, "We have residents' meetings regularly".

Care plans gave detailed information on how people wished to be supported and were reviewed and updated regularly.

People were involved in the development of the service and took an active part in interviewing new staff. Staff were asked for their views on the service and whether they were happy in their work. They all received essential training and felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns. Robust systems were in place to ensure accidents and incidents were reported and dealt with in a timely manner. Quality assurance was undertaken by the provider to measure and monitor the standard of the service. The service worked collaboratively with others such as the local authority and safeguarding teams.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Mental capacity assessments were undertaken for people and their freedom was not unduly restricted.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Staff were trained in safeguarding and knew what to do if they suspected abuse had taken place.

Good

Is the service effective?
The service was effective.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They were encouraged to participate in menu planning and cooking meals.

People had access to health care professionals for regular check-ups or as needed.

Staff had undertaken all essential training as well as additional training specific to the needs of people. They had regular supervisions with their manager and had personal development plans in place.

Good

Is the service caring?
The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff.

People's hopes, interests and aspirations were promoted, and they were encouraged to increase their independence and make decisions about their care.

Care records were kept safely and people's information kept confidentially.

Good

Is the service responsive?
The service was responsive.

People were involved in a variety of activities within the community and could choose what they wanted to do on a daily basis. They were encouraged to visit their families and friends.

Support plans were in place to ensure that people received care that was personalised to meet their needs, wishes and aspirations.

People and their relatives were asked for their views about the service through questionnaires and surveys. The overall results were good. Comments and compliments were monitored and complaints acted upon in a timely manner.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People were actively involved in developing the service and participated in interviews when the service was recruiting new staff. Autonomy was encouraged and people had 'a voice' in the way the service was run.

Staff felt supported by management and team meetings were held regularly. Staff said they were well trained and understood what was expected of them.

Systems were in place to ensure that accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery. The service worked collaboratively with others.

Care Management Group - 283 Dyke Road

Detailed findings

Background to this inspection

Care Management Group - 283 Dyke Road was last inspected on 14 & 15 January 2014 and there were no concerns.

One inspector and an expert by experience in learning disability undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This was an announced inspection. We told the provider one week before our visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. This enabled us to ensure we were addressing any possible areas of concern and looking at the strengths of the service.

We observed care and spoke with people and staff. We also spent time looking at records, including three people's care records, three staff files and other records relating to the management of the service.

On the day of our inspection, we spoke with four people living at the service, two care staff, the acting manager and the registered manager.

Is the service safe?

Our findings

People we spoke with told us they felt safe and staff made them feel comfortable. One person told us, "Yeah, I feel safe in this house" they added, "The staff are okay, they help me". We asked another person if they felt safe at the service and they replied "Yeah".

The service had a number of policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff had received safeguarding adults training. One member of staff described the different types of abuse and what action they would take if they suspected that abuse had taken place. Records confirmed that staff had received safeguarding adults training as part of their essential training at induction and that this was refreshed regularly.

Staff described to us the techniques and processes they would use to manage any behaviour that challenged. The registered manager told us "All service users have positive behaviour support (PBS) plans. PBS training takes place for all staff and they also have a PBS mentor. We have a debrief after any incidents then we discuss learning at staff meetings, to establish what caused the behaviours and any ways we can prevent it happening again".

Mental capacity assessments were undertaken for people as required. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. For example, some people had entered into relationships and were assessed in their capacity to make decisions about how the relationship would progress. Support had also been provided by the community health team. Advocates were supporting people to make decisions affecting their health, such as having an operation. Care records showed that people's assessments under the MCA were regularly reviewed.

The registered manager had a good working knowledge of the Deprivation of Liberty Safeguards (DoLS). Although DoLS does not apply in a supported living setting, the principles apply, but any authorisations for restrictions would go through the Court of Protection. These safeguards provide a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. We saw that one resident had a restrictive practice in place around posting inappropriate photos on to the internet. This had been carefully discussed with the person and involvement from staff and family had been documented. Staff had received appropriate training for MCA and DoLS and described to us examples of what could constitute a deprivation of liberty and when a best interest's decision could be sought.

Systems were in place to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. Staff told us they encouraged people to be involved in their risk assessments. They told us they only carried out assessments where there was a clear risk and always started from the principle that people had capacity to make choices. For example, we saw that some people had formed a rock band which played gigs locally and had also been on tour around the country.

People were supported to understand risks to their safety and were involved with assisting the service to carry out safety checks. We saw examples where people helped to carry out the fire checks and timed the mock evacuations. Another person helped carry out health and safety checks at the service. The registered manager told us, "We involve people around risk and explain it at tenants' meetings. We talk about safety and we let people take risks, but explain things, for example dangers in the community". All staff had received training in first aid. Also some people living in the house had received training in first aid, food hygiene and health and safety.

Accidents and incidents were recorded onto the computer system, and staff knew how to record an accident or incident. When an accident or incident had occurred, details were recorded, remedial action was taken and outcomes logged. Steps were taken to prevent similar events from happening in the future.

Risks associated with the safety of the environment and equipment had been identified and managed

Is the service safe?

appropriately. Regular fire alarm checks had been recorded, and there were monthly checks of the emergency lighting. Staff and people knew what action to take in the event of a fire and where to assemble outdoors. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, staff safety and welfare. A business continuity plan was in place which instructed staff of what to in the event of the service not being able to function normally, such as a loss of heating or evacuation of the property. Information about people was stored at 'buddy' homes also in 'grab' files, should the service be forced to move people in a hurry.

Staffing levels were assessed to ensure people's safety. The registered manager told us, "We fit the staff rota around people's needs. For example if someone wants to go to a festival and get back at 2:00am, we put staff on to cover that. The staff rota is purely needs led and we plan it around people's activities. Just because a staff member finishes work at 3:00pm, it doesn't mean the activity does". We were told that agency staff had been used and that bank staff were also available. Bank staff are employees who are used on and 'as and when needed' basis. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, three references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with vulnerable adults. The registered manager said, "We have a stable staff team and we recruit as and when we need to".

Is the service effective?

Our findings

People told us they received effective care and that their needs were met. Staff had received training for looking after people in care services within three to six months of joining the service. For example, in safeguarding adults, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed a three day induction at the service. They also received additional training specific to the needs of people living at the home, for example around learning disability, mental health awareness, communication and Makaton, Prevention Management of Challenging Behaviours (PMCB), autism and equality and diversity. There were also opportunities for staff to complete training that was accredited via the Local Authority.

The registered manager told us, "We have excellent training, but the philosophy and training have to roll out into the house. We need to see it working in practice". One member of staff said, "I came in blind and the induction really helped, it was three months, then extended to six months". They added, "The training that has been made available by CMG (Care Management Group) and also Brighton and Hove Council have been great. Any requests I've made, I have received the training. They really value training very much here". Another member of staff said, "We're always offered training both internally and externally, plus we link up with other members of staff and share learning".

Staff received supervision every six weeks and an annual appraisal, or probationary review, depending on how long they had worked at the service. Additionally staff had a personal development plan (PDP) in place to ensure that staff had a clear route in place to learn and develop in their role. A member of staff told us, "I use supervision a lot. My manager really helps me with my personal development, and we have honest feedback for each other". Another member of staff said, "We are pushed by the manager to do well in terms of our development".

People had enough to eat and drink throughout the day and night. Staff told us that people had separate food budgets and organised their shopping, cooking and eating separately. They were supported to help cook meals in the kitchen and some people were able to prepare food independently. The registered manager said, "Everyone has a food budget and we have a communal roast on a Sunday which is popular. Everyone makes individual menu choices and does their own shopping, we respect people's choices". One person told us, "I always like the food, I've got a menu plan and I help out in the kitchen. I tossed a pancake". Another said, "I love the food here. I like pizza. I like Pizza Hut, curries and chilli con carne". A map of the world was on display, so that people could choose to buy and prepare food from different countries.

People's weight was recorded in their care plans and they were advised on healthy eating. One person was being supported by staff to follow a Slimming World diet. The registered manager told us "We record what people eat and drink and give them advice and choices. Four people when they moved in here were categorised as clinically obese, but now they are within their normal BMI (Body Mass Index)".

Appointments had been made for people to access healthcare services, for example, visits to their GP or dentist. One person's care record stated that they were very nervous of going to the dentist and also for blood tests. Staff had supported this person to increase their confidence and prepare them for their visits. Referrals for regular health checks were recorded in people's care records. People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. They also had health action plans in place which supported them to stay healthy and described help they could get.

Is the service caring?

Our findings

People told us that caring relationships had been developed with the staff that supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. We observed interactions between people and staff which were positive and respectful and there was a shared sense of humour. One person told us, "Staff are friendly". We saw that a member of staff and a person using the service had returned from a shopping trip. The person asked the member of staff "Is my money ok?" as they were counting their money. The staff member replied "Yes its fine" and they proceeded to look at the person's finances together. The staff member supported this person in an engaging and friendly manner and assisted with the addition and subtraction of their money.

People's hopes and aspirations were recorded in their care records. One person was very interested in graffiti and we saw that they had been supported to travel to Barcelona to study the graffiti there. People's care plans contained personal information, which recorded details about them and their life, their relationships, how they communicated and their medicines. This information had been put together by the person and staff. Staff told us that they knew people well and had a good understanding of their preferences and personal histories. One member of staff told us, "It's fun working here and that's because it's completely about them. They've all got different interests, hobbies and activities that they like doing. We engage with people really well and plan with them, so that everything we do is individually focused. They are allowed to be who they want to be".

People were encouraged to make decisions about their care where they were able and felt listened to. One person told us, "Staff tell me what is happening in the home and ask for my opinion". Staff supported people without undue restriction and people were encouraged to be as independent as possible. The registered manager told us, "We have discussions with the service users and their families. Through good communication, we help people to understand and manage what they do. We help people to be independent. These are young adults, so they will want to access dating sites and be supported to have relationships. This service is all about everybody in it, respecting everybody's life".

We saw people choosing when and what they wanted to do during the day, and staff assisted people with this. Staff discussed options and explained what was happening to help people, in order for them to make their own decisions. For example, a person stated that they had slept badly the night before. Staff explained that this person's sleep can get easily disturbed by wind and rain. The person had slept in late, but they wanted to go back to bed. The staff explained that sleeping all day in bed may not be good idea, as they might struggle to sleep again that night. The person agreed, but said they wanted to go to bed now and asked if staff could check on them in an hour to help them have a bath. The staff respected and supported this. Staff were also assisting somebody to organise their birthday party and select a cake. The party was not for a few days, but the person had chosen to dress up in their party outfit whilst organising it. This decision was respected and supported by staff, and added to the person's enjoyment and excitement of their forthcoming birthday.

Care records were stored in the staff office when not in use. The staff office was attached to the back of the property and was accessible via the garden. The staff office did not form part of the shared living space, but was accessible to people and staff as and when they wished. Information was kept confidentially and policies and procedures were in place to protect people's confidentiality. Staff had a good understanding of privacy and dignity and had received training relating to this. People were independent, and we saw staff treating people with respect. Staff allowed people to do their own thing, such as sit in the lounge or kitchen, or go to their room. One person told us, "Staff always knocks on my bedroom door". This person heard the post arrive and said, "I need to take the post to the [registered manager's] office, and I'll knock on her door". Our overall impression was of a warm, friendly, safe and relaxed environment, where people were happy and engaged in their own individual interests, as well as feeling supported when needed.

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. There was regular involvement in community activities. The registered manager told us, "Several of the service users have jobs and attend college". Activities and outings were organised in line with people's personal preferences and staff supported them in the community. Within the service, people were also able to undertake hobbies such as cooking. The registered manager said, "People get a choice of who supports them, we match people with staff who share the same interests, like going to heavy metal gigs in the evening or a football match". People were very enthusiastic when they told us about their lives and interests. One said, "I like car rides. I like basketball, going to the pub, drinking beer, yoga and cooking". People were able to get up and go to bed when they wanted and to move freely around the service. Another person told us, "I go to Spiral [day centre]. I do dance, basketball, I do radio at Spiral. I get to talk on the radio. I also go bowling and to McDonalds. When I'm at home I watch TV or go on the internet".

People were able to visit their families or friends and this was encouraged and supported. One person told us, "I see mum, brother, sister, father. I see mum at church every Sunday and my brothers come and visit me". Another person said, "I saw my girlfriend today, we went out for lunch". We asked people about holidays and one said, "I've been to London. I'm going to Paris with [another person using the service] and two staff members. I'm going to Disneyland. I want to eat a snail. We're going to take the train".

Records showed that comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. The procedure for raising and investigating complaints was displayed in pictorial format for people. One person told us, "I would talk to my keyworker if I had a problem". A member of staff said, "I would be happy to help someone to complain and I would explain to them how to do it".

A service user satisfaction survey had been completed in 2014 and monthly meetings were held for people at which they could discuss things that mattered to them. Notes from a recent meeting showed discussions had taken place around safety in the community, new people coming to the service, medication safety and choices of activities. People said they felt listened to and described staff as 'friendly and helpful'.

People received care that was personalised to reflect their needs, wishes and aspirations. Care records showed that support plans were in place that provided detailed information for staff on how to deliver people's care. For example, information about people's personal care and physical well-being, communication, mobility and dexterity. Daily records provided detailed information for each person and staff could see at a glance what activities people had been involved with, how they were feeling and what they had eaten.

Care plans also provided information from the person's point of view. For example, we read that one person had asked they are given 15 – 30 minutes prompting in the morning to get up; otherwise it was likely that they would become upset. People had been involved in the drawing up of their care plan. Positive behavioural support plans were also completed. This is a tool for understanding and managing behaviour, such as what occurs before the behaviour and may have triggered it, what happens during the behaviour and what does it look like and the consequences, what are the immediate and delayed reactions from everyone involved. These charts identified patterns of emerging behaviour.

We were told that care plans were updated every three months or when people's needs had changed. Reviews to people's care had regularly taken place and people were involved in the review, which were then checked and signed by them on completion. Further reviews were also held where everyone involved in a person's life were invited to attend, including the person and their keyworker, who knew them well and co-ordinated every aspect of their care. A member of staff said, "I think that the care plans are really good. They are regularly updated, so that we can promote positive risk taking. As a keyworker, we are able to set goals and revise goals and liaise with parents, social workers and service users to provide an incredibly person centred service".

Is the service well-led?

Our findings

People were actively involved in developing the service. For example, people were involved in the recruitment of staff and asked questions at interviews. One person was involved in our inspection process and was encouraged to do this by staff. They assisted us with obtaining paperwork and guided us to areas of their home to find information, such as notice boards which showed information about local services and events that interested people, and information about the service. The registered manager told us, "We involve people with everything from interviewing new members of staff, to opening the door and showing people around. Everything that goes on here comes from ideas from them and the staff". A person told us, "I do like it in this house, I love it".

We discussed with the registered manager the culture and ethos of the service, they told us, "The biggest ethos here is about everybody having a voice. They all have autonomy and choices; they do what they want to do". We saw that a person had represented the service at a local learning disabilities forum called 'Speak Out'. The registered manager added, "We have regular tenant's meetings and a service user parliament, with an elected service user MP". A person told us, "We have a tenants' meeting regularly". We saw minutes of these meetings which were in pictorial format, showing visually who had said what. Topics discussed included activities, safety in the community and safety with medication. Discussion around people leaving the home and new people coming to live there had also taken place, and people's views had been recorded.

Staff said they felt well supported within their roles and described an 'open door' management approach. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. One member of staff told us, "We can always approach the manager with anything. They don't just listen to us, but also explain how they are going to act on the information".

The registered manager told us, "We have a culture of 'what do you think?' which helps us to pre-empt issues in the home. There is always an 'open door' policy for the residents and staff".

There were good systems of communication, and staff knew and understood what was expected of them. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Team meetings were held regularly at which staff could discuss all aspects of people's care and support and work as a team to resolve any difficulties or changes. A staff communication book recorded messages between staff and staff signed to confirm when they had read. One member of staff said, "There is good communication here as we have good continuity of staff. We have a verbal and written handover, have staff meetings and use a communications book".

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had, they felt that managers would support them to do this in line with the provider's policy. The registered manager said, "We have a specific telephone number for whistle blowing that staff can contact. We have transparency here and support each other, people are encouraged to speak out".

There were systems in place to ensure that accidents and incidents were reported, monitored and patterns were analysed, so that appropriate measures could be put in place. The provider undertook quality assurance of the service to ensure that the desired level of quality of the service was maintained at every stage. Questionnaires were sent out annually to families, people, staff and professionals involved with the service. Returned questionnaires were collated, outcomes identified and appropriate action taken. The information gathered from regular audits, monitoring and the returned questionnaires was used to develop an annual business plan for the service. The business plan allowed the service to recognise any shortfalls and make plans according to drive up the quality of the care delivered.