Care Management Group Limited

Community Support Services (CMG)

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

Community Support Services (CMG) is a supported living service. At the time of the inspection this service provides care and support to people living in four '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.

This inspection took place on 22 and 25 June 2018 and was announced. There were 17 people using the service at the time of our inspection.

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. 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 was at the home during the time of our inspection.

There was positive feedback about the service and the caring nature of staff from people who used it and their relatives.

We have made a recommendation around the management of end of life care. At the time of our visit although some information was present the service did not have detailed information on people's preferences and personal choices on how they would like to be supported at the end of their life should it arise.

People were safe with the Community Support Service CMG. Staff understood their duty should they suspect abuse was taking place. Risks around people's health and safety had been identified and discussed with them to minimise these risks. Staff managed the medicines in a safe way and were trained in the safe administration of medicines. Where possible, people's independence was prompted so they could manage their own medicines.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the buildings they lived in. Accidents and incidents were reviewed to minimise the risk of them happening again.

There were sufficient staff deployed to meet the support hours and needs identified for each individual. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people. Staff received an induction when they started at the service and ongoing training, tailored to the needs of the people they supported.

Before people moved into the home, their needs were discussed with them and their families to ensure staff

could provide the care and support they needed.

People were supported to make their own meals where ever possible. They were supported to have a balanced diet and they were encouraged to keep hydrated. People had enough to eat and drink, and specialist diets either through medical requirements, or personal choices were provided.

People were supported to maintain good health. They had access to relevant healthcare professionals when they needed them. People's health was seen to improve because of the effective care and support given by staff.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People received the care and support as detailed in their care plans. These care plans were based on goals that people wanted to achieve, and the support needed to achieve them. People were involved in their day to day care decisions. The staff knew the people they cared for as individuals, and were positive in their interactions with them. Staff treated people with kindness and respect.

People knew how to make a complaint. Where comments had been received the staff had responded to try to put things right.

People had access to a range of activities. These were used to promote people's confidence and independence. They ranged from in-house activities such as doing household chores, to taking part in sport and social activities in the local community.

The registered manager and provider had a clear vision and set of values based on providing personalised care to people. Staff understood this and demonstrated these values during the inspection in their interactions with people. Quality assurance processes were used to make improvements to the service and the experience of people who use it. People were also involved in this process, such as being part of a Quality Checkers initiative.

People and staff were involved in improving the service. People were involved in senior management meetings with CMG to ensure the 'people's voice' was heard. Feedback from meetings and surveys was reviewed and action taken to respond to ideas and suggestions. The management liaised with outside agencies to review and make improvements to the service.

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 was safe.

People felt safe using the service. Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines in place for staff to minimise the risk.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the service.

People's medicines were managed in a safe way, and they had their medicines when they needed them. People were supported to manage their own medicines where possible.

Accidents and incidents were reviewed with people and action taken to minimise the risk of them happening again.

Is the service effective?

Good

The service was effective

Peoples and their families had been involved in the assessment of their needs prior to coming to use the service. This ensured those needs could be met.

Staff had access to training to enable them to support the people that used the service.

People had enough to eat and drink and had specialist diets where a need, or preference, had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's

liberty may be being restricted, appropriate applications for DoLS authorisations had been completed.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. Peoples independence was promoted by staff.

People could have visits from friends and family, or go out with them, whenever they wanted. People's right to practice their faith was respected and supported by staff.

Is the service responsive?

Good

The service was responsive.

We made a recommendation around the process for how people would be supported at the end of their lives. People and their families had been asked, but said they did not want to discuss the issue at that time.

Care plans gave detail about the support needs of people and what they wanted to achieve in their lives. People were involved in their care plans, and their reviews.

Staff offered activities that matched people's interests and promoted their confidence and independence.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well-led.

The provider and registered manager regularly spoke to people and staff to make sure they were happy.

Quality assurance checks were effective at ensuring the home was following best practice.

People and staff were involved in improving the service. Feedback was sought from people via meetings and surveys.

The registered manager understood their responsibilities with regards to the regulations, such as when to notify CQC of events.	

Community Support Services (CMG)

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.

Why we inspected - This was a routine comprehensive inspection, and was the first inspection of this service since it had registered with CQC. This inspection took place on 22 and 25 May 2018 and was announced. The first day was spent reviewing files in the office, and talking with relatives. The second day was spent visiting people who received support from the service.

The inspection team consisted of one inspector.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed 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 plan to make. This information was reviewed to see if we would need to focus on any particular areas at the service.

We spoke with six people who used the service, and three relatives. We spoke with five staff which included the registered manager who was present on the day. We observed how staff cared for people, and worked together. We also reviewed care and other records within the service. These included four care plans and associated records, four medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

We also contacted commissioners of the service to see if they had any information to share about the home.

Good

Is the service safe?

Our findings

People told us that they felt safe being supported by staff from the Care Management Group (CMG) Community Support Services. The main reason they felt safe was due to the number of staff present and how staff supported people. One person said, "It's knowing they are they are there for me. CMG does more for me than any other agency I have." A relative said, "It's about the treatment he gets (from staff), they really idolise him." Another relative said, "My family member couldn't walk after a hospital so they put in rails where they live."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. One staff member said, "I would talk to the manager, if she was involved I would go to the regional manager. We also have a confidential telephone number we can call to report things. I can also contact the police if needed." Staff knew they could go directly to the social services safeguarding team if nothing was done to address their concerns. Notifications to the local authority safeguarding team had been made when appropriate.

People were kept safe because the risks of harm related to their health and support needs had been assessed. People had been involved in assessments of risk, to promote independence. For example, where people expressed an interest to manage their own medicines. Staff worked with one person to ensure they understood what the medicines where for and the side effects. Hazards to people's health had been risk assessed for issues such as epilepsy, use of catheters, falls and choking. When individual risks had been identified, the care plans contained clear guidance for staff on how to manage these. For example, how to support someone with epilepsy. The assessment of risk detailed what situation or activity may bring on a seizure, and how staff could support the person. Staffs knowledge of how to support people to keep them safe matched the guidelines in the risk assessments. As people's needs changed the staff ensured that risk assessments were updated and appropriate equipment was used to support people, such as walking frames where people's mobility decreased.

People's care and support would not be compromised in the event of an emergency. One person told us, "We regularly talk about safety at the resident's meetings we have." Information on what to do in an emergency, such as fire, was clearly displayed around people's homes and people took part in fire drills. People also had personal evacuation plans, which were understood by staff. These detailed the support and equipment they would need if they had to be evacuated from the building.

Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place to ensure people would be cared for if the houses they lived incould not be used after an emergency.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people using this service. One person told us, "The way the staff work gives me a bit more flexibility with what I can do. Such as I can get support if I need it to go into the local community." A relative said, "For the number of

young people and their needs I think there is enough staff. They are creative in how they cover sickness (to ensure care is not affected)."

Staffing levels were based on the individual needs of people, and the hours they had been funded for. The registered manager regularly reviewed staff deployment to ensure people got their care and support at the right times. Staffing rotas for each of the services managed by Community Support Service CMG recorded that the number of staff on duty matched with the designated support times and hours of each individual. Our observations over the day of the inspection demonstrated a good level of staffing was in place to meet people's needs. People were able to go out on activities with staff support, because staff where on the rota to help them.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that potential staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely, and they were involved in the process as much as they were able to be. When administering medicines care staff were calm and unrushed and ensured people received the support they required. For 'as required' medicine, such as pain killers, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. Where people had allergies, this was recorded on the medicine administration record (MAR), and staff who gave medicines knew about them. Staff who administered medicines to people received appropriate training, which was regularly updated, including having their competency checked.

The ordering, storage, and disposal of medicines were safe. Medicines were stored safely and securely in locked cabinets at each of the locations managed by this service. The temperature that the medicines were stored at was monitored to check they were kept within the manufacturers recommended temperatures. Used medicine was collected by a specialist contractor for safe disposal and a receipt given for records.

Staff understood their responsibilities around maintaining a safe environment for people. They ensured the floors and doors were kept clean. Equipment such as walking frames were regularly serviced and cleaned to make sure they were safe to use. Staff wore appropriate personal protective equipment when giving personal care, or when serving food to minimise the risk of spreading infection.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents had been taken. For example, one person had an incident when on a sporting leisure activity. Staff talked through the incident with the person and then agreed a plan with them to reduce the risk of it happening again.

Good

Is the service effective?

Our findings

People's needs had been assessed before they used the service to ensure that their needs could be met. One relative said, "When [the registered manager] came to us for the initial meeting, she had done her homework. She knew everything that had been documented about my family member and had a total picture of him. This enabled her to know if he would be a good fit into the service. She focussed on what he could give to the community there and what they could do for him." The registered manager explained how the process worked, and how people and their relatives had been involved. Assessments contained detailed information about people's care and support needs. The assessments also reviewed people's psychiatric requirements or use of specialist medicines that may be required to see if there were any specific legislation or standards that needed to be met.

Peoples life choices were also discussed during the assessment, for example to find out if they were from the LGBT+ communities and how these could be supported. Although no one had any particular requirements at the time of our inspection, the registered manager was able to give examples where people had been supported with this at other CMG services.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice. Training was also provided so staff were able to understand peoples specific support needs, for example administering specific types of medicine.

Staff were effectively supported. Staff told us that they felt supported in their work. Staff had regular one to one meetings which took place with their line manager. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

People had enough to eat and drink to keep them healthy. People were involved in the menu and selection of meals. We observed people being involved in making their own meals, such as placing toppings on pizzas, or being supported by staff to cook hot meals. The support and involvement was based on the needs of each individual. People's food choices, preferences and specialist dietary needs were respected by staff. One person with specific cultural background was supported to have access and prepare food from that culture. The person's family member came and showed staff how to prepare meals to enable this to be done. Healthy options such as fruit and salads were promoted by staff. People had their own money to purchase their food and many did their own food shopping.

People were protected from malnutrition and dehydration. Drinks were offered to people throughout the day and people were able to get drinks for themselves. Care plans contained nutritional assessments and where a risk was identified people's weight was recorded and monitored each month. When people had been assessed as being at risk of malnutrition or dehydration, care plans provided clear guidance for staff. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy because staff worked effectively with healthcare services. People had health action plans in place to record when they had visited health care professionals and any action that had been required as a result. One person had been referred to the dentist around their dental hygiene. The dentist advised them to concentrate on their gums, as these were being missed when the person brushed their teeth. At a following visit the dentist recorded that the persons dental hygiene had improved as a result of the guidance and the support given by staff.

The 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. One person said, "My assistant (staff) helps me to understand things."

Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. Staff had an understanding of the Mental Capacity Act 2005 including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said, "It's about making sure they have the capacity to understand what's going on, and being fully aware of the decision and possible outcomes. It's about letting them make decisions for themselves. If we disagree, we offer advice, but it's their decision we have to support." An example was seen where a person wanted to buy a particularly expensive item related to a popular film. They agreed to have a discussion about it with family. A relative said, "As parents we are always kept in the loop. The manager called us to talk about it. We all weighed up the pros and cons with my family member, and they asked our opinion. At the end of the day he is an adult, and he had saved the money." The result was the person was supported to buy the item they wanted. Staff asked for people's consent before giving care and support throughout the inspection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people's liberty was restricted to keep them safe, appropriate applications had been made to the DoLS Board. People were supported in accordance with these DoLS authorisations.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "I get on really well with them. We just laugh all the time. Even if I'm having a difficult time, they understand me." A relative said, "Staff are 'top grade'. I have peace of mind knowing he is happy and that he is loved." Another relative said, "They (staff) actually care for the people they support, it feels real. My family member calls where he lives his home – an indication of how good they are."

Staff were seen to be caring and attentive with people. When asked about the thing they most enjoyed about their job, one staff member said, "It's the guys [people they support.] They are like my second family." All the staff were seen to talk to people whilst carrying out their duties, or taking time away from their duties to talk with them. This caring attitude was seen from all the staff, including the registered manager, at each of the locations we visited on the days of the inspection.

Staff were knowledgeable about people and their past histories. A relative said, "They know all about the individuals they support." Staff were able to tell us a lot about the people they supported without access to the care notes, including their hobbies and interests, as well as medical support needs. Care records recorded personal histories, likes and dislikes, and matched with what staff had told us.

Staff communication with people was warm and friendly, showing caring attitudes during their conversations. Where people showed signs of discomfort staff took time to communicate with them to try to find the cause, and offer support to ease it. Staff made eye contact with people when they spoke with them, and were seen to display affection such as holding people's hands, or placing a comforting hand on their shoulder. Staff treated people with dignity and respect. For example, they made sure people were dressed appropriately for the activity they were doing. They also saw when clothing had become dishevelled and helped the person straighten it out discreetly so their modesty was maintained.

People were given information about their care and support in a manner they could understand. Staff understood people's individual communication methods, for example, staff were seen to use a particular form of hand signing to help a person understand a plate was hot. Information was available to people around each house, such as upcoming events that people may be interested in, as well as photographs of past events that people had enjoyed. Care plans were developed in a way to enable the people to be involved in them as much as possible. Easy read plans were in place for those that needed them, while other people had text based plans.

People were involved in decision making about their care, and their independence was supported. One person said, "I like the independence staff give me, they are amazing." A relative said, "They have the balance right. Before my family member came here he was dreadful with money, now he saves and understands the value of saving his money." People were supported to gain qualifications such as independent living skills, and staff worked with them to put learned skills to use in their house. People were involved in tasks such as cleaning their rooms and assisting with the laundry. Observations of people being involved in their care were seen when staff asked people if they needed help to get ready to go out, or

checking if people were comfortable or needed any assistance. We observed people coming and going into and out of their houses throughout the day. Others moved around their houses unaccompanied, returning to their rooms when they wished.

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs, and how the person's care may be affected due to those beliefs. People had access to local community services so they could practice their faith. Staff understood how important people's right to practice their faith was. People told us they could have relatives visit when they wanted, or go out on their own or with their relatives or friends when they wished. One relative said, "They (staff) come and get me so I can visit him, or support him so he can visit me."

Good

Is the service responsive?

Our findings

At the time of our inspection no one was being supported at the end of their life. The majority of people supported by this service were young people. The registered manager said people's families had been involved in discussions but had all signed that they did not wish to discuss the topic at this time. It is recommended that the provider review the end of life care and support information to ensure peoples preferences and beliefs would be followed at the end of their lives.

People received care and support that was responsive to their needs. When asked if they received the right care and support at the time they needed it everyone told us, "Yes." People were involved in their care and support planning. One person said, "Yes I do have a care plan, I sign it to say I agree."

Care plans were based on what people wanted from their care and support. Reviews of the care plans were completed regularly by care staff so they reflected the person's current support needs and goals. People's choices and preferences were documented and were seen to be met. The files gave an overview of the person, their life, and support needs such as, health and physical well-being, personal care, spiritual and religious belief.

Care plans addressed areas such as how people communicated and specific support need they may have. One person said, "My support plan is all about my like skills. It says what I need one to one support with, like cooking and where I need less help, like doing my laundry." The care and support plans focussed on what support people wanted to live their life the way they wanted. They covered topics such as building relationships, gaining independence, and important safety information. Each section had a goal the person wanted to achieve and what staff support was required to help them achieve this. Peoples achievements towards their goals were recorded using photographs, so they and their families could see what they had achieved. Care and support given to people on the day of the inspection match with the guidance in the care plans.

People had access to activities to keep them entertained and promote their independence and confidence. One relative said, "They keep my family member active and support him to go out." Many people were able to go out independently into the local community, with some people attending college courses such as cooking skills, or drama class. People were supported to take part in social activities and sports such as cycling and martial arts. This helped to boost their fitness and gave them the opportunity to meet with friends in the local community. During our inspection people were active and entertained throughout the day.

People were supported by staff that listened to them and would respond to complaints or comments. One person said, "We have the complaints procedure on the noticeboard. I would be happy to complain if I felt unhappy about anything."

There was a complaints policy in place that was clearly displayed around each house. The policy included guidelines on how and by when issues should be resolved. There had been no formal complaints since the

service registered with the CQC. However, comments had been recorded and acted on, as if they were complaints. For example, one person reported that lights were out in their house, this was rectified. A relative was unhappy about a person not wanting to go home to visit them. Staff met with the family and the person. A positive resolution was achieved. Staff understood the importance of recording such comments, even though they were not made as formal complaints. By doing this they ensured issues were promptly resolved before they became a bigger problem.

Good

Is the service well-led?

Our findings

There was a positive, person focussed culture within the service, which was reflected in our findings across all the five key questions that we asked. One relative explained why they felt the service was good. They said, "The person who started the company (CMG) was also looking for a supported living service for their family. So they started CMG." They went onto explain that they felt this gave the leader of the organisation a personal understanding and hands on attitude to caring for people. A person said, "I have met [CEO's name] he often comes to visit us and check everything is OK." Staff described how the chief executive officer often turned up unannounced to check on the standards of care and support. One manager said, "He (the CEO) is involved in each service, he'll even do shifts at the homes to get an understanding of people and staffs experiences." Staff were confident in their roles and had a clear understanding of the values and visions of the service.

People stated that the service was well-led, and they were happy with the management. One relative said, "We never have a problem with them, they pre-empt everything. We are so happy with the experience our son has had with them." The registered manager and all the staff teams we visited were visible and polite throughout the inspection and were also approachable to clarify any questions we raised.

Regular weekly, monthly and quarterly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. The registered manager described how the findings of audits were sorted by importance, using a red, amber, green scoring system. These highlighted which issues should be a priority for the staff team to resolve. Findings from these audits were also discussed at senior management level. For example, at the CMG Safeguarding meetings that regularly took place to review incidents across the CMG organisation. Action taken to resolve issues was then shared across the service provider so that everyone knew of the issue and what to do to prevent it happening where they worked. This also encompassed learning from outside agencies and incidents. An example was where the findings from Grenfell Tower were reviewed at staff meetings. CMG properties were required to review their fire risk assessments and review the condition of all refrigerators and freezers that were in use.

People, their relatives and health care professionals were asked for feedback about how the service was managed and if any improvements were needed. One relative said, "Oh yes, they send us questionnaires to complete, but we never have anything that needs to be changed." CMG also used a quality monitoring tool which was based on the same areas as covered during a CQC inspection and included feedback from stakeholders and people who used the service. This was all positive in the audits we reviewed.

Regular house meetings took place to ensure people had a say in how the houses they lived in were managed. Many of these meetings were chaired by people who lived there, rather than staff. In addition, people were supported to be involved in the CMG head office functions. One person was a quality checker, and visited CMG services to gain feedback from people about the service they received. Another person was a representative for people using the service at regional CMG meetings. There was also a people's parliament in place which gave people the opportunity to work with senior staff within CMG and make positive changes. One result of this input was people being offered health and safety training in a format

they understood. People are now able to help staff with health and safety audits in their houses.

Staff were involved in how the service was run and improving it. The registered manager had regular meetings in addition to handover meetings. They were able to bring forth ideas and suggestions, and discuss learning from incidents. Staff told us the registered manager had an open-door policy and they could approach the manager at any time. Staff felt supported and able to raise any concerns with the registered manager or CEO.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.