

Care Management Group Limited

Care Management Group - 59 Bury Road

Inspection report

59 Bury 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 ●

Summary of findings

Overall summary

About the service

Care Management Group – 59 Bury Road is a residential care home providing accommodation and personal care to six people living with a learning disability or autistic spectrum disorder at the time of the inspection. The service can support up to six people in a large residential property.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People continued to receive safe care at 59 Bury Road. Staff understood how to provide safe care and guidance was in place for staff to follow to reduce risks to people. The service acted to safeguard people from abuse and people, staff and families were made aware of how to report any concerns. Staff were safely recruited and there were enough staff to meet people's needs. Medication management was safe, and staff used protective equipment to protect people from the spread of infections. Incidents were used to improve care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager acted to address the assessment and review of people's mental capacity where required during the inspection.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's needs were assessed, and these were met by staff who completed the appropriate training and received support to provide effective care. Staff used a positive behavioural approach to support people to manage behaviours that may challenge others or cause them harm. People's healthcare and dietary needs were assessed and met. The service offered a homely environment and people's rooms were personalised.

People were supported by kind, caring and compassionate staff. Staff understood how to support people when they were distressed or anxious and provided a thoughtful and consistent approach to supporting

people at these times.

People's communication needs were known, recorded and met. Care plans were clearly laid out and described how people preferred to receive care and this was followed in practice. People were supported to participate in activities that met their interests. A complaints procedure was in place and available to people in an accessible format. People had been supported to consider their end of life needs.

The service had experienced several staff and leadership changes over recent months. Staff told us the new registered manager had improved the culture of the service and people benefited from a more inclusive and person-centred approach. There was a system in place to monitor and improve the quality and safety of the service. We have made a recommendation for the provider to improve the implementation of the Mental Capacity Act (2005) which provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Management Group – 59 Bury Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Care Management Group - 59 Bury Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector

Service and service type

Care Management Group – 59 Bury Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and we observed the care of others in communal areas who could not talk with us. We spoke with seven members of staff including the regional manager, registered manager, deputy manager, lead support worker and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the relatives of two people to ask their views on the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be safely cared for at the service. People told us they were safe a person said, "I feel safe, staff help me." Two relatives told us the service was "Absolutely" safe. A relative added "I think they are very good on that side of it, although they introduce different activities they are clearly risk assessed before they do anything, I would say they let them experiment."
- The registered manager told us "We have an easy read safeguarding poster which has a picture of myself and [regional manager]. They [staff and people] know there is an open door here as soon as I come in, in the morning I make myself visible. I am coming into their home, so I always go into them first and check everything is OK and have quick cup of tea."
- Following a recent television documentary about the abuse of people living with a learning disability. The provider had written to all staff and people's families to reiterate the importance of reporting anything of concern including how to report confidentially.
- Policies, procedures and training were in place to guide staff on safeguarding people from abuse and staff we spoke with understood their responsibilities to report and protect people from harm.
- Staff knew about the individual risks to people from abuse and how to promote their safety.
- Systems were in place to check people's money was safely managed where the service was responsible.

Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff how to care for people safely. These included risks associated with choking, accessing the community, health conditions and risk of behaviours that challenge others. Risks associated with managing money and medication were assessed considering people's knowledge and skills including what they could do themselves.
- People had individual Person Emergency Evacuation Plans (PEEP's) these detailed the support people would need in the event of a fire or other emergency to leave the building safely.
- Environmental risks were assessed, and action was taken to prevent a reoccurrence when an incident had occurred. For example; pins had been removed from notice boards as they presented a risk to a person. Fire safety drills were completed with people and regular health and safety checks, including tests on installations and equipment were carried out.

Staffing and recruitment

- Staff were recruited safely. The required checks were completed to protect people from the employment of unsuitable staff.
- There were enough staff with the competencies and skills to meet people's needs. Staff told us there were sufficient staff on each shift to care for people safely and ensure they could participate in community activities.

- The service had experienced a high turnover of staff over recent months, however the registered manager told us they now had a full permanent staff team and said, "We now have an amazing staff team with a good mix of skills and experience." A relative said "They have a really good team of staff now, they have had changes but to me it really feels settled as a home now."

Using medicines safely

- Procedures were in place and followed for the safe administration and disposal of medicines. Records showed people received their medicines as prescribed.
- Staff completed training in medicines management and their competency was assessed before they administered medicines and annually to check they continued to support people safely.
- When people were prescribed medicines to be taken as and when required such as those prescribed to support people to manage behaviours which put the individual or others at risk, protocols were in place to guide staff as to their safe and appropriate use.
- Person centred medication care plans described people's needs and preferences in relation to their medicines.
- The storage of medicines was not always safe. Medicines storage had recently been moved into individual locked cabinets in a small communal room. The temperature of this storage was not being effectively monitored at the time of the inspection the registered manager acted to address this. We saw that people were supported to have their medicines in private.

Preventing and controlling infection

- Procedures were in place to protect people from the risks associated with the spread of infection. Staff used Protective Personal Equipment (PPE) such as gloves and aprons when supporting people with their personal care. Infection control audits were completed to monitor controls were effective.

Learning lessons when things go wrong

- The registered manager told us they worked closely with the team following an incident, to look at what could have been done differently. They gave us an example of how following an incident the team had developed a different approach to a person to prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans were developed in their best interest when they lacked the capacity to give their consent.
- Where decisions had been made to use restrictive practices, for example, where people had restrictions in place such as an alarm on their door to monitor their movements for their safety. There was a recorded analysis of the rationale for the decision and risk assessment, this included using the least restrictive option.
- People's knowledge and skills had been assessed to show what they could do for themselves in terms of managing their medicines and money. However, it was not evident the two-stage test of people's capacity had been undertaken prior to these decisions being made in their best interests.
- A mental capacity assessment and best interest decision had been carried out prior to a DoLS being applied for. However, in the care plans we reviewed people's mental capacity to consent to this had not been reviewed since 2014, although DoLS applications had been made annually. It is important to review people's capacity to make decisions to ensure they remain relevant and lawful. DoLS had been authorised appropriately and no conditions had been made.
- During our inspection the registered manager acted to address these concerns and to carry out mental capacity assessments in relation to decisions concerning restrictive practices, medicines and finance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed. A care plan was developed from a

needs assessment to show how people preferred to receive care that met their assessed needs.

- Staff had access to policies and procedures based on current standards and the law.
- People's status in relation to the protected characteristics under the Equality Act (2010) were asked about except for their sexual orientation. This is important to ensure care and support is delivered in line with legislation, people's choices and preferences and helps prevent discriminatory practice. The provider had developed guidance in relation to supporting people who are transgender, and the registered manager told us work was in progress to develop guidance for supporting all people with their diverse needs in relation to their sexual orientation.

Staff support: induction, training, skills and experience

- Staff completed an induction which included spending time working alongside more experienced staff to learn about people's needs and how to meet them.
- Induction included training which was periodically updated to ensure staff refreshed their knowledge and skills.
- Training included working with a Positive Behavioural Support (PBS) approach to guide staff on safe techniques to use with people when they experienced behaviours that challenge others or cause them harm.
- A relative said "They [staff] are very good, [person] has challenging issues at times and they [staff] are good at seeing them arrive and at restoring [person], the number of incidents has reduced dramatically."
- Staff had completed training such as; awareness of learning disability, mental health and dementia, autism and epilepsy training to support them to meet people's needs effectively. A staff member said "Autism training was the most helpful training as I didn't understand it – the training was really in depth about the science behind things as well. This helped me to build a bond with [person]."
- Staff were supported through supervision, appraisal and competency assessments to identify their development needs and reflect on their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary and nutrition requirements were met. People's care plans included information about their dietary needs and this was followed in practice.
- When people had risks associated with eating and drinking staff knew how to support people safely. Staff completed food safety and fluids and nutrition training.
- People were given choice about the food they ate and planned the menus with staff on a weekly basis. Pictures of food were used to help people make choices. A staff member told us how they checked with people whether they still wanted the option on the menu or whether they preferred an alternative. A person said, "If I don't like it (dinner) I choose another thing, I tell staff." People ate out once a week with a staff member for a meal of their choice.
- People's weight was monitored, and staff supported people to make healthy choices to promote their wellbeing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had Health Action Plans (HAP) in place. These detailed the support people required with their healthcare needs and when they received this. A relative said "They [staff] certainly keep up all the medical side they pay attention to that."
- When people visited a healthcare professional a record of the visit was made and shared with all staff using a read and sign file. This enabled all staff to be updated on people's needs.
- People's oral health needs were recorded in an oral health and hygiene plan. This included any oral hygiene issues and the support they required.

Adapting service, design, decoration to meet people's needs

- The service provided a comfortable and homely environment; people's rooms were personalised with pictures and objects consistent with their interests. All rooms had a private bathroom.
- The garden was being improved at the time of our inspection and this will provide a safer more accessible space for people to enjoy gardening and outdoor activities.
- People chose colours for redecoration and would be contributing to a painted mural in the home.
- Adaptations were in place such as warning lights for a fire alarm in the rooms of people who would not be able to hear an alarm.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at 59 Bury Road. One person told us they were "Happy here" and went on to talk about all the things they enjoyed doing. Another person said, "Staff help me with my bad neck and I caught my fingers in a door and they helped me, we had a cuddle and a laugh." One person signed they were happy with thumbs up when asked.
- Relatives told us people were "Happy" living at the service. A relative said "They [staff] all interact with the service users, it just feels like a family." Another relative said "I would say it is a calm atmosphere and relaxed nobody seems to be stressed or with a sense of urgency, but all the users are being catered for in a responsible but calm manner."
- We saw that staff were kind, caring and compassionate in their interactions with people. Staff were sensitive to people's needs when they were upset. Staff knew what triggered people to be distressed and supported people compassionately when they were experiencing a bad day. Staff were seen to be good humoured and having fun with people, people appeared confident and comfortable with staff.
- The registered manager told us how they and another staff member had "Filled the bus with balloons" because a person loved them and took the person to the air balloon show. This had supported the person to have a good day on a difficult anniversary for them.
- Staff spoke in a caring way about the people they supported, telling us about people's interests, likes and dislikes and how they acted to support people to have a good quality of life.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us how they involved people in decisions and a staff member "We work with them [people] to make their own decisions and we will talk them through it if they want to make a decision."
- People were given choices about what they ate, what activities they did, when they got up and went to bed. People's care plans described their preferred routines and how they like to 'live their life'. We observed staff offering people choices.
- Relatives confirmed people were involved in decisions and a relative said "Its [decisions] very much presented as a choice to them, service users have a strong free will."
- Two people had an advocate to support them in making decisions and representing their decisions to others. This supported people to have control of their own life.

Respecting and promoting people's privacy, dignity and independence

- Staff completed training in privacy and dignity and those we spoke with understood how to promote this in care.

- Female residents were supported by female staff. Staff were aware of the risks to people from behaviours which could at times affect their dignity and acted to promote people's dignity.
- People were supported to be as independent as possible. For example, staff told us how they supported people to do what they could. One person worked regularly in a shop and staff attended work with the person to enable them to do this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person centred care plans were in place to describe people's preferences and important information that staff should be aware of in providing support. Information was included about people's history and preferred routines. Some care plans were being updated at the time of our inspection. However, up to date information was recorded and available to staff in a communication file which they read and signed daily.
- Relatives told us people were supported in line with their routines which were important to them. They said the service involved them in reviews and shared important information appropriately.
- Care plans were clearly laid out and included any risks so guidance for staff in providing appropriate care was readily available.
- Staff we spoke with understood people's care needs and described how they provided care in line with people's care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's communication needs. Staff knew about people's communication needs and were able to meet them. For example; staff used Makaton and British Sign Language, easy read information and pictures.
- A relative said "[person] uses some simple signs, Makaton and those of [person] own making they interact with staff quite a lot and staff know [person] communication needs."
- People had a communication passport, and this could be shared with other agencies if this was agreed by the person or in their best interests.
- One staff member said, "A strength in this team is communication with people, also people we support will help us learn signs." They went on to tell us how some people were using assistive technology to aid communication via tablets with picture and symbol software.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed activities in line with their interests. For example, a person said, "I go down the town, swimming, shopping, long walks, puzzles, I've got a drum kit in the shed and I go to the Monday club." Another person said they enjoyed "Shopping and working in shop, swimming, playing pool, clubs, the leisure centre seeing family and going to the café."

- A person's relative said "They [staff] are looking for external things like the work and the clubs [person] goes to and the holidays they arrange they care for [person] in that way too – it keeps [person] socially and mentally buoyant – it creates an atmosphere to look forward to things."
- People were supported to maintain their important relationships. For example, the service supported a person to visit their relative when they were unable to visit the person. Another relative said "When they do things like birthday parties this is for the wider family and not just us."
- People went to social clubs where they could meet with others.
- Staff confirmed people were able to participate in the activities they chose in the community and in the home.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service. The registered manager told us when a complaint was made this would be discussed at Board level. They said lessons learnt from complaints was then used to inform the key messages to staff which was sent by email and available on the intranet home page. For example, the importance of professional conduct in the community.
- A complaints procedure was in place which detailed the responsibilities of staff in responding to complaints and how these would be monitored and investigated. An easy read version was available for people.
- Relatives comments included "No complaints but if I had one I would go to the manager first she is very approachable they [staff] all are." "Absolutely without hesitation we could talk to [registered manager] and we feel she would listen appropriately."

End of life care and support

- No one using the service was receiving end of life care at the time of our inspection.
- Four of the six people supported had an end of life care plan in place. One person was currently developing their plan and one person did not want to engage now. People's needs and choices in relation to end of life care had been explored with them and their families.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had been without a registered manager in post for some time. Arrangements in place to cover for the absence of a registered manager had not been consistent which meant the service had experienced several changes in leadership. The current manager was registered in August 2019.
- Staff spoke positively about the registered manager a staff member said, "I find her very fair, she is a god send to me as she is showing me the right path and the service users love her and she is brilliant with them." Another staff member said, "I think she [registered manager] has been really good for this place, and [deputy manager] they care about this place so much they are there for the staff it's a really nice place to work, they complement each other really well."
- Due to the departure of a number of staff the service had a mostly new staff team. Staff spoke positively about this and the deputy manager said, "The team are really brilliant." The registered manager told us they had focused on building a person-centred approach within the team and this was confirmed by staff. A staff member told us how people had benefitted from a positive change in culture, with people appearing to be happier and having more choice and control.
- A relative told us the culture had improved and said "[registered manager] has been very good at dealing with [person] as an individual and what she thinks are their individual requirements and I like to think she [registered manager] treats others the same." Another relative said "She [registered manager] has been like a breath of fresh air. She is efficient, she is a nice friendly happy person and she's involved. I feel that she is involved with the service users."
- The provider had recently merged with another organisation. New values were being disseminated through the organisation via events for managers and team meetings. These included, making things happen, having fun, being brave and valuing everyone.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. They said, "It's not a blame thing." They went on to describe their responsibility to notify people about incidents and to be open and honest when things go wrong. They had not had to act under the duty of candour in their current role.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- An effective system was in place to monitor the quality and safety of the service people received.

- A system of audits provided monitoring information and actions for improvements which was overseen by the regional manager and the provider's governance department. Actions were monitored for completion by the regional manager who carried out an audit every three months.
- We found that mental capacity assessments were not always in place as described in the effective domain. This had not been identified through the providers audit.

We recommend the provider consider current guidance on implementing the MCA (2010) and act to update their practice accordingly.

- Staff were supported to be clear about their roles through the processes of supervision and team meetings.
- Services that provide health and social care to people are required to inform CQC of important events that happen at their location in the form of a notification. We use this information to monitor the service and to check how events have been handled. We found incidents had been notified to CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- An annual quality review was carried out using feedback from people and their families. We looked at the analysis from the survey carried out for 2018/19. This showed the comments had been mostly positive. Some actions for improvement had been identified and these were being acted on such as improvements to the garden.
- Relative confirmed they were asked for their views on the service, a relative said "They usually ask us for opinions and feedback – I'm always happy to give something – we think they do a good service."
- Staff we spoke with told us they could discuss their ideas and feedback with the registered manager and during the team meetings. A staff member said "I feel listened to as a staff member, we always have meetings every month and we speak about things and we will say if there is any issue we [staff] want to raise."
- Policies were in place to support the human rights of people supported and staff. All staff completed training in equality and diversity to support their understanding of providing fair, respectful and inclusive care.

Continuous learning and improving care

- The registered manager told us the organisation supported staff to learn and develop to improve the care people received and said, "A staff member is interested in developing counselling skills so is looking into that and I'm not that hot on my Makaton and I have been told to find a course."
- They went on to tell us that the culture in the service was "let's try this", we are constantly learning each day."
- The registered manager had an action plan for improvements required to the service and we saw tasks were being completed, for example care plan updates and reviews were being completed.
- The provider had a clinical team who supported staff to learn about positive ways of supporting people with behaviours that challenge others or cause harm. These plans were evaluated to check if they were effective and to learn from the feedback.
- All incidents were reported on to the provider's governance system and seen by the regional manager. The provider's board meetings considered information from incidents across the organisation and information was shared within the organisation about improving care.

Working in partnership with others

- The service worked with a range of health and social care professional to meet people's needs and promote positive outcomes.
- This included, advocacy services, learning disability nurses based at the hospital, dental practices and GP's as well as local charities and community resources for people living with a learning disability.

- Staff told us people were well known in the community and made use of amenities such as local leisure facilities, a snooker club and cafes.