Care Management Group Limited

Care Management Group - 3 The Droveway

Inspection report

3 The Droveway
Hove
East Sussex
BN3 6LF

Tel: 01273563935
Website: www.cmg.co.uk

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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

The inspection took place on 8 August 2017. 3 The Droveway is a residential care home that provides care and support for up to six adults with profound and multiple learning disabilities, physical disabilities, communication and sensory impairments and complex health needs including epilepsy. At the time of the inspection there were six people living at the home. The Droveway is a residential road in Hove with local shops and a park nearby. The accommodation is arranged on one level, all on the ground floor and is fully accessible. The service had a communal lounge, dining area and an attractive and fully accessible garden.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the last inspection in May 2015 the service was rated good in all the domains and overall. At this inspection we found that the service continued to be good.

Staff had a clear understanding of how to assess, monitor and manage risks to keep people safe. There were enough suitable staff on duty to care for people safely. Medicines were stored and administered safely and staff understood their responsibilities with regard to safeguarding people. Relatives told us that they were confident that their relations were safe at the home. One relative said, "I visit regularly and there are always enough staff on duty." Another relative told us, "They provide brilliant care, it is absolutely safe."

The provider had robust recruitment systems in place and staff were supported in their roles. They received the training they needed to look after people and support their needs. One staff member said, "The training we get is very useful and relevant to the role." Relatives told us they had confidence in the skills and knowledge of the staff. One relative said, "They are very well trained, if not they couldn't do the job."

Staff understood their responsibilities with regard to the Mental Capacity Act 2005 and people's capacity to make decisions had been considered. There was clear documentation to show how decisions had been made in people's best interests, in line with the legislation. Staff continued to seek consent from people about everyday decisions and offered them choices and options. People were supported to access the health care services they needed. When people had needed to be admitted to hospital staff members had stayed with them to support them to communicate. One staff member said, "We make sure that staff can stay with them because they are so vulnerable without people who know them well."

People were supported to have the food and drink they needed. Risks associated with eating and drinking had been identified and assessed. Where Speech and Language Therapists had made recommendations about how to support people safely these had been incorporated into people's care plans to guide staff. Staff monitored people's weight and had a good understanding of people's preferences and dislikes regarding their food and drink.

Staff had developed positive relationships with people. We observed how people were comfortable with staff and showed affection towards them. Staff spoke with warmth and admiration about the people they were caring for. One staff member said, "They have so much adversity to cope with yet they are cheerful happy people." Relatives spoke highly of the care, one relative said, "The staff are so kind, I don't think (person's name) has ever been happier." People were treated with respect and their dignity was maintained. Staff supported people to be involved in making decisions about their care and support and respected their choices.

People were leading full and busy lives. Staff supported them to access the local community and to maintain their interests. One staff member said, "We need to help people to have the best quality of life that they can possibly have." People were supported to maintain relationships that were important to them. Some relatives told us that staff supported people to visit them and described how this helped them to remain in contact with their family.

The provider had a complaints system in place and relatives said they would feel comfortable to raise any concerns or complaints with staff. The registered manager told us they welcomed complaints saying, "It's important feedback, and helps us to make improvements."

Relatives and staff described the registered manager as being approachable and easy to talk to. They spoke highly of the leadership and management of the home. One relative said, "It is very well managed, the best manger we have known and the deputy is very good as well." Staff told us they were able to raise any issues openly and felt that their views were welcomed and listened to. One staff member said, "The managers are fantastic here, the staff are happy and we all know what we have to do. Any problems we can discuss straight away. It's the best home I have worked in."

There were effective management systems in place to monitor quality within the home. Record keeping was robust and regular audits were undertaken to ensure good governance within the home. The registered manager used a service development plan to drive improvements and this was updated on an annual basis. Staff had a clear understanding of the vision and values of the service and this was embedded within their practice.

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.

Risks to people were managed effectively and staff understood their responsibilities with regard to safeguarding people.

There were enough suitable staff to care for people safely. The provider had robust recruitment systems in place.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received the training and support they needed to be effective in their roles.

Staff understood their responsibilities with regard to the Mental Capacity Act and there were procedures in place to ensure that the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were supported to ensure they had enough to eat and drink. Staff ensured that people had access to the health care services they needed.

Is the service caring?

Good

Staff were caring.

Staff had developed positive relationships with people and knew them well.

People were supported to express their views and were offered choices.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received care in a person centred way. Staff were responsive to changes in people's needs.

People were supported to maintain relationships and to live full and busy lives.

There was a clear complaints process and families knew how to make complaints. Staff used feedback effectively to improve the service.

Is the service well-led?

Good

The service was well- led.

Staff focussed on the people who lived at the home and the service was developed to support their needs.

There was clear leadership and staff understood their roles and responsibilities.

There were effective systems in place to monitor and improve the quality of the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 8 August 2017 and was announced. The provider was given 48 hours' notice because the location is small and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection. The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We observed the support people received. We spent time in the lounge, dining area and garden and we took time to observe how people and staff interacted. Because people were living with learning disabilities that restricted their spoken language we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke to three relatives of people who use the service. We interviewed three members of staff and spoke with the registered manager. We looked at a range of documents including policies and procedures, care records for four people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including four recruitment records, supervision and training information as well as team meeting minutes.

The last inspection of 22 May 2015 identified no concerns. The overall rating for the service was Good.

Good

Is the service safe?

Our findings

Relatives of people living at the home told us they were confident that their relations were safe. One relative said, "They provide brilliant care, it is absolutely safe." Another relative said, "We have peace of mind that (person's name) is safe and well cared for." A third relative said, "I know they are always safe because staff have their eyes on them all the time. It's very safe."

Staff had received training in safeguarding people and demonstrated a firm understanding of different types and signs of abuse. The provider's safeguarding policy was in line with the local safeguarding arrangements. The registered manager told us about a safeguarding alert they had raised with the local authority following a complaint. They explained that this had ensured that there was external scrutiny which provided assurance and promoted openness. Staff said they were encouraged to raise any concerns they had and spoke about the importance of this when working with people who had limited communication skills.

Risks to people had been identified, assessed and plans were in place to manage the risks. People were living with profound and complex disabilities and had specific risks associated with their health needs. Some people had significant health issues which meant they were at risk of developing complications and could need urgent medical intervention at any time. Risk assessments associated with these needs were comprehensive and detailed. This provided staff with clear guidance to manage the risks and included details of how to recognise when further medical attention was required. Some people were living with epilepsy and had specific risk assessments and support plans to guide staff in how to support people with management of the condition.

People needed support to move around and clear manual movement risk assessments and support plans ensured that staff had the information they needed to support people safely. For example, a care plan included guidelines for positioning a person at night time. This included comprehensive guidance for staff on which sling to use with the hoist, equipment to support the person to be in a comfortable position on the bed and photos to clarify the instructions. Staff were observed to be confident when assisting people to move and change position. They consistently followed the guidance in care plans to ensure people were supported to be comfortable and safe. Staff talked to people throughout the process, told them what they were doing and checked that they were comfortable.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. For example, fire records were up to date and checks had been consistently completed to ensure that risks were minimised. Each person had a Personal Emergency Evacuation Plan (PEEP) . This showed that consideration had been given to the support that each person would need if the building needed to be evacuated in an emergency.

Incidents and accidents were recorded and monitored. One incident had resulted in a person being

admitted to hospital. The registered manager explained how analysis of the incident had confirmed that staff had followed the correct procedures and that the care plan and risk assessment had been effective and did not need to be updated. They described regular analysis of incidents to ensure that there was positive learning and any changes that could result in better outcomes were captured and implemented.

Staff told us that there were enough staff on duty to provide care safely. One staff member said, "People's health can fluctuate and when we have a crisis, such as someone being admitted to hospital, we pull together to ensure the shifts are covered as well as providing continued support to the person who is in hospital." The registered manager said that agency staff were not used at the home because people had complex needs and it would be unfair to have staff who were unfamiliar with people's needs. Some regular bank staff were used and permanent staff were said to be flexible when additional staff were needed. A staff member confirmed this saying, "We work together to ensure that all the shifts are covered, it's very rare for us to be short of staff. The managers always help as well and we can call on staff from the other homes in the group to support us when needed." Relatives told us that they had no concerns about staffing levels. One relative said, "There are always plenty of staff on duty because people need high levels of support. They have to have one to one support." Another relative said, "I visit regularly and there are always enough staff on duty."

The provider had a robust recruitment system in place. Prior to their employment commencing, staff employment history and references from previous employers were gained. Appropriate checks with the Disclosure and Barring Service (DBS) were also undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in the social care sector. This ensured that people were protected against the risk of unsuitable staff being recruited.

Peoples' medicines were managed, stored and administered safely. Staff had been trained in how to administer medicines safely and their competency to do so had been checked. We observed a staff member administering medicines. The person was asked to come into the office to protect their privacy when having their medicine. The staff member explained that they were going to give them their medicines and explained what it was for, they checked that the person had swallowed the medicine before signing the Medication Administration Record (MAR) chart. Records were completed consistently and staff explained what they would do if they found a gap or suspected an error. Some people had been prescribed PRN (as required) medicines. There were clear protocols in place for these medicines which described the circumstances when staff should administer the medicine, the required dose and time between doses as well as the expected effect of the medicine. These instructions were clear and detailed providing information about triggers and symptoms that would indicate when PRN medicine should be administered.

Good

Is the service effective?

Our findings

Relatives told us that they had confidence that staff had the skills and knowledge they needed for their roles. One relative said, "They are really on the ball regarding training." Another relative said, "They are very well trained, if not they couldn't do the job." A third relative said, "They have to be well trained. I have no concerns because I can tell by the way they are with the people here that they know what they are doing. I can see from how they use the equipment, and just how they are with people that they are well trained."

Staff told us that they had access to the training and support they needed to be effective in their roles. One staff member told us about their induction training. They explained that they had been given time to absorb "lots of information and to get to know people." Their induction had included a period of shadowing more experienced staff before starting to provide care. The staff member said, "The induction was very good and it was really all about the service users, so I could get to know them." Records showed that staff received regular training opportunities and updates. One staff member told us, "The training we get is very useful and relevant to the role." Another staff member said, "We have a lot of training. I really enjoyed the epilepsy training because it is so relevant to the people here, we learnt about the different types of epilepsy and how to anticipate when a seizure is coming- it has really helped with one person we look after."

Staff said they were receiving regular supervision from a manager. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that staff received supervision regularly. Some staff had also received an appraisal and had development plans in place to identify training needs. Staff told us that they found these meetings useful and felt well supported by their managers. One staff member said, "Supervision is very helpful and my supervisor will tell me how I'm doing and if there is anything that I need to improve."

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

Staff had received training about the MCA and demonstrated that they understood their responsibilities with regard to the legislation and guidance. Throughout the inspection we observed staff checking with people and waiting for a response before providing care. One staff member said, "Even though people might not always understand or have capacity we still ask them and check for a response."

Where people were unable to make decisions for themselves staff had considered the person's capacity

under the MCA, and had taken appropriate action to arrange meetings to make a decision within their best interests. Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and authorisations had been granted. Staff knew this and were aware of their responsibility to comply with these authorisations when providing care. For example, where bed rails, lap belts and foot straps were in use, staff had recognised that these were potentially, restrictive of the person's freedom. Records documented the reason for their use and consideration of whether this was the least restrictive option . There was clear guidance for staff in how and when the rails should be used. The decision making process and mental capacity assessment was documented and confirmed who had been involved in deciding if this was in the best interest of the person. This showed that staff understanding of MCA and DoLS was embedded and sustained.

People were supported to have enough to eat and drink. We observed people being supported with their food and drink. Staff were considerate when supporting people and gave them plenty of time to enjoy their meal. There was a calm atmosphere and staff were chatting with people about their food and encouraging them when needed. People had appropriately adapted cutlery to enable them to be as independent as possible, for example adapted spoons and plates guards were in use. Some people needed support from staff to eat and drink. We noted the support provided was consistent with the clear guidance in people's care and support plans.

Risks associated with nutrition had been identified, assessed and plans guided staff in how to support people. For example, some people needed to have their nutrition, fluids and medicines via an enteral feeding system. This is a flexible tube that enables fluids and liquid foods to be delivered directly into the gut. Staff had received specific training in how to manage this process and there was clear guidance in place for them to refer to. This included instructions for caring for the site of the tube, how to recognise problems, and who to contact in the event of any problems. Records showed that these guidelines were followed consistently and only those staff who had been trained were supporting people with the enteral system. We noted that the specialist nurse had been contacted for advice and feeding regimes had been regularly reviewed.

Some people had been identified as having swallowing difficulties and a Speech and Language Therapist (SALT) had made recommendations about how to reduce risks of choking. Care plans included clear guidance for staff which incorporated the SALT advice. For example, one care plan detailed the importance of assisting the person into a specific position before they began eating, another detailed how to thicken fluids before giving them to someone. Where people had been identified as being at risk of malnutrition staff were regularly monitoring their weight to identify any unplanned weight-loss. Additional supplements had been prescribed for people who were underweight.

Staff were aware of people's preferences for certain foods and we observed staff offering people choices. One person was seen to choose a particular drink when offered a choice. A staff member said, "We know what people like and what they don't like. We offer people choices sometimes by showing them the actual food or by showing them photos. Where we know people have a particular preference we try and provide it."

People were supported to access the health care services they needed. Each person had a health action plan which detailed their health needs and identified appointments with numerous health care professionals. Appointments included a consultant neurologist, physiotherapist, SALT, chiropodist, dentist, specialist nurse and GP. Relatives told us that staff were proactive in seeking advice and maintaining contact with health care professionals on behalf of the people they were supporting. One relative said, "They(staff) always let me know what's going on and how they are managing his condition." Another relative said, "They are absolutely brilliant in how they support (person's name) with hospital appointments. They have an

excellent relationship with the GP as well." A recent questionnaire sent to health care professionals included feedback stating, 'Appropriate use of the service, good communication and an excellent service.' Staff supported people when they had to be admitted to hospital and each person had health passports designed to provide hospital staff with information about their communication and health needs. One staff member said, "If someone needs to go into hospital we make sure that staff can stay with them because they are so vulnerable without people who know them well."

Good

Is the service caring?

Our findings

Relatives told us that the staff were very caring and treated people with dignity and respect. One relative said, "The staff are so kind, I don't think (person's name) has ever been happier." Another relative said, "The care is very good, we are totally satisfied." A third relative said, "The staff are so good with all the residents, (person's name) is very happy here."

Staff spoke with affection and admiration about the people they were caring for. One staff member said, "They have so much adversity to cope with yet they are cheerful happy people." Another staff member said, "Our whole focus is on the people who live here, we have to give them absolutely the best care and the best opportunities for new experiences that we can." All the staff who we spoke with described feeling passionate about providing a good quality of life for the people living at the home. One staff member explained, "All the people here have survived against the odds and they are incredible. We owe it to them to give them the best support we can and that's what we do."

Staff knew the people they were caring for well and demonstrated this in their communication with people. Most people were not able to communicate verbally and staff used a number of techniques to aid communication. We observed how small movements, expressions and noises were recognised by staff who then checked that they had understood people correctly. Staff used symbols, pictures and objects of reference to aid communication with some people. We observed that people were relaxed in staff company and showed clear signs of affection towards staff members, with laughter, smiles, verbalisation and eye contact. One relative spoke about a particular member of staff and the close relationship they had with their relative, saying, "You can see they (relative) loves them. I can just see it on their face – you can tell who they prefer." Another relative told us, "If they didn't like someone they would show it but I can see they are very obviously fond of the staff, they always show them affection."

Staff supported people to maintain their dignity and respected their person-hood. Staff described supporting people to make choices about their clothes, their appearance and the decoration of their rooms. One staff member said, "Their room reflects them very well because they love that colour and always choose it." A relative commented that, "Staff make sure (person's name) always looks nice, their hair is always clean and they wear fashionable clothes. They love to get compliments about how they look."

Staff recognised the importance of including people in decisions about their care but said that this was difficult to achieve when people had limited communication. A member of staff said, "We have to make a lot of decisions on behalf of people but we base it on what we know about them already and sometimes its trial and error to work out whether they like something new. The important thing is that we keep trying to include them. People usually let us know when they don't like something." Relatives told us that staff involved them in planning people's care and that they were invited to attend meetings where their views were heard. One relative said, "We are included and we can express our opinions." The registered manager said that some people had an independent advocate who was involved in any significant decisions.

Relatives said that they could visit at any time and were always welcomed by the staff.

Good

Is the service responsive?

Our findings

People were receiving care that was personalised and responsive to their needs. Care plans were written in a person-centred way and included details about individual's personal history. Staff said that this helped them to gain an insight into the person and provided useful background information. Care plans were regularly reviewed to ensure that they reflected the needs of the person. Staff said that this always happened when people's needs had changed and the care plan needed to be amended. We noted that staff were providing care to people in a person centred way that reflected the information in the care plans.

Care plans included information about people's likes and dislikes and what was important to them. For example, one stated, 'I like Chinese food. I don't like busy places.' Care records contained detailed information about how people communicated. This included guidance for staff such as, 'maintain good eye contact,' and ' please use touch clues.' Staff said that the care plans were helpful in guiding them in how to provide care in a person centred way. One staff member said, "It's helpful to know what kind of music or TV programmes someone enjoys." We observed that staff knew people's preferences and this enabled them to provide personalised care. For example, one person did not like their face to be touched and this was recorded in their care plan. Another person responded well to touch and this was also recorded in their care plan. Staff were aware of this and used different approaches with the people they were caring for.

People were supported to follow their interests. For example, some people enjoyed watching sport including football. Staff had arranged for people to attend a local football match and described he pleasure and excitement that this had generated. Staff were proactive in maintaining relationships that were important to them. Relatives told us that staff supported people to visit them on occasions and that they were able to join people on holiday. The registered manager said, "It's important the family members enjoy some positive, quality time with their loved ones."

Staff supported people to lead full and varied lives. Activities were arranged at the home and in the local community. People regularly attended a local day centre run by the provider and staff said that people benefitted from having a change of scenery. The home had a garden that was accessible to people who used wheelchairs and staff had helped people to create individual areas in the garden. Some people were growing fruit and vegetables such as corn and strawberries. Staff said people enjoyed eating what they had grown. Some people enjoyed being involved in cooking and staff described how they supported people to take part. Staff were focussed on providing stimulating and meaningful experiences for people. One staff member said, "We need to help people to have the best quality of life that they can possibly have."

Relatives told us that they would feel comfortable to raise any concerns or complaints with staff. One relative said, "I have never had any complaints but if I did I would speak to the manager or go directly to the head of CMG. " Another relative said, "I could speak to any of the staff, they are all approachable." The provider had a complaints system in place and this was displayed in the hall.

Good

Is the service well-led?

Our findings

People's relatives and staff spoke positively about the leadership at the home. One relative said, "It is very well managed, the best manger we have known and the deputy is very good as well." Another relative told us, "The management is very good, there is nothing I can think of that needs changing." A third relative said, "I love all the staff but the manager is great. I hope they never leave."

Staff also described the registered manager as being friendly and approachable. One staff member said, "The manager makes sure our needs are met as well as the people living here. They are our first priority but the manager care about the staff too. Morale here is up." Staff were clear about their roles and responsibilities and described a clear management structure providing leadership and support. One staff member said, "The managers are fantastic here, the staff are happy and we all know what we have to do. Any problems we can discuss straight away. It's the best home I have worked in."

Staff meetings were held regularly and records showed that staff attended consistently. Staff described an open culture and said that their views were welcomed and encouraged. One staff member said, "We can talk in front of everyone and discuss issues when they arise. It works well and the manager deals with any problems." Another staff member said, "If there is a problem we air it in front of staff, team work is very good here."

The vision and values of the service were well understood by the staff and embedded within their practice. Staff members described the importance of providing people with meaningful opportunities and spoke about respecting people's choices and protecting their dignity. Staff were consistent in describing the importance of advocating on people's behalf to ensure that they could access services and participate in activities that provided meaning and fulfilment.

There were clear and effective management systems and processes in place to monitor quality and drive improvement at the home. Any incidents or accidents were recorded, monitored and analysed to identify trends or patterns. The registered manager described how this contributed to support planning and ensured person centred care. For example, analysis of seizures had helped staff to identify specific triggers for one person. Their care plan was reviewed to guide staff in how to avoid such triggers to reduce the risk of seizures.

The registered manager undertook a number of regular audits to monitor quality. Where shortfalls were identified actions were taken to address the issue. For example, a health and safety audit had identified the need to replace carpets in some areas of the home and these had been replaced within a specified timeframe. Other audits ensured that record keeping was robust and that care plans were accurate and reflected the current needs of people.

There was a service development plan in place which identified areas for improvement in the service. The provider had undertaken quality assurance monitoring with relatives and health care professionals to identify any areas that needed to be addressed. One relative had suggested that the service needed a new

kitchen as the existing one was dated. The registered manager said that this had been raised with the provider and was "On the list for improvements" at the home.

The registered manager was aware of the need to submit notifications to us, in a timely manner, about all events or incidents they were required by law to tell us about. They also demonstrated an understanding of the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people), when things go wrong with care and treatment.