Care Management Group Limited

Care Management Group - Carlton Avenue

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

Care Management Group- Carlton Avenue is care home which is registered to provide accommodation and personal care for a maximum of 9 people who have profound learning disabilities, all of whom have physical needs. At the time of this inspection there were 8 people living in the home.

At the last inspection on 26 May 2016, the service was rated Good. At this inspection we found the service remained Good.

Staff engaged with people using the service in a positive way. Staff were respectful and showed a good understanding of each person's complex needs and abilities. Person-centred care records ensured that the service met people's individual needs and preferences.

There were arrangements in place to keep people safe and to help safeguard people from the risk of abuse. Staff understood their responsibilities in relation to safeguarding people, whistleblowing and reporting all concerns to do with people's safety.

Risk assessments were in place to minimise the risk of people and staff from being harmed. Checks and appropriate service tests had been carried out to make sure that the premises were safe.

Appropriate recruitment procedures were in place to help protect people from the risks of being cared for by unsuitable staff.

Staff received the training and support that they needed to carry out their responsibilities in delivering care that was effective and responsive.

Medicines were stored securely and managed safely by staff assessed as competent to do so. Staff supported people to maintain their health and to access healthcare services when needed.

People's wide range of dietary needs and preferences were supported by the service.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a management structure in the service which provided clear lines of responsibility and accountability. The provider had effective systems in place to assess the quality of the service. Regular checks and audits were carried out on the quality of care and safety of people and improvements were made when needed.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Care Management Group - Carlton Avenue

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 was a comprehensive unannounced inspection. It took place on the 21 November 2017.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. We used this information to inform the planning of the inspection.

We engaged with all the people using the service. Most people due to their complex needs communicated mainly by gestures, signing, sounds and behaviour and were not able to tell us about their experience of living in the home. To gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

During the inspection we spoke with the registered manager, deputy manager, one senior care worker, two care workers and five people's relatives. Before the inspection we had contact with the host local authority quality monitoring team about the service.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included, care files of three people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

Most people were unable to tell us whether they felt safe living in the home. One person nodded and said "Yes" when we asked them whether they felt safe. People's relatives informed us that they felt people were safe. One person's relative told us, "I think [person] is very safe during the day because there are lots of staff," but the relative was not so sure about the persons' safety at night. The registered manager told us and records showed there were two waking staff on duty at night who monitored people closely.

Staff had received training in safeguarding adults from abuse. They understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. Staff knew that they needed to report any concerns to the registered manager or appropriate external agencies when needed. The contact details of the host local authority safeguarding team were accessible to staff and visitors as they were displayed in the home.

People's ability to manage their finances was assessed. The service managed some cash for each person, so they could make the purchases that they needed. Up to date records of people's cash income and expenditure were in place. These records and each person's balance of cash were checked regularly by management staff and the regional manager. We checked people's monies and receipts of expenditure and found no issues of concern. People did not have up to date inventories that listed their purchases and showed that they had received them. The registered manager told us that these would be implemented promptly.

Risks to people's safety were assessed. People's risk assessments were personalised and included risk management plans to minimise the risk of people being harmed. Staff understood people's risks. We noted that staff followed a person's risk assessment guidance by ensuring that the person was supervised at all times when they spent time in the kitchen. An environmental risk assessment was carried out regularly to check the premises was safe.

There was guidance in place to manage and treat a pressure ulcer that one person had. The registered manager told us that with support from district nurses and staff following the guidance the pressure ulcer had improved. However, there was not a particular care plan in place for this need. Following the inspection the registered manager told us that a pressure ulcer care plan had been completed.

Incidents and accidents were responded to appropriately. Staff knew that they needed to report them to the registered manager. From speaking with staff and from looking at records it was clear that the service and the provider learnt lessons and made improvements to the service in response to incidents.

There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected. The service had an emergency plan, which was reviewed regularly and each person had a Personal Emergency Evacuation Plan [PEEP]. Arrangements were in place to ensure fire safety checks and fire drills were regularly carried out.

Arrangements were in place to ensure that staff were appropriately recruited so that only suitable staff were employed to care for people. During the inspection we noted that there were enough staff on duty to provide people with the care and support they needed and to support people to take part in a range of activities and provide the assistance that a person needed to attend a doctor's appointment.

The registered manager told us that the service had faced significant difficultly in recruiting staff to fill three full time and one part time care worker posts. This meant that agency staff had needed to be employed to cover some shifts. The registered manager informed us that the service ensured that regular agency staff were employed who knew people using the service so people were provided with care by staff who knew them. Some staff told us they felt having a full team of permanent staff would ensure better consistency of care and promote good teamwork. Following the inspection the registered manager told us that a new care worker had been employed and started work in the home.

One person's relative told us, "I am unhappy about the turnover of staff, I think using too much agency staff [leads to] lack of consistency." They also questioned whether agency staff received the same training as permanent staff. The registered manager told us that checks were always made about agency staff qualifications and training and they completed an induction when they started work at the service.

Medicines were managed appropriately and stored securely. People received the support they required to take their medicines safely. Medicine administration records were accurately completed. Staff were trained and their competency to manage and administer medicines was assessed. Records showed that doctors regularly reviewed people's medicines needs.

The home was clean. However, we noted a cobweb in the kitchen and some kitchen tiles that needed cleaning. Staff addressed this quickly during the inspection. Hand washing guidance was displayed. Soap, hand cleansing gel and paper towels were available. We saw staff used the hand sanitizers in between carrying out tasks. Disposable protective gloves and aprons were accessible to staff to minimise the risk of cross infection. Regular checks of the cleanliness of the environment were carried out by staff and action taken to address any issues found. Records showed that staff were up to date with mandatory infection control training.

Following a check carried out by the Food Standards Agency on the 4 April 2017 the service had received a food and hygiene rating of good.

Good

Is the service effective?

Our findings

When we asked a person if they thought that staff knew how to provide the care that they needed, they said "Yes," nodded their head and smiled. People's relatives spoke in a positive way about staff. One person's relative told us "Some staff are very good, attentive and pay special attention to detail." Another person's relative told us that "Staff understand [Person's] needs."

All the staff we spoke with told us that they enjoyed their job providing people with the care that they needed. It was clear from observation and from speaking with staff that they knew each person well and were familiar with their individual care needs. Staff told us that they encouraged people to make choices about their care and other aspects of their lives including making choices about what they wanted to eat, wear and do. During the inspection we saw staff support people to make a number of day to day decisions.

Care workers told us that they had received an induction when they started working in the home, which included learning about the organisation, the service and people's needs. New care staff also completed the Care Certificate induction, which sets out the standards of care, learning outcomes and competencies that care staff are expected to have.

The service made sure that staff had the skills, knowledge and experience to deliver effective care and support. Staff informed us and records showed that they received the training and support they needed to carry out their roles. This included training in meeting people's specific individual needs such as particular nutritional needs. Staff were supported by the provider to achieve relevant qualifications. A care worker told us about the health and social care qualification that they had achieved.

All staff were provided with one-to-one supervision and regular review of their performance and development to support them in carrying out their duties.

People were provided with the support that they needed to eat and drink enough to maintain a balanced diet and meet their individual dietary needs and preferences. Care plans identified people's food likes and dislikes, any special diets and any risks associated with eating or drinking. People were offered choices during mealtimes. We saw a person indicate which breakfast cereal they wanted when offered a choice of two.

Where people had swallowing difficulties and were at risk of malnutrition, losing or gaining weight, or choking, we saw that the service had taken appropriate action The service had involved healthcare specialists such as dietitians and speech and language therapists in people's care. One relative told us that the specialist food a person received was provided following advice from healthcare professionals. Another's person's relative told us how the service met a person's particular dietary needs.

Staff were very knowledgeable about the support people needed to meet their range of dietary needs. Staff monitored people's food and drink intake to ensure they received the nutrition they needed. Information boards displayed a timetable with pictures of the amount and kind of fluids people needed to be given, such

as liquid nutritional feeds or offered throughout the day.

People received health checks and had access to a range of healthcare professionals to make sure they received effective healthcare and treatment. During the inspection a person attended an appointment with their GP.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. DoLS authorisations were in place for people when needed and reviews were arranged when required.

People's care plans included detailed assessment of people's capacity to make specific day to day decisions about their personal care. Care workers knew that when people lacked the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Best interest meetings were held to support people who were unable to consent or make particular decisions about their care. Care workers told us they always asked people for their agreement before supporting them with their care.

The adaptation, design and decoration of premises were suitable for people's needs. A passenger lift enabled people who had mobility needs to access their bedrooms on the first floor. Doorways were wide enough for wheelchair users to move freely within the home. A ramp enabled everyone living in the home to fully access garden. People's bedrooms were personalised with items such as family photographs and other possessions.

During this inspection repairs to the exterior of the house were being carried out. The ceiling of the staff office was damaged due to a recent leak in the roof. The deputy manager told us that the faulty roof had been repaired and the ceiling would be repaired shortly.

Good

Is the service caring?

Our findings

People gave us positive responses or made gestures such as a smile, a nod or signs when we asked them if the staff were kind. One person told us that they liked living in the home and that the staff were nice to them.

People's relatives told us that staff had a good rapport with people and were always welcoming and friendly when they visited the service. A person's relative told us, "[Person] is well cared for and everything is addressed. I have no issues." Another relative told us that they felt that their relative who lived in the home was well liked by staff, particularly by the person's key worker who had worked with the person for "quite some time."

Treating people with respect and dignity was included in staff's induction and was a subject that was regularly discussed with staff. The registered manager and other senior staff told us that they monitored how people were treated by staff. Care workers spoke about the importance of treating people with respect. One care worker told us that they wouldn't hesitate to report any instances of people not being treated well by staff.

Staff interacted with people in a very warm and friendly manner. They did not rush people and gave people the time that they needed to communicate their needs and preferences. Before assisting people with their personal care we heard staff saying "Good morning" to people and asking them in a warm and friendly manner how they were feeling. During the inspection people showed signs of well-being. They smiled, laughed and engaged with staff in a relaxed and happy manner.

People's care plans included clear information and guidance about their individual communication needs. Staff had a good understanding of people's range of communication needs and provided us with examples of how people indicated their needs and preferences. Staff ensured that they were positioned face to face with people when they communicated with them so that people who used a wheelchair could more easily understand what staff were saying to them and were not intimidated by staff standing above them.

People had the opportunity to spend one to one time with their keyworker where a range of topics were spoken about including, activities, visits to family and some policies that were relevant to people using the service. Staff told us that people attended care plan review meetings and were supported to be as actively involved as far as possible in making decisions about their care and the decisions about their goals.

People's care plans showed people's preferences, were known to staff and supported. Each person had a detailed written profile which included information about their background, likes and dislikes, routines and details of how they wanted to be supported by staff. There was clear guidance for staff to follow to meet people's emotional needs. A person's relative told us that they thought the person was "well looked after".

People were supported to maintain the relationships with friends, family, and others important to them. Staff made arrangements that enabled people to visit family members. Some people attended evening

social clubs where they could engage with friends.

People's privacy, dignity and independence was respected and promoted. Staff ensured bathroom and people's bedroom doors were closed when assisting them with their care. One person's relative told us, "They respect [person's] privacy and dignity, because if [person] needs changing then they ask me to wait outside and call me in afterwards." The registered manager told us that she felt proud of the way the service worked hard to develop and promote people's independence regardless of people's profound and complex needs. She provided us with examples of this including telling us about a person who with staff support had developed more ability to feed themselves. Staff involved people in tasks that they carried out. For example we saw people were supported to spend time in the kitchen observing staff cooking lunch and dinner.

People's care files and other documentation were stored securely. Staff knew the importance of not speaking about people to anyone other than those involved in their care.

Information that included the menu and some care plan information were in picture format, to help people understand the service provided and to help them communicate their needs to staff. There were pictures of each member of staff displayed on knobs that people could press and then hear a recording from the member of staff describing their role. However, not all the buttons worked when we pressed them. The registered manager said that she would ensure that batteries were replaced. The registered manager told us that with involvement from people's relatives she was looking into introducing assistive technology to help people with their communication needs.

Staff told us and records showed that religious festivals, birthdays and other commemorative days were celebrated in the home. Staff understood and respected people's cultural and spiritual needs. Details of these were included in people's care plans. A person was regularly supported to attend a place of worship. Care workers had a good knowledge and understanding of equality, diversity and human rights, which they told us meant treating people "equally and fairly" and "respecting people's differences."

Good

Is the service responsive?

Our findings

People's relatives told us that they were kept well informed about people's progress and of any changes in their needs. They told us that they felt involved in decisions about people's care and took part in the development and review of people's care plans.

People's care plans were up to date, detailed and personalised. They identified people's strengths, preferences, needs, and included details of how staff were to provide them with the care they needed in a range of areas including mobility, eating and drinking, and communication. Care workers had signed that they had read people's care records.

Staff told us that communication in the staff team was good. They informed us that 'handovers' during each shift, a communication book and people's daily records kept them up to date with details about people's needs, family contact and the activities that they took part in.

Each person had a 'hospital passport' that included a range of information about them and their needs. People took this document with them if they were admitted to hospital so hospital staff would understand their individual needs and preferences and provide them with the care they required.

People took part in a range of 'in house' and community activities. The home had a minibus so people could access community facilities, amenities, and go on day trips and attend appointments without difficulty. A driver was employed. He told us that his hours were flexible so that he could be responsive to people's needs and drive them wherever they needed to go. One person's relative told us that the service supported a person to regularly visit them. People's relatives were very complimentary about the driver. One relative commented, "The driver helps out a lot, he can't do enough for the people. He goes way over and above to help the service users. He is very dependable, exceptional and I respect him for this."

People took part in activities which included sessions at a day centre, going to the cinema, bowling, arts and crafts and relaxation. During the inspection people engaged in karaoke, dancing. They also watched television, listened to music, and went out in the community. Staff showed much enthusiasm, when they participated in activities with people. We saw that people indicated they enjoyed a karaoke activity by laughing and smiling and participating fully in the activity with staff. We saw a member of staff ask one person, who was lying in a reclined armchair, to dance with them. The person then moved to the music whilst holding the member of staff's hand. Another staff member, whilst singing called out people's names, "[Person] come on clap" to encourage people to engage with the activity. One person's decision not to participate in a group activity was respected and they were supported to take part in an activity of their choice.

The registered manager told us how the service supported people to participate in their preferred activities and to continue to take part in leisure pursuits that they had enjoyed before moving into the home. They told us that one person had been supported to continue to do a skiing activity that they had enjoyed doing for some years. Staff were pro-active in looking into a variety of activities that people could try and then

continue if they wished to do so. These included wheelchair cycling and adventure holidays.

Photographs of people taking part in activities and celebrations were displayed. Some photographs were a few years old. The registered manager told us that there were lots of recent photographs of people enjoying a range of activities, which she planned to display. People's relatives told us that they were pleased that people had the opportunity to go away on holiday with staff.

A complaints policy was in place to ensure people's concerns could be listened to and addressed. People were unable to tell us whether they knew how to make a complaint or not. The registered manager told us that she ensured that all complaints were responded to quickly and appropriately and had email records to demonstrate that. However we were provided with the complaints record book that showed the last complaint recorded in it was dated the 30 September 2015 so it was not clear that there was a consistent way of recording complaints to show that they had been responded to in line with the provider's complaints procedure. The registered manager and deputy manager told us that they would review the arrangements for recording all concerns and complaints and to show the learning from them.

People living in the home were mostly quite young and unable to communicate their end of life wishes. The registered manager told us that she planned to discuss the issue during one of the regular meetings that the service held for family members and representatives of people. She told us that an aim of the service would be to facilitate people's wishes at the end of their lives and involve community healthcare and social care professionals when needed.

Good

Is the service well-led?

Our findings

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager also managed another of the provider's services. The registered manager was clear about her responsibilities and regulatory requirements. She managed the service with support from a deputy manager, senior support worker and the provider's senior management staff including a regional manager. The registered manager regularly attended managers meetings where areas of learning, best practice and matters to do with the organisation's services were discussed. Where improvements and developments to services were found to be needed these were implemented by staff.

The registered manager told us that she was available for advice and support at any time and worked several days each week in the home. This was confirmed by the staff rota. During the inspection we saw the registered manager and the deputy manager assisted people with their care needs. The registered manager told us that it was important for her to provide 'hands on' care so she always had a good knowledge and understanding of people's needs. She told us that she constantly monitored staff engagement with people to ensure staff provided people's care in a way that respected people's dignity whilst promoting choice and their independence.

Speaking with the registered manager, and other staff, and checking records showed that the provider and the service worked hard to promote a positive culture that was person-centred. Staff supported people to lead the lives that they wanted and to receive the care they needed.

People regularly had one-to-one time with their key workers. Records of these meetings showed that a number of matters to do with the service and people's needs were spoken about during these get-togethers.

All the relatives that we spoke with were happy with the service and told us that they would recommend it. People's relatives told us that they often visited the service unannounced and always felt welcomed. A person's relative told us, "I like the open door policy, I can go and check anytime." Relatives told us that they regularly attended meetings with the registered manager and other senior management staff where they could raise any issues and discuss the service. They told us that issues raised at those meetings were addressed by the service. A person's relative told us "I can feed back at the meeting, which is good." The service gives people's representatives the opportunity to feedback about the service by completing a questionnaire. Some relatives did not recall receiving a questionnaire. The registered manager told us that she would give them to people when they attended the next relatives meeting.

Care workers informed us that they felt well supported and kept well informed about any changes to the service. They told us the registered manager and other management staff were approachable and listened

to them. A care worker told us that the registered manager "progressed issues" that staff had raised during regular team meetings. Records of these meetings showed that people's needs were spoken about as well as a range of other matters to do with the service. Action was taken to address issues when needed.

The service had a culture of openness and liaison with a range of healthcare and social care professionals to ensure people received the care and support that they needed. A range of records including people's records, visitor's book, communication book and people's care plans showed that staff frequently communicated with the host local authority, people's placing local authorities and with a range of healthcare and social care professionals. Records showed that the service had addressed or were in the process of making improvements that had been recommended by the host local authority during a recent follow up quality monitoring check of the service.

Quality assurance systems remained effective and were used to monitor people's care and the safety of the service. Regular checks of the service included checks on people's care plans, risk assessments, infection control, medicines, health and safety, environment, staff training and supervision to ensure the service was safe and effective. Records showed action had been taken to address areas where improvements were needed. Examples included the purchase of a pedal bin for the kitchen and fitting paper towel and disposable glove and apron dispensers in the home. However, some people relatives told us that recently they had reported to the registered manager that people's rooms were not warm, and that although action was taken quickly to provide additional heaters, the relatives had been disappointed that the heating issue took "almost two weeks" to fully resolve. They told us that they felt that this should have been addressed more quickly.

The regional manager also regularly completed a comprehensive audit of all areas of the service. Records showed that an action plan was completed from these checks, which the registered manager responded to promptly. The registered manager told us that the regional manager followed up quality assurance action plans with her during supervision meetings.

Care documentation was up to date and comprehensive. However, there were some gaps in some records including the kitchen food safety checks, and in the recording of staff breaks. The registered manager told us that she would ensure that those records were monitored more closely.

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. Staff had signed that they had read a number of policies and other documentation to do with people's care and the service.