Care Management Group Limited

Care Management Group - 289 Dyke Road

Inspection report

289 Dyke Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
289 Dyke Road provides personal care in a supported living setting for up to 11 people living with a learning disability and/or autism. At the time of the inspection, nine people were receiving a service. 289 Dyke Road is a large, detached house and communal facilities include a sitting/dining area, kitchen, laundry facilities and access to gardens. Staff provide people with the regulated activity of personal care at all times of the day and night.

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. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found
The service had not been consistently well-managed since the last manager de-registered in September 2018. However, interim arrangements had been implemented so that overall oversight of the service was maintained by a manager from one of the provider's other services. The provider and senior management team were aware of the issues in relation to the management of the home. Audits identified similar concerns to those found at this inspection. Care plans and risk assessments for people had not been regularly updated or reviewed. Staff had not had regular supervisions in recent months. The new manager, supported by the provider's senior managers, had taken action to address the shortfalls found at inspection. Within a week of the inspection taking place, all care plans had been reviewed and updated and all staff had received a supervision.

People were involved in all aspects of the service and made suggestions on how the service was run. They were encouraged to make decisions relating to their care and support; their independence was supported and promoted. 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.

Before people came to live at the service, a period of transition enabled them to experience what it was like before they moved in. When new people were referred by a local authority, the existing service users met with them and gave their feedback.

People were supported by kind and caring staff who had received training and understood their roles and responsibilities. Care plans provided information about people in a person-centred way. People planned how they wanted to spend their days. Some undertook voluntary work and one person worked in a shop. People were encouraged to live a healthy lifestyle and staff supported them in menu planning and cooking. People had access to a range of healthcare professionals and services.

People were protected from harm by staff who understood what actions to take if they suspected any form of abuse. Risks to people were identified and assessed as needed with guidance for staff which was followed. There were enough staff to support people and additional staff were available when people wanted to go out during the day or in the evening. Medicines were managed safely.

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 September 2016).

Why we inspected
This was a planned inspection based on the previous rating.

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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Care Management Group - 289 Dyke 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
The inspection was carried out by one inspector.

Service and service type
This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who was in the process of registering with the Care Quality Commission. The registered manager 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 the inspection
Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us

about by law. 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 five people who used the service. We spent time observing the care and support people received. We spoke with the manager, the deputy manager and a support worker. We reviewed a range of records. These included two care plans and multiple medication records. We looked at one staff file in relation to recruitment and supervision records. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We were contacted by an area manager of the provider who wanted to discuss the feedback provided at the end of the inspection and matters arising.

Good

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 were protected from the risk of abuse.
- Staff had been trained in safeguarding adults at risk and understood their responsibilities. One staff member explained it was their job to keep people safe and described the different types of abuse they might encounter, such as physical, sexual and financial. The staff member described the signs they would look for, such as a person being withdrawn or not speaking.
- People's finances such as spending money were managed by the staff. Any money taken out was accounted for by staff, receipts supplied and entries double-signed by staff. This protected people from the risk of financial abuse.
- The manager understood the actions that were needed in relation to allegations of abuse and how to report any issues to the local safeguarding authority as well as CQC.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- Each person who used the service had a risk management plan. This plan identified each risk and described the measures needed to reduce the risk. Staff followed this guidance. We looked at a range of risk management plans in relation to people using the shower or bathroom, being out in the community, medicines, as well as evacuation plans.
- Where incidents occurred, these were logged, and the outcomes recorded.
- The deputy manager explained the concept of positive risk taking. They gave an example of how they would support people to go out independently, that they would 'shadow' the person until they became confident to travel independently. The deputy manager told us this helped people to acquire a new skill.

Staffing and recruitment

- There were sufficient staff to meet people's needs.
- One person told us that additional staff were made available if people wanted to go out. The person explained that some people wanted to go out in the evening and staff supported people if they wanted to stay out late.
- One staff member explained that staffing rotas were based on supporting people with what they wanted to do. For example, if people wanted to see a band, staff who enjoyed this activity would accompany them; this meant they had a shared interest.
- New staff were recruited safely. We looked at the file for one new member of staff. This showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References

were obtained and employment histories verified.

Using medicines safely

● Medicines were ordered, stored, administered and disposed of safely.

● One person managed their own medicines and had been assessed as safe to do so. Staff made regular checks to ensure the person had taken their medicines as prescribed. The manager told us, "He self-medicates, but he still needs support with signing and checking his medicines. We started highlighting the Medication Administration Record (MAR) in blue, so he could clearly see where he needed to sign".

● Medicines were stored securely in people's bedrooms.

● The provider had a medicines policy in relation to people in supported living which staff followed. Medicines to be taken as required (PRN), such as paracetamol, were stored centrally.

● Staff were trained in the administration of medicines. One staff member explained the process for completing the online training and how they were observed on at least three occasions, before being allowed to administer medicines independently. Spot checks were also made by the manager to ensure staff competency.

Preventing and controlling infection

● People were protected by the prevention and control of infection.

● Staff completed training in infection control.

● Staff and the people they supported were involved in housekeeping duties. The manager explained that people were encouraged to help keep communal areas and their rooms clean and tidy. They told us, "Some people find it difficult to stand for long periods or to carry things, so tasks are allocated according to what people can do".

● People were supported to manage their own laundry. We saw one person bring their dirty washing from their room and using the washing machine.

Learning lessons when things go wrong

● Lessons were learned when things went wrong.

● The manager explained how they introduced a new system for staff handover. She said that before she started at the home, there was a verbal handover between staff, but this was not recorded. The manager said, "I put in new guidelines, so there are now three handovers a day and they are all recorded. Staff can then look at the record and see what has been happening. This includes details about people, any phone calls or visitors to the service".

● This ensured that staff were kept up-to-date of what was happening at the service and of people's current care and support needs.

Good

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Before people came to receive a service, their care needs were assessed to ensure these could be met appropriately. Referrals for placement came from local authorities and were considered by the manager.
- The manager explained that any people who were new to the service had to be compatible with existing service users. Meetings took place between existing people at the service and potential new tenants. The manager told us, "We get the tenants' views on what they think about new people and how they feel". Before people came to live at 289 Dyke Road, they underwent a transition period. This ensured that each new 'tenant' was happy with the service provided and were gradually introduced to the service, other people and to staff.
- The manager told us of one person's experience before moving in. Staff from the person's previous placement supported the person, who initially stayed for the day and then overnight. Staff supported the person to explore the local area. The person then increased their stay to three nights. The process of transition was done gradually and according to what this person felt happy with.

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs. This included mandatory training on awareness of learning disability, autism, emergency first aid, food safety, mental capacity and fire safety. We were shown a copy of the staff training plan and the progress of staff against each training topic; this was satisfactory.
- Staff were encouraged to study for vocational qualifications such as diplomas in health and social care. The manager told us that deputy managers were encouraged to study for a level 5 qualification. New staff, with no previous experience of working in care, studied for the Care Certificate, a universally recognised, vocational qualification. New staff shadowed experienced staff as part of their induction programme.
- Some training was completed via E-learning and some was delivered face to face.
- Staff told us they felt supported by the new manager. The manager told us they were in the process of ensuring all staff received a supervision. At the time of inspection, all day staff had recently had a supervision; the manager was completing supervisions with night staff. After the inspection, the manager sent us confirmation that all staff had now received a supervision. Annual appraisals were planned.
- The manager had only been in post for two months at the time of the inspection. She told us that initially she had completed observations on how staff worked together and supported people, followed by a supervision. Observations of how staff worked were recorded by the manager.

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

● People were supported to eat and drink enough to maintain a balanced diet.
● People planned their own menus and chose what they would like to eat. They had kitchenettes in their rooms where they could prepare simple meals. Otherwise, they had access to a kitchen at the service.
● One person bought and cooked all their own food. Some people needed support from staff in meal preparation and in menu planning. Everyone was encouraged to make healthy food choices.
● Two people had particular health conditions which meant they required special diets. Staff supported them with this and meal planners had been implemented, so it was clear what types of food people were eating.
● The manager explained that staff came from different countries around the world and were keen to share new ideas and cultures with people. One staff member said, "When people first come, I meet with them and find out what they like to eat. We make a plan and a shopping list. Each person has a shopping day. We try and help people to make healthy choices".

Supporting people to live healthier lives, access healthcare services and support
● People received healthcare support as needed from a range of healthcare professionals. Care plans showed that people had access to GPs, dentists, opticians and hospital specialists.
● One person told us they visited their GP and dentist and had regular health checks.
● Another person had epilepsy and received input from an epilepsy nurse. Guidance for staff on how to support this person was detailed and followed by staff. The person had an epilepsy mat under their mattress which could detect any tonic/clonic seizures when the person was in bed. Staff were alerted and could provide appropriate support when the seizures occurred. Regular checks were made by night staff and recorded in this person's care plan. The person chose to have their door left open at night so staff could check on them easily.
● Staff supported people with their healthcare needs. One staff member said, "If I have a tenant who has any concerns about their health, or if there is something outside my knowledge, I would ring the doctor. Staff can accompany people to appointments if that's what people want".

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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.
● Consent to care and treatment was gained lawfully. No-one using the service was deprived of their liberty. People were free to come and go as they pleased and were encouraged to make decisions and choices about their lives.
● One staff member told us they had completed E-learning in relation to MCA and demonstrated their understanding of this topic. They said, "Everyone has capacity unless proven otherwise. Everyone can make their own choices, even if unwise. If we think a person is lacking capacity, there is another process to follow.

Everyone here is pretty independent and have mental capacity to make their own decisions".

Good

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

- People were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally.
- Friendships were important to people using the service. People chose to spend time together at the service, or with others who lived at some of the provider's other services or in the community. The manager explained that some people were still searching for their sexual identity. People had access to sexual health advisors employed by the provider. People were supported with sexual relationships, received advice and guidance and people's partners could stay overnight.
- People's religious and spiritual needs were respected. One person used to attend church, but had decided they no longer wished to do this.
- People met monthly with their key workers who knew them well. A staff member who was also a keyworker for one person said, "We have monthly meetings and talk about everything in general. Everyone is fully involved in decisions about their care". For example, people had been asked to decide whether staff could enter their rooms and signed consent forms.
- We observed that people were comfortable and relaxed in the presence of staff. Staff knew people well and positive relationships had developed. Staff were kind, caring and friendly with people and offered support when needed. People chose whether they preferred to be supported by male or female staff. Female staff would always accompany female service users for intimate health checks, if this was requested.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's doors and gaining their permission before entering.
- People were encouraged to be as independent as possible. One staff member said, "It's people's choice what they want to do. If they're not putting themselves or others in danger, I would support people with any decision". One person was independent in managing their finances, had their own bank card and withdrew money when they wanted.
- Another staff member explained they respected people and treated them as they would members of their own family. They added, "It's the only way. It's the way I would like to be treated. I always knock on people's doors and wait for them to let me in". We saw that some people had notices on their bedroom doors which advised staff to knock before entering. Staff respected people's wishes and their right to privacy.

Good

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

- Care plans were written in a person-centred way and contained detailed information about people, their preferences and how they wished to be supported. For example, in one care plan we read about the person's physical health and wellbeing, psychological support/mental health, managing emotions and daily living skills.
- People decided, with staff support, on goals to be achieved which promoted their independence and confidence. For example, one person's goal was to travel to Brighton Marina, visit Asda and have a coffee. This goal had been achieved. This person now went out independently and was encouraged to take their mobile when leaving the service. This enabled them to call staff to assure them they were safe and to let them know what time they would be returning to the service.
- One person who used to live at the service had done so well that they had moved out and now lived more independently. The transition from the service to living independently had been managed over several months and careful planning had charted their progress. Before this person had moved into their own flat, they had watched a video on what their new home looked like and staff were offered to support them until they became settled and confident in their surroundings.
- Positive behaviour support was used to good effect. People were encouraged and supported by staff on what they could achieve. Care plans guided staff on how to support people in a way that promoted their wellbeing and acknowledged any limitations. For example, staff were instructed to give one person space when they used the kitchen, to treat them with respect, kindness and patience. Staff were informed not to shout at the person, rush them, ignore them or throw things away without the person's permission.

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.

- Information was presented to people in a way that met their needs and which they could understand.
- Care plans were written in an accessible format, with symbols and pictures.
- People's communication skills were identified and guidance provided to staff on how to communicate with people in a way that met their needs and preferences. One person had their own iPad and mobile to keep in touch with family and friends. Because of a visual impairment, they had a special phone with larger buttons which was easier for them to use.

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 were encouraged to stay in touch with their families and friends. Visitors were welcome at any time and people also stayed with their relatives from time to time.

● People planned how they wanted to spend their time and this could be done a week or a month in advance. Some people had regular, planned activities which they enjoyed. One person volunteered as an advocate and helped at a local charity. They told us of their involvement with this and of a meeting they were due to attend on the day of inspection.

● Another person worked at a local shop which they thoroughly enjoyed. They had recently been given a certificate to commemorate over 20 years of service. A third person volunteered at a local charity shop and told us they were hoping to move into paid employment soon.

● People's interests and hobbies were documented and they were encouraged to pursue these. One person enjoyed running and had participated in several half-marathons. They had also travelled independently across Europe and went abroad on holiday to visit their relatives.

● The manager explained other activities people enjoyed, such as walks in the park and visits to the cinema or theatre. The manager added that the provider offered workshops around the country which people could join in with if they wished. These events were related to sports, singing competitions or drama workshops for example.

● One person enjoyed the company of a pet tabby cat, Lilly, who lived with them at the service.

Improving care quality in response to complaints or concerns

● Complaints were managed in line with the provider's policy. Information on how to make a complaint and how this would be managed, was available to people in an accessible format.

● We were sent a copy of complaints from January 2018 and an analysis of how the nine complaints received had been resolved.

● Staff told us that sometimes people complained about each other; these were dealt with at the time they were made and on an informal basis.

End of life care and support

● No-one was receiving end of life care at the time of the inspection.

● People were given the opportunity to complete an end of life care plan if this was their wish.

● One person had chosen not to have an end of life care plan and had signed a document to confirm this.

Requires Improvement

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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst arrangements for the running of the service had been made since the last manager de-registered in September 2018, these measures were not sufficiently robust to ensure the service had been managed well in the interim.
- However, the provider's senior managers were aware of issues affecting the management of the service and the new manager was taking actions as required.
- For example, some care plans had not been reviewed regularly. Some risk assessments for people had not been updated since December 2018. There was no evidence to show that this had impacted on the care or support people received.
- The manager was aware that care plans needed to be updated and had been taking steps to address this issue. She explained, "The majority of paperwork needs to be updated, but I started on that immediately. Whenever I see something that needs improving, I will do it. Thirty percent of care plans still need updating and this is ongoing". Within a week of the inspection, we received confirmation that all nine care plans had been reviewed and updated.
- The majority of staff had not received a formal supervision since May 2019, although the manager had met with all staff and undertaken observations of their work. After the inspection, we received confirmation that all staff had received supervision. Where staff were off work, for example, on annual leave, arrangements had been made to ensure that supervisions would be held on their return.
- The manager was working hard to address the shortfalls and was aware of the issues we found at inspection in relation to the management of the service. We will review the actions taken and any improvements when we next inspect this service.
- Audits had been completed in line with CQC's key lines of enquiry and progress made against specific issues was measured. For example, an audit completed in April looked at staffing, absences, medicines, records, food hygiene, cleanliness, tenancy consultation and feedback, staff consultation and feedback, data protection and epilepsy care plans. A regional manager of the provider completed three monthly audits.
- The manager told us that there were plans to refurbish the premises. For example, the provider was updating the kitchen facilities.
- The manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People received a good standard of personalised care from staff who understood how they wished to be supported. Staff encouraged and promoted people's independence and support was designed in a way that empowered and enabled people to live full, meaningful lives.

● One staff member said, "It is important to think about what people want to do. [Named person] is very active, but sometimes he wants to be on his PlayStation, so we have to encourage him to eat healthily and do some activities. We involve people in every decision and on what they want to do".

● People spoke warmly about staff and had welcomed in the new manager of the service.

● One person told us there used to be monthly meetings where people could discuss any aspect of the service, any issues and make suggestions. However, they added that they thought the last meeting had taken place in July; records confirmed this. This person told us, "Meetings are meant to be monthly, but sometimes people [staff] get busy and things are delayed. We talk about what people want to do and whether anyone has any issues".

● Following a period of slight uncertainty after the last manager had de-registered, staff told us they now felt extremely positive about their work and the future of the service. One staff member said, "This is my first experience of working in care and I find the job rewarding so far. There's a good team of people". Another staff member said, "We have a good team. If you need to ask for help you will receive it. I think it's a family atmosphere".

● Staff meetings were organised, with the most recent held the week before the inspection. One staff member said, "I think [named manager] will take into consideration any suggestions. I see positive changes have happened already. There was a period of 'up and down', but with the new manager, I feel very positive".

● Staff explained how their equality characteristics were protected. For example, three staff were Muslim and needed to pray at certain times of the day. They were supported to take short breaks so they could do this. Where staff did not have English as their first language, they were supported in their understanding of training topics for example.

● The manager felt supported by the senior management team. She told us, "I have done a very good job at another service and my current director thought it would be interesting for me to take over this service. I have received lots of support. It was a bit difficult at first, but a person from the quality team came to visit and a manager from another service is helping me with processes and systems".

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 manager had a good understanding of her responsibility under duty of candour. She told us of an incident that had occurred a few months ago when one person accidentally fell and was taken to hospital. The manager explained how the person was, and is, supported in hospital and rehab. The area manager, in the absence of a registered manager, communicated with the person's relatives and of the actions taken to prevent reoccurrence.

● The manager told us, "Relatives have been really supportive of what's been happening at the service. I've met with relatives and we communicate regularly either by email or 'phone".

Working in partnership with others

● The manager was keen to develop networks and to meet with managers of similar services in the area. They told us they already attended monthly managers' meetings for other supported living services of the provider.

● The manager said, "I will research different forums in the locality, but I'm still quite new in post".

● The manager told us of an idea they had. One of the service user's relatives worked in dementia care and were keen for people from 289 Dyke Road to come and read to people living with dementia, or perhaps to join them for tea. Volunteering opportunities such as this were being investigated.