

Care Management Group Limited

Care Management Group - Tamarisk House

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

About the service: Care Management Group - Tamarisk is a residential care home providing accommodation and personal care to people with learning disabilities. At the time of the inspection there were five people living in the home. The building design fitted into the residential area and was similar to other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, promotion of choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were safeguarded from the risk of abuse.

Individual risks to people were identified and managed and covered falls, choking and anxieties.

There were safe protocols in place to ensure that people received their medicines as prescribed.

Systems were in place to monitor accidents and incidents to take action to prevent things going wrong in the future.

People's needs were holistically assessed and person-centred so that staff could support people according to the choice and preferences.

Staff had the training and support they needed to support people.

The service worked with professionals to ensure that their healthcare needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff treated people with kindness and compassion. They understood people well and responded to their needs.

People were involved in making decisions about their care through key worker meetings, residents' meetings and in the day to day delivery of support.

Care plans included details of people's hobbies and interests and the service supported people to maintain these as well as to develop new interests.

There was a strong person-centred management team leading the service.

Robust procedures were in place to monitor and audit the quality of care.

A business plan supported the process of driving improvement. This was discussed with staff at staff

meetings and supervisions.

The service had consideration of equality characteristics and had actively supported people to enable them to combat discrimination and live the life they chose.

Rating at last inspection: At the last inspection the service was rated good (report published 16 December 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Care Management Group - Tamarisk House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Care Management Group – Tamarisk House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to five people in a bungalow. Each resident has their own bedroom with ensuite bathroom. There is a shared living room and kitchen/dining area. There is a ramp to access the property at the front of the house.

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

Notice of inspection:

We gave 24 hours' notice of the inspection because the service is small, and we need to make sure that people would be in.

What we did:

Before the inspection we looked at all the information we had about the service. This included information from statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We used the information in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted professionals working with the service for their views.

During the inspection we spoke to the registered manager, the regional manager, and three support staff. We spoke to three people using the service and one relative. We reviewed three people's care records and looked at the medicine administration records (MAR) and supporting documents for three people. We looked at records relating to governance and management of the service.

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person pointed to their clothes in their room and told us, "My things are safe." A relative told us that, "The ones (staff) that are there, tell the new ones what [name's] little ways are and make sure [they] are safe."
- Staff are aware of how to identify signs of abuse and know how to report concerns.
- Safeguarding was discussed with people at their resident meetings and there were posters on noticeboards in easy read format reminding people what do to do if they are worried about abuse.
- People had safeguarding risk assessments within their care plans.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place for issues such as choking risks, trips and falls, anxieties, fire evacuation, and health conditions such as epilepsy.
- Risks were managed positively in order to promote people's independence. For example, in relation to managing anxiety the deputy manager told us, "It's not about stopping everything become they become anxious, it's about managing the anxiety and supporting them to continue."
- There were visual instructions with pictures of residents showing what to do in the event of a fire.
- The registered manager carried out monthly health and safety checks on the home environment.
- Staff told us that they had regular fire drills and checked equipment was working on a weekly basis.

Staffing and recruitment

- There were enough staff to meet peoples needs.
- Staffing was adjusted to ensure that people had one to one support required by their assessment. Staffing rotas had recently been changed when a new person had moved into the house to ensure there were staff to support the person at the time they needed.
- Pre-employment checks were carried out to ensure that staff were suitable to work in the service.
- There was a robust induction process for new staff this was more intensive for staff who were new to care. Staff told us that this gave them the guidance they needed to do their job.

Using medicines safely

- Medicine management systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Separate protocols were in place for medicines that were taken as required.
- Staff were aware of dangers associated with 'over medicating' and there were protocols in place to assess and manage this.

Preventing and controlling infection

- The home was clean, and we observed staff following good hygiene procedures throughout the day of our inspection.
- Staff were trained and understood how to prevent and control the spread of infection.
- Equipment such as special laundry bags for soiled waste and personal protective equipment such as gloves and aprons were available.

Learning lessons when things go wrong

- Staff understood the action to take in the case of incidents and accidents
- Records of incidents and accidents were entered on an electronic system and reviewed by the registered manager and appropriate action taken.
- Incidents recorded when supporting a person who had recently moved into the house were used as learning points in developing the person's care plan.
- Staff told us that outcomes and actions from incident and accidents were communicated to them verbally from the registered manager, via the communication book and via staff meetings.

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

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

- People's needs were holistically assessed and included information to enable staff to support people in a person-centred way, such as support needs, communication, health needs.
- People's preferences and choices were recorded in assessments and included 'how I like to live my life' and how to support people to maintain and build relationships.
- Two people had moved into the home in the past six months. Prior to arriving as well as assessing support needs of the individuals, the service had assessed how they would fit into the house with the other people using the service. We saw on our inspection that the new residents had settled in well to the service as a result.

Staff support: induction, training, skills and experience

- Staff told us they regularly attended training. They were positive about the training and told us it supported them to do their jobs.
- Managers worked alongside staff and observed them carrying out their duties, providing feedback in supervision. One new member of staff told us supervision was helpful, "They push you in the right direction, show you where you need to improve."
- There was a folder called 'Tamarisk House all about us' that had information about the service, pen pictures of people living in the service as well as pen pictures of staff with tips on how they like to work. This was used to introduce agency staff and new staff to the service, to help them get to know both residents and staff.

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

- We saw staff supporting people with the preparation of food for their lunch. One person was supported to cook the evening meal for everyone. This was used as an opportunity to promote independence, the member of staff held the chicken for the person so that they could cut it in small pieces for a curry, supporting them with small tasks.
- People chose the menu at a weekly resident meeting and then were supported to go out and do the shopping. Staff told us that one of the residents always knew what had run out and what needed to be

purchased and would tell the staff. On the day of inspection, we saw one person writing their shopping list before going out to the shops.

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

- Relatives told us people were supported with health appointments. One relative told us, "Yes they tell me when [they] go to the doctor or get [their] feet done."
- People had a health action plan where their health needs were recorded along with details of any appointments people attended with health care professionals.
- Advice and guidance from professionals was included in people's care plans.
- Staff were aware where guidance from professionals was in place for individuals, for example from the speech and language therapist or epilepsy nurse.
- Professionals gave positive feedback about the service, one professional told us the manager was very responsive and monitors support plans to ensure that they are followed.

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

- The building had been adapted to people's needs. There was information and signs on noticeboards with pictures to make it easy for people to understand.
- There were photographs of people who lived in the house on the walls and people enjoyed looking at these and showing them to visitors.
- The registered manager told us when a room had become vacant they adapted the ensuite facilities to enable one of the existing residents to move to the room as it was more suited to their needs.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff understood the importance of helping people make their own choices regarding their care and support and understood the principles of the Mental Capacity Act.
- We observed staff gaining consent before providing support. For example, one person wanted to have a sleep in their chair in the afternoon and the member of staff asked them if they would like their chair tilted back to help them sleep.
- One person had a DoLS authorisation. This was recorded in the care plan and there was guidance for staff on how to support the individual in their best interests.
- There were risk assessments in place for restrictive practices.
- The provider was currently reviewing their records in relation to mental capacity assessments to make it clear to staff how to support people in their best interests and in the least restrictive way possible, where they did not have capacity.

Our findings

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

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

- A relative told us, "They think the world of the ladies that look after them." When we spoke with people using the service they smiled when we asked if they liked the staff.
- We observed staff spending time with residents showing compassion and understanding. One member of staff supported a resident with their mobile phone. Kneeling on the floor next to them and explaining how to use the phone in a way that the person could understand.
- Staff knew people well, they took time to get to know people. Care plans included information on people's life history and how they wanted to live their life. One member of staff told us one of the residents liked to have someone go into their room before they go to bed. They said, "[name] might chat about what's on TV or [their] phone...they just want to talk. It's just lovely to sit down and have a chat sometimes."
- The service ensured that people were treated fairly and had done specific work with people around protected characteristics to ensure that they were able to live their life in the way that they chose.

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

- People were encouraged to be involved in the service, through regular resident meetings and through key worker meetings.
- Relatives told us that they were involved in people's care plans. One relative we spoke with told us, "we get a pamphlet every month to say what [name] has done, if [they] have done anything special, if [they] have done shopping – they go to Norwich a lot on the bus."
- We saw staff asking people what they would like to do during the day, giving them options so that they could choose.

Respecting and promoting people's privacy, dignity and independence

- We observed staff promoting privacy and dignity, closing doors when supporting people with personal care.
- Staff told us that they changed the way they supported people to the bathroom depending on their preference; some residents might want you to just wait outside while other residents might want you to go right away and then just go back and check.

- Staff supported people to develop independence. We saw people being supported with tasks such as making a cup of tea or getting their laundry. Even if they couldn't do the whole task they were encouraged to do as much as possible for themselves. One member of staff told us, "If you start taking little things away from them you take their independence away, and they will lose skills very quickly. You need to give people processing time."

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was responsive to people's needs. People could choose who would be their keyworker. Key workers were responsible for making sure that records were up to date and that people were supported according to their preferences.
- Annual goals were set for individuals in order to enable them to develop skills and become more independent.
- Care plans were updated on a six-monthly basis to ensure that they provided up to date information on people's needs.
- The service was responsive to people's emotional needs and anxieties. The deputy manager described how they encouraged people to show staff how they wanted to be supported if they were anxious. They described an incident where a person had a panic attack but had been able to show the staff how to help them calm down. By observing and responding to the person's behaviour they had managed to calm the person down so that could continue with the activity.
- The service had supported another person with their anxieties and helped them to develop and understand their own coping strategies. As a result, that person was more able to manage their own anxiety and now would independently take themselves out of a situation and go to their room to listen to music. This had enabled them to stop using medicine that they used to have to take 'as and when required' to cope with anxiety.
- People's preferences, interests and hobbies were well documented in their support plans. Activities each week were chosen at resident meetings. Pictures were used to help people decide what activities they wanted to do and if they wanted to go on holiday the internet was used to help people make decisions about where to go.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. There was an easy read version of the complaint's procedure on display in the home.
- What to do if people had concerns or complaints was discussed with people at resident meetings.
- Relatives told us they hadn't needed to complain but knew who to speak to if they wanted to.

End of life care and support

- One person had recently been supported with end of life care. The service had worked with health professionals to try to enable the person to remain at home for as long as possible.
- The service had also supported the other residents in the home to help them understand and cope with the situation.
- The provider was looking at developing understanding of end of life care within services. They had planned training for all registered managers to attend and then cascade down into services. The registered manager told us they planned to progress this within the service.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider values of shared responsibility, opportunity to achieve, dignity and respect and appreciating everyone and their contribution, were demonstrated throughout the service.
- There was a strong ethos of person-centred care promoted by the manager and deputy manager.
- There was a strong 'value base' in the organisation. One manager told us, "I feel that you don't need experience but you need the values, you get a feel of that when you interview (staff), it can be hard to answer some questions if you have never been in care, so you need to look at have people got those values and then you can teach the rest."
- Managers worked within the service and told us this enabled them to directly observe staff in their role, as well as get to know the people using the service. Managers described how they monitored staff to ensure they promoted person-centred care. One manager told us, "I look for the interactions, listen to the words staff speak, how it is said, you can see from the reaction of the service user what rapport they have...for example at breakfast you could say, 'Are you having porridge?' But if you say 'What are we having for breakfast, it allows the individual to vocalise and chose what they would like"
- Staff told us that management were open and honest and listened to their concerns.

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

- The registered manager carried out regular audits of people's files, health and safety and medicine management on a monthly basis. The regional manager carried out quarterly audits which were fed back to the registered manager in their supervision.
- The provider was currently looking at reviewing their quality systems and had planned a 'Driving up Quality' roadshow for managers.
- There were clear line management structures in place and staff were supported in their roles by regular supervision with a line manager.

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

- People were engaged in the service through regular resident meetings that were chaired by a support worker who had the lead for resident meetings.
- People also had the opportunity to be involved in monitoring quality for the provider. Systems for quality monitoring were currently being reviewed and the provider had organised a 'People's Festival' for service users to attend in order to gather views on how to monitor and improve services for the future.
- Staff felt engaged in the service through staff meetings which covered organisational issues from the provider, issues relating to the service such as redecoration plans or holidays, and clarification around staff roles.

Continuous learning and improving care

- Appropriate action was taken when things went wrong in order to improve things for the future.
- There was a business plan in place to drive improvement. This was based on learning within the service as well learning from other service managed by the provider. The business plan focussed on areas such as service user voice and outcomes, safeguarding, documentation and environment.
- There was a provider newsletter that was used to share information on learning and best practice from other services run by the provider.

Working in partnership with others

- The service worked in partnership with other organisations in order to create opportunities for people using the service.
- People living at the services attended events and activities organised by a local charity to help them engage with activities in the local community.
- The service was involved in organising regular coffee mornings raising money for charities.
- The service was looking to develop opportunities for volunteering; in the past residents had volunteered in charity shops and the service and had trialled volunteer work in a local church.