

Care Management Group Limited

# Care Management Group - 97 Old Street

## Inspection report

97 Old Street  
Stubbington  
Fareham  
Hampshire  
PO14 3HG

Tel: 01329668319

Website: [www.achievetogether.co.uk](http://www.achievetogether.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

97 Old Street is a small residential care home providing personal care to five people, living with a learning disability, at the time of the inspection. The service can support up to five people. The care home accommodates five people in one adapted building.

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

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

The principles of the Mental Capacity act were followed, and the provider had plans in place to ensure all decision making was recorded appropriately. By the end of the inspection documented mental capacity assessments and best interest meetings had taken place for all required areas.

Staff were trained to a good standard and could request additional training. People's care, and support plans were person centred and detailed. There were enough staff to meet people's needs. People were supported by staff who were kind, compassionate and caring and who understood their likes, dislikes and preferences.

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.

People were protected against the employment of unsuitable staff, staff were recruited safely. Where one person had a gap in their recruitment record this was rectified immediately by the registered manager.

The service applied the principles and values consistently of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

The provider had a robust complaints policy in place that was accessible to people, their relatives and staff.

The provider and the registered manager had effective governance systems in place to identify concerns in the service and drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 30 May 2017).

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Care Management Group - 97 Old Street

## **Detailed findings**

## Background to this inspection

### The inspection

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

### Inspection team

This inspection was carried out by one inspector.

### Service and service type

97 Old Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five members of staff including the registered manager, assistant manager, and care staff. We could not always directly communicate with people to ask them about their experience of care and support, but we observed staff interactions with them and the care and support offered in the communal areas of the home.

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

#### After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at further care plan information and rotas. We spoke with three relatives by telephone about their experience of the care provided.

# 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

- Family members consistently told us they felt their relative was safe from abuse. One relative told us, "Yes, he is safe from abuse, they look after him one to one."
- The provider had effective systems in place to safeguard people from abuse. All staff spoken with had a good understanding of what to do to safeguard people from harm.
- The registered manager told us of their responsibility to liaise with the local authority if safeguarding concerns were raised and documents demonstrated that this occurred.
- Staff had confidence their concerns would be listened and responded to. One staff member told us, "I can come to the manager directly because she will listen, and she will not scare me away. The [registered manager] will definitely respond appropriately." Staff told us, and records confirmed that they had safeguarding training, and this was repeated yearly.

Assessing risk, safety monitoring and management

- People's risks were identified, and the necessary risk assessment reviews were carried out to reduce risks for people. For example, risk assessments were in place for safe moving and handling, bed rails management and medicines management.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments contained explanations of the control measures for staff to follow to keep people safe. People's records were checked to ensure the information was accurate and up to date.
- The provider had quality assurance procedures in place to check the safety and effectiveness of the service. Audits were undertaken such as health and safety, fire safety, medicines management and environment audits. These enabled the registered manager to monitor and identify any risks.
- Risk management considered people's physical and mental health needs. Measures were in place to manage risk in the least restrictive way possible.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. Staff employment histories were collated, and dates checked.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs.
- We reviewed the staff rota and made observations during the inspection. There were enough staff to support people safely and to ensure people's needs could be met. This included staff support for participating in activities and outings. Staffing levels were calculated according to people's needs.
- To ensure consistency during staff absence the registered manager told us, "We use regular staff first,

either swapping shifts or working extra, we have bank staff, we can use staff from other houses and we have a regular agency staff member."

#### Using medicines safely

- We found that some 'as required' medication protocols did not contain sufficiently detailed information with regards to how a person presents as being in pain or how agitation manifests itself. We spoke to the registered manager about this and it was corrected immediately during the inspection. This information was available in other parts of the care plan. Staff knew people well and were able to describe how people presented when they needed 'as required' medicines.
- People's medicines were, stored, administered and disposed of safely. Staff received medicines training and had their competency checked to ensure their practice was safe. During the inspection we observed good practice and staff demonstrated they had good knowledge of people needs.

#### Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- The provider had effective systems for prevention and control of infection in place.
- Staff were provided with personal protective equipment including disposable gloves and aprons and were observed using them where necessary throughout the inspection.

#### Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent reoccurrence.
- Incidents, accidents and near misses were clearly recorded, analysed and acted upon.
- The registered manager told us, "Lessons learnt are talked about at team meetings, we share messages and talk about it with the team. We share with our governance and health and safety teams as well."



# Is the service effective?

## Our findings

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity, mental capacity assessments and best interest meetings had not taken place for people other than generic mental capacity assessments for DoLS authorisations in relation to people being under constant control and supervision. For example, there were no mental capacity assessments or best interest meetings in relation to finances, medicines, use of lap straps on wheelchairs and use of bed rails. The provider acknowledged this shortfall and demonstrated they were aware and had put processes in place to address this for all their services prior to our inspection. We were shown an action plan and work had begun to ensure capacity was formally assessed for each person and best interest meetings were planned to be undertaken.
- Following the inspection, we received confirmation that relevant mental capacity assessments and best interest meetings had been undertaken for all people and will continue to be undertaken where required going forward.
- Staff understood people's rights to make decisions. One staff member told us, "Everybody has right to make decisions, if they make an unwise decision it is not a wrong decision. We use the least restrictive method."
- DoLS authorisations were in place for people who required them.

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

- People's needs were assessed before they moved into the service. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their

relatives.

- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed in line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff received regular one-to-one sessions of supervision. These provided an opportunity for a manager to meet with staff, discuss their training needs, identify any concerns, and offer support. Staff told us they felt supported by the management team and felt able to gain support from them at any time. One staff member told us, "[Registered manager's] door is always open, we don't have to wait for supervision."
- Staff received a variety of training including, medicines management, whistleblowing, safeguarding, manual handling and epilepsy. The registered manager told us, "Staff do eLearning and face to face training. They are asked frequently if they want to do the diploma then through appraisal we ask if there is anything they would like to be booked on to. Most people have done their CQF Diploma in care." The CQF diploma is a qualification which demonstrates competence in the workplace.
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector. The registered manager told us, "Induction is three months, staff do the care certificate, complete all training and they shadow until they are confident. We normally plan three or four days for shadowing but more if they need it." A staff member told us, "We can request additional training, [registered manager] would find a way round the budget."

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

- People were supported at meal times to access food and drink of their choice. A relative told us, "I have been there at mealtimes, at times it has made me quite envious." Another relative told us, "I think they get good food, they get their fresh meat and veg, that's important."
- The support people received varied depending on their individual needs. There was a menu in place and different methods of establishing people's choices were used. For example, one person made food choices by pointing their eyes at their preferred choice, another person touched the picture of the meal of their choice. The registered manager told us, "We learn when people turn their heads away that they don't like it, we make something else, we show pictures to them. We have a huge healthy eating file, we give people two choices."

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

- The home was warm and welcoming. The registered manager told us, "We have had a spa bath fitted in bathroom, it is accessible to everyone, new sofas, dishwasher, oven, all bedrooms revamped, the hallway redecorated, and we are in process of adding new soft furnishings." The provider had a plan in place to further improve the environment.
- People were able to personalise their rooms as they wished. We saw rooms were individual to people's tastes and contained items personal to them. In one bedroom a wall had been painted with blackboard paint, so the person could draw on it with chalk. The registered manager told us she asks each person their colour preference before their rooms are redecorated.
- People had access to the garden which had a specially adapted swing in place.

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

- People were supported to access services to maintain and improve their health.
- Any changes in people's health were recognised promptly and support was sought by external healthcare workers when necessary.

- A staff member told us, "We empower them [people], taking them to the GP, explaining why we are taking them, we explain about medication what it is for and encourage them to take the medication. We support people to the dentist, optician, learning disabilities team and a chiropodist also comes in. We work with dieticians and speech and language therapists."
- The registered manager told us they worked with other agencies and added: "People have their annual review with GP and are supported with all health appointments. For example, epilepsy reviews regularly. We contact the learning disability team community nurse, clinical psychiatrist as required."

# Is the service caring?

## Our findings

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

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

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

- People appeared to be happy and their relatives spoke positively about the support people received from the staff. One relative told us, "They [staff] are very caring, I would have something to say if they weren't, they truly are very caring, they [staff] love them all [people]."
- We observed staff interactions with people which showed people were treated with kindness, compassion, dignity and respect. Staff knew people well and understood their likes, dislikes and preferences.
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. The care planning process recorded information divulged by people with regards to some of the protected characteristics, for example their marital status, disability and religion. The registered manager had plans to ensure all of the characteristics defined under the Act would be incorporated in people's initial assessment. Care plans demonstrated that people were treated with respect and were able to make choices in a variety of ways and their diverse needs were understood and met.

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

- The registered manager told us, and records confirmed that people were involved in the creation of their care plans and ongoing reviews. People's relatives told us they were also involved in decisions about their care. One relative told us, "I am always invited to meetings and they let me know what has gone on and I get a written statement." Another relative told us, "We do get invited to meetings, we are kept up to date."
- We observed people being given choices throughout the inspection. We observed staff interacting with people and responding to their body language and vocal sounds. Staff also used objects of reference to support communication, for example, a car key indicated a person wanted to go for a drive.
- Individual management plans were in place where people were unable to express a preference of male or female staff. These guided staff to observe for any adverse reactions people may have to particular staff and report to the manager so this could be written into their care plan.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors before entering people's rooms. One relative told us, "They do knock on doors and keep bedroom doors shut when helping them with personal care," and another relative told us, "They always shut the door."
- Staff respected and promoted people's independence. For example, we observed a staff member offering

verbal support and encouragement to a person that needed it. Relatives consistently told us people were treated with dignity and respect.

- Staff understood how to treat people with dignity and respect and were enthusiastic and promoted people to maintain their dignity and independence. A staff member told us, "We encourage them to do what they can for themselves, if they can do things we encourage them, we encourage people to put socks on and encourage them to put arms into clothing for example."

# 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 outstanding. At this inspection this key question has now changed to good. 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 reviewed six-monthly, or when people's needs changed and were up to date. Documents demonstrated that people had been involved in this process. Care plans were detailed and contained person centred information.
- Staff had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge. One staff member told us, "We look at the person in the centre, consider their care needs and what is important to them, in every aspect of their care needs."
- A relative told us, "[Person's name] goes out every day"

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.

- The registered manager had good knowledge about the AIS and we saw information was provided in an accessible way for people. For example, meal choices were available as pictures, some information was available in bigger print and photographs were used in the service.
- The registered manager told us, "We use pictures in some care plans, objects of reference and photographs. The hospital passport uses pictures and the complaints policy is accessible." The hospital passport is a document designed to give hospital staff helpful information about the person to help staff know how to support them and make them feel comfortable.
- We saw people being supported using their preferred method of communication and staff demonstrated an awareness and understanding of people's needs. We saw positive communication interactions between people and staff. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication.

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 provided with a range of activities, both within their home and externally. Activities available to people included cinema, theatre, cafes, hand held computer, singing and use of the sensory room. Relatives told us about various activities their family members were involved in and were consistently positive about what was on offer. Their comments included, "They go out every day," "I am invited every year to have Christmas dinner there," "[Person] does a lot of things, out for drives and to the cinema," and, "[Person's name] likes to go and see music concerts and going to the cinema. They have enough activities."

- One staff member told us, "There are a lot of activities, hand held computer, rhymes, we read to people and do pampering sessions. We have a sensory room, there are a lot of activities and toys in there. We go for walks to see horses, visit shops and have picnics outside as well."

#### Improving care quality in response to complaints or concerns

- There had been no complaints received in recent months. Relatives told us they did not have cause to complain but felt confident that the registered manager would deal with any complaints received quickly and efficiently.
- There was a robust complaints policy in place and this was accessible to people, their relatives and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them.
- The registered manager could detail the complaints process and there was a file in place for documenting, monitoring and learning from complaints.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place where possible with people and their relatives and their wishes were clearly recorded. Some people had chosen not to have this conversation at this time and this was documented in their care plans.
- Staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. There was an end of life policy in place.

## Is the service well-led?

### Our findings

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

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

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

- Family members told us their relatives received personalised care and were happy with the service. One relative told us, "[Person's name] recently came out of hospital, I thought she would be in bed a lot and bought her a big television for her bedroom, the staff were marvellous, the morning she came home from hospital she slept in her bed all night, all the staff went in to see her in the morning and they took a photo and she had a great big grin. They sent me the photo. [Person's name] loves them all, she is not in bed all the time she gets up and only spends an hour on her bed for her skin [integrity]."
- Staff said they enjoyed working at 97 Old Street and felt supported and respected by the registered manager and the staff team. One staff member told us, "I feel very supported, staff are cooperative, the registered manager is very cooperative, if I have a problem the staff or the manager are able to help or assist me."
- The culture of the home was positive, people lived in a homely and friendly environment. Our observations indicated that people were treated equally, with compassion and they were listened to.
- Staff told us they worked well as a team. Staff took part in daily handovers and communicated well with each other to ensure good outcomes for people .

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 previous inspection ratings were displayed in a prominent position as well as on the providers website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

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

- Quality assurance systems were in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. A service improvement plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. Action was taken in response to the findings and feedback and was monitored for completion. This included completing appropriate decision making and protected characteristics assessments and ensuring prescription toothpaste was incorporated in the monthly medicine audit tool.



- Documents demonstrated that CQC were notified of all significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was consistently positive.
- People and their relatives were invited to meetings and attended when they could, and this helped to keep them informed about the service.
- Staff were encouraged to contribute to the development of the service through meetings and supervision. Staff told us they felt valued and listened to.
- Appropriate and up to date policies were in place to ensure people's diverse needs were considered and supported. We observed that people and staff were treated fairly and individually respected. People's relatives and staff confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, and documents confirmed this.
- Positive community links had been developed. The registered manager told us, "We have good interaction with local shop keepers, the local pub put on a buffet for a birthday, they don't usually do buffets, neighbours bring chocolate and biscuits and share their dogs with the people living here."

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments by keeping up to date with the CQC website and reading head office emails about changes. These were printed out for staff to read and sign and discussed in staff meetings.
- The registered manager responded and acted during and after our inspection to rectify any shortfalls found during the inspection.
- There was a clear action plan in place to address concerns found in audits and from feedback and this evidenced continuous improvement.