

Care Management Group Limited

# CMG Hampshire Outreach and Home Support Services

## 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

CMG Hampshire Outreach and Home Support Services is a domiciliary care agency. It was set up to provide person-centred domiciliary and supported living services to adults in the community with mental health needs, learning disabilities, autism and other complex needs living in their own houses and flats or specialist housing. The service was supporting 17 people at the time of our inspection.

This service provides care and support to people living in their own homes and 'supported living' settings, so that they can live in their own home 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 provider was required to have a registered manager in post. There was a manager in post who had been registered since the service was registered. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance, with regards to the supported living houses. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The people receiving the service rented properties supplied by a housing association under individual tenancy agreements.

At this inspection we found that the safety of people, staff and visitors was actively maintained using risk management systems. Safeguarding referrals were made to the responsible investigating body. Suitable numbers of staff were recruited and deployed to meet people's needs. The provider and staff safely managed medicines and the control and prevention of infection.

Staff were trained, skilled and had their competency assessed to carry out their roles. People's nutritional and healthcare needs were met. People's rights were upheld through adherence to the Mental Capacity Act and associated legislation. Advocacy services were accessed for people that required them.

The staff were thoughtful and caring. People, their relatives and visiting professionals told us that staff were consistently caring and compassionate. The staff worked towards providing a person-centred culture. They respected people's rights, privacy, dignity, diversity and independence.

People received a good responsive service. Staff followed tested ways of supporting people to meet their needs through effective care plans. Support to people reflected their preferences and cultural needs and people were helped to experience a variety of activities, pastimes and occupations when they wished. Complaints were appropriately responded to so that outcomes for people were satisfactory. People's end of

life care was suitable for their individual needs and wishes.

The registered manager was experienced, competent and knowledgeable, which ensured the service was well-led. They effectively used quality monitoring and assurance systems to improve the service, understood their legal and registration responsibilities, maintained supportive working relationships with others and ensured the secure and consistent completion of records and documentation.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People, staff and visitors were safe using and visiting the service because of good risk management, safeguarding systems, robust recruitment and deployment of staff and suitable numbers of staff on duty.

Staff managed medicines and the control and prevention of infection to keep people safe.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate, support, supervision and training.

People were supported to access healthcare support when needed.

The provider complied with the requirements of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

This was because staff were thoughtful and caring. People, their relatives and professionals involved in people's care supported this view and felt staff were caring and compassionate.

Staff worked towards providing a person-centred culture and respected people's rights, privacy, dignity, diversity and independence.

### Is the service responsive?

Good ●

The service was responsive.

This was because staff followed effective care plans that reflected people's preferences and cultural needs and enabled

people to experience a variety of activities, pastimes and occupations.

Complaints were well managed so that outcomes for people were satisfactory and people's end of life care was suitable for their individual needs and wishes.

### **Is the service well-led?**

The service was well led.

This was because the registered manager was experienced, competent and knowledgeable and effectively used quality monitoring and assurance systems to improve the service.

The registered manager understood their legal and registration responsibilities, maintained supportive working relationships with other organisations and ensured the secure and consistent completion of records and documentation.

**Good** 

# CMG Hampshire Outreach and Home Support Services

## Detailed findings

### Background to this inspection

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

This inspection took place on 4 September 2018 and was announced, with 24 hours' notice as we had to make sure there would be someone at the agency offices to see us. During our inspection we attended the office to review files and then visited one of the homes to speak with people and staff. This was the first rated comprehensive inspection undertaken at the service.

One inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when providers send us information about certain changes, events or incidents that occur.

We received a 'provider information return' (PIR) from the provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke the registered manager, the senior support worker, two support workers and three people. We also spoke with an administrator. We reviewed feedback from three healthcare professionals and two relatives. We looked at feedback questionnaires, care review records and compliment cards. This is because some people were unable to provide verbal feedback. We looked at care files belonging to four people that used the service, staff training records and checked recruitment. We viewed records and documentation relating to the running of the service, including quality assurance and monitoring records, medication management and infection control systems. We also looked at records held in respect of complaints and compliments.

## Is the service safe?

### Our findings

Comments from people and relatives included, "I am very happy here, they help me to stay safe and they look after me really good" and "Staff are on the ball, I don't worry about any abuse and I would be the first one to come forward".

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff deployed and our own observations supported this. Documentation in staff files helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs. The provider used a staffing dependency tool to assess and monitor staffing levels. One person said, "There is always someone here. Look over there and you can see two staff at the table".

Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before staff commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were clear policies and procedures for the safe handling and administration of medicines. Medicines were securely stored and records of administration were kept. Regular auditing was carried out to ensure they were stored and administered safely. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them. We saw clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people. There had not been any recent errors in the administration of medicines. A clear procedure was in place to guide staff on action to be taken if an error occurred, this included seeking medical advice and carrying out a review to identify any measures that could be put in place to reduce the likelihood of a reoccurrence.

Records confirmed all staff had received safeguarding training as part of their essential training and this had been refreshed regularly. There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff could describe the different types of abuse and what action they would take if they suspected abuse had taken place. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Risks associated with the safety of the environment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety

checks had been undertaken to ensure safe management of food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

People were cared for in a clean and hygienic environment. The service had an infection control policy and other related policies in place. People told us that they felt staff supported them to maintain a clean environment. One person told us, "I have been cleaning today. We all do our bit".

The service managed the control and prevention of infection well. Staff had received training in this area, understood their responsibilities and maintained good standards of cleanliness and hygiene. They told us that personal protective equipment was always available, that people were encouraged to maintain good hygiene standards while maintaining independence and that they felt the management were supportive with information and good practice guidelines. Procedures were followed and concerns about wellbeing in relation to hygiene were shared with the appropriate agencies.

People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan (PEEP). There were further systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines.



## Is the service effective?

### Our findings

Staff were complimentary about the support and supervision they received. Comments included, "I have had a lot of training since I have been here and it has been good" and "I have done my induction and I found it educational and helpful".

Care and support was planned and monitored to ensure consistency, in line with current guidance, legislation and best practice. People's needs were robustly assessed and regularly reviewed and reference was made to external services where necessary. People's quality of life and care outcomes were good because staff effectively applied their learning to provide the outcomes people wanted.

Newly employed staff received an induction and were working to complete the Care Certificate. This is a set of nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. Staff confirmed the induction, training and supervision they received had supported them to carry out their roles. They showed a good understanding of equality and diversity issues and about people's rights. Staff talked about seeking consent and respecting difference and told us how they had experienced the difficulties for themselves in life regarding their own diverse behaviour. Supervision and appraisal of staff was effective at motivating them and enabling their professional development.

People were actively involved with meal provision and exercised genuine choice regarding food and drink. Discussion with the staff revealed that people were provided with meals that respected their religion, culture and dietary preferences. People, especially those with complex needs, were protected from the risk of poor nutrition, dehydration and swallowing problems that affected their health. We were told that people's mealtimes were relaxed and unhurried and always respected people's choice. One person showed us their cupboard where food was kept and said, "When we are doing cooking we use them coloured chopping boards to remind us how to prepare food right" and "I am able to eat what I want but the staff try to help me to eat well".

People's health and wellbeing was effectively monitored and any concerns were identified so that they could be given the right information in the format they required to be supported with their health. Records documented how one person was supported to engage with their GP, nursing staff and mental health services.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 these decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The procedures for this with regards to people that live in their own

homes are called Court of Protection orders. We found the service was complying within the principles of the MCA. Where people were assessed as lacking capacity to make specific decisions any made on their behalf were done so using best interest processes. Staff were aware of these processes and requirements under the MCA.

People were involved in decisions about their care. Mental capacity assessments were comprehensively completed and involved people, their families and other professionals where necessary. People's rights regarding their housing arrangements were protected in that they had tenancy agreements.

## Is the service caring?

### Our findings

People told us staff were caring. One person said, "They are like friends to me here".

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equality Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristic were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. A member of staff told us, "We treat people with respect no matter what their circumstances are".

People's family members told us they found the staff to be kind, caring and compassionate and that relationships between people and staff were positive. Families told us they felt listened to and their relatives knew how to seek help. A compliments card stated, "Thank you for listening and for treating the matter with such dignity".

Staff demonstrated good caring skills in getting to know people well and told us they had time to spend with people throughout the day, building relationships and providing clear boundaries. They used people's preferred means of communication to interact with them and provided support, for example, with, personal care, nutrition, personal safety and entertainment that respected people's wishes.

People and health care professionals told us that staff treated people consistently as individuals and were quick to respond to any changes in need that they presented. Staff explained how they recognised when people needed help from them with decisions about their care and support. Staff told us how they provided support sensitively. They also said they pointed people and families in the right direction if outside help was needed, for example, from advocates, social services or health care professionals.

People were treated with dignity and respect without discrimination. Staff were confident they could note and report any failings in how people were treated, to the registered manager and have action taken to ensure it didn't continue.

Recruitment of new staff, their training and support was underpinned by the values of kindness, compassion, respect dignity and empowerment. The registered manager demonstrated that the job interview for a care worker was designed to highlight their value base, identify their life skills and experiences and looked for caring values in new staff at that stage in the process.

Staff had time to develop trusting relationships with people and family members, which enabled them to recognise and know about when people were distressed or in discomfort. Staff were alert to people's needs and told us about the practices they followed.

People's choices were fully respected, including when they moved around the supported living service with regards to the time they got up or went to bed, whether they joined in with activities and when they received

personal care from a staff member of their choosing.

## Is the service responsive?

### Our findings

Relatives commented positively about the quality of care provided. One relative stated, "They [staff] do what they are meant to do and do it well".

People's diverse needs were considered on the grounds of the protected equality characteristics. For example, people with learning disability needs who were perhaps unable to recognise discrimination when out in the community were represented by staff who could identify it and speak up for their rights to be respected. People's choices and preferences were listened to and championed, but their individual needs were also taken account of in respect of their learning disability and behaviour.

Staff were also treated respectfully with regards to their diversities. Staff had equality and diversity training, were made aware of each other's needs with regards to race and culture, sexual orientation, disabilities, marital status and age. Discrimination was not tolerated, but challenged and expected behaviour was covered by policy.

Staff empowered people to make choices so they were in control and maintained independence. For example, people did their own shopping and chose the foodstuff they wanted. They cooked their own meals with support from staff. Staff encouraged activities, relationships and community links so that people were not isolated. Activities included, trips to the theatre, meals at the pub and visits to the Isle of Wight.

The provider complied with the Accessible Information Standard, which is the means of ensuring that those with a disability receive accessible health and social care information by identifying and managing people's communication needs. There was use of alternative format documentation and sometimes technology to assist people and staff in the management of people's communication needs and physical disabilities. For example, people had picture format documents that invariably contained real photographs of the places, activities and things the person was involved with each day. One person was supported to use public transport with the aid of a step by step pictorial guide.

People and their families were given information for raising concerns. They were confident their complaints would be taken seriously, explored and responded to in a timely manner. We saw that the complaint procedure was open and transparent. Learning from complaints was used to improve the service and staff gave examples of how they had done this.

Staff told us they had not yet had the need to look at end of life care for people. However, they assured us that people and their families would be empowered, involved, listened to and informed in developing their support plans with regards to their preferences and decisions for end of life care. People's wishes would be known and respected, particularly in relation to their diverse needs on the grounds of protected equality characteristics, for example, learning disability, dementia or physical disability. Staff were aware of the need to ensure people's dignity and comfort were maintained and that professionals would be consulted about a dignified and pain-free death. Staff told us they would support relatives and friends at the end of a person's life.

## Is the service well-led?

### Our findings

Staff and people were complimentary about the management of the service. One staff member said, "The manager is very caring and wants the best for people and staff". Another staff member said, "There is an open door policy, if we need something we just need to ask".

The registered manager understood their governance responsibilities with regards to legal requirements and conditions of registration. The service was well-led and managed and the culture promoted positive person-centred care. Staff described it as supportive and passionate. The regional director stated, "Both Manager and [deputy] are excellent role models, always happy to help and support, clear expectations are agreed and monitored regularly. Manager and [deputy] work regularly, on shift and role model staff. Feedback from families is very positive and praises staff regularly".

The provider had robust governance systems in place to identify and drive improvement. Audits checked the service was safe, effective, responsive, caring and well-led. The regional director conducted an audit on 6 April 2018 which checked the appropriate action had been taken with regard to any accidents, safeguarding issues, care plan reviews and any police involvement. Actions from the audit included, "Support plans should be reviewed every 6 months [person overdue]", "Communication passports should be reviewed annually to ensure they are relevant and up to date", "Ensure weekly fire test is clearly recorded weekly I could see an evacuation had happened but this showed as a missed week" and "Ensure all health check monitoring is recorded in accordance with manager guidance, (person) weight states monthly but has not been recorded since march". The registered manager was knowledgeable about the areas the service needed to develop.

The provider encouraged personal development and celebrated success. In some cases, people were awarded trophies for achieving their goals. With significant patience and understanding, a member of staff supported one person to access public transport to visit the local museum, their relatives house and the town centre. After gaining confidence to use public transport, the person concerned achieved their ambition of visiting Australia independently for a holiday. Other achievements included supporting people to become independent in managing their own finances, weight loss and support to gain paid employment. Two people were extremely proud to show us their trophies and tell us about their success.

Risk management plans were also checked by senior staff. This included checking people were appropriately supported with their finances, their relationships, community access, living skills, bathing and showering and promoting independence.

The management style of the registered manager was positive, forward-looking and extremely inclusive for people that used the service, their family members and staff. The registered manager was supported by the organisation's senior management, but had autonomy to devise how the service was run and managed.

Staff had regular opportunity to discuss any concerns, share feedback and provide suggestions on how to improve the quality of the service. The last team meeting held on 18 July 2018 discussed, actions from

previous meetings, medication management, annual leave, GDPR, menu planning and recruitment.