

Care Management Group Limited

# Care Management Group - Meesons Lodge

## Inspection report

Henry De Grey Close,  
Meesons Lane,  
Grays,  
Essex,  
RM17 5GH  
Tel: 01375 383267  
Website: [www.cmg.co.uk](http://www.cmg.co.uk)

Date of inspection visit: 22 April 2015  
Date of publication: 29/05/2015

## 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	

## Overall summary

The inspection took place on the 22 April 2015.

Meesons Lodge is one of a number of services owned by Care Management Group Ltd. The service provides accommodation and support for up to 12 people who have a learning disability, physical disability or sensory impairment. On the day of our inspection the service had one vacancy.

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

# Summary of findings

People were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

There was a regular and consistent staff team. The provider had appropriate recruitment checks in place which helped to protect people and ensure staff were suitable to work at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty.

Staff told us that they felt well supported in their role. We saw that staff had received regular training, but formal supervision was an area the manager was in the process of developing.

We found that detailed assessments had been carried out and that the care plans were very well developed around each individual's needs and preferences. There were risk assessments in place and plans on how the risks were to be managed. People were supported with taking every day risks and encouraged to take part in daily activities and outings.

We saw that appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves; to help ensure their rights were protected.

People were happy and relaxed with staff. Systems were in place for people to raise concerns and they could be confident they would be listened to and appropriate action was taken.

People's medication was well managed and this helped to ensure that people received their medication safely.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice.

We found that people's healthcare was good. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had an effective quality assurance systems in place. People had the opportunity to feedback on their experiences. Staff tried to involve people in day to day decisions and the running of the service. The service was well managed.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge about how to keep people safe.

Good



### Is the service effective?

This service was effective.

People were cared for by staff that were well trained.

Staff had not received regular supervision but felt well supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced positive outcomes regarding their health.

Good



### Is the service caring?

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

Good



### Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

Good



### Is the service well-led?

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

Good



# Care Management Group - Meesons Lodge

## 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.

The inspection was unannounced and took place on the 22 April 2015.

The inspection was undertaken by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and details of any improvements they plan to make. The provider had completed this form and returned it within the set timespan given.

As part of our inspection we also reviewed other information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the registered manager, the deputy manager and three members of the care staff. We also spoke with a visiting social worker of one of the people. Two relatives were contacted for their views about the service and where possible feedback has been added to the report.

Not everyone who used the service was able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal area. We used the Short Observational Framework for Inspectors (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the files of two staff members which included their support records.

We also looked at the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and support records.

# Is the service safe?

## Our findings

Staff told us that they felt people living at the service were kept safe. People were relaxed in the company of staff and they had good relationships. Relative feedback included, “We can sleep at night as we know [person’s name] will receive the care they need.” and “We always worry about [person’s name], but we come away and do not have to worry as they are in good hands.”

The staff knew how to protect people from abuse and avoidable harm and they had completed relevant training, although some were waiting for an update. Staff were able to express how they would recognise abuse and how they would report their suspicions. The service had policies and procedures on safeguarding people and these were there to help guide staff’s practice and to give them a better understanding. It was noted that the service had ‘Ask SAL’ posters around the home, which provided the reader with information on who they could contact if they had any concerns regarding vulnerable people. This showed that the service had systems in place to help protect people from potential harm and staff had been trained to take appropriate action. The service had a whistle blowing procedure in place for staff to use and this provided information on who they could take any concerns to.

Risk assessments had been routinely completed and these identified how risks could be reduced to help keep people safe. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives.

Appropriate monitoring and maintenance of the premises and equipment was on-going. Regular checks had been completed to help ensure the service was well maintained and that people lived in a safe environment. General maintenance had been completed and people’s bedrooms had been well decorated and personalised. The service had a maintenance and decorating plan for the next 12 months and this included a new kitchen and new flooring throughout the stairway, hall and landing area. They had recently had some structural work completed on the outside of the building and they were in the process of waiting for this to be finished. Although there were no risks to people living at the service, the outside environment at the front of the building did not look well maintained. The

manager explained that this work was being completed through an insurance claim and they were waiting for a completion date for this to be rectified. We have since been informed that work is to start by the end of May 2015.

Window restrictors had been fitted to the upstairs windows, but these could easily be removed and the windows could then be fully opened. Risk assessments were in place but the manager recognised that this could be a risk and was proactive in arranging for window restrictors to be fitted to all upstairs windows. We received confirmation from the registered manager that since our inspection this piece of work had been fully completed.

There were enough staff available to meet people’s individual needs. People were able to follow their interests and past times because there were enough staff to support them. People were well supported and we saw good examples from staff where people were provided with care promptly when they needed it or on request. Feedback from relatives included, “They are very well staffed and they get the attention they need.”

There were systems in place to monitor people’s level of dependency and help assess the number of staff needed to provide people’s care. The manager added that the assessing of staffing levels was an ongoing process and they provided examples of where in the past they had requested more staff for individuals due to their care needs changing or specific activities where higher staffing was required. Some of the people living at the service had an individual staff member allocated to them on a one to one basis due to their care needs.

The service had a recruitment procedure in place to help ensure correct checks were completed on all new staff and this practice helped to keep people safe. The manager had recently recruited a number of staff had gained the required documentation which included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). Potential employees are invited into the service for a trial day. This is so the service can gain feedback from the people who live there by assessing how they interact and engage with each other.

The service also had a disciplinary procedure in place, which could be used when there were concerns around staff practice and keeping people safe.

People received their medicines safely and as prescribed. Medicines had been stored safely and effectively for the

## Is the service safe?

protection of people using the service. They had been administered and recorded in line with the service's medication policy and procedure. People had an annual medication review to ensure their medication needs had not changed.

Medicines had been recorded and signed for. Each person's medication folder was accompanied by their photograph and a record of any allergies they may have. This supported staff to ensure that the correct person received the correct

medicines prescribed for them. There was also a record of medicines that had been destroyed or returned to the pharmacy when they were no longer needed. This meant that all medicines could be safely accounted for.

Staff involved in managing medicines had received medication training and competency checks had been completed. Regular audits had been completed by the service and an external pharmacist and these were viewed and no concerns had been highlighted.

# Is the service effective?

## Our findings

People were observed with staff and were able to show through their body language that they were happy with the care provided. Some people had limited verbal communication and often smiled, clapped or made hand or facial gestures. Staff had a good understanding of people's non-verbal communication and responded to them appropriately. Staff were able to demonstrate they knew people well and ensured that their care needs were met.

Staff we spoke with said the training was very good and it had provided them with the knowledge they required to meet people's individual needs. Staff had received regular training and been provided with the knowledge and skills to carry out their roles and responsibilities as a care worker. Some updates were required, but the manager was aware of this and had arranged relevant training for staff over the next few months. Newly recruited staff had completed an induction and this included information about the running of the service and guidance and advice on how to meet the needs of the people living there. They also shadowed more experienced staff to ensure they were confident in their role.

Documentation seen showed that staff had received limited support through one to one sessions, meetings and appraisals. The manager had identified in the Provider Information Return (PIR) that formal supervision was an area that needed to be developed within the service and formal supervision had been limited during 2014. Since the manager's appointment in November 2014 they had arranged for three support workers to complete their supervision training so they would be able to support staff through one to one supervision session. One staff meeting had taken place in March 2015 and minutes were available. Staff reported that team meetings had occurred more since the new manager had arrived and one added that at the last team meeting, "It was lovely, they had a paper on the wall where we could write our concerns and then management went through this with us." Staff felt the management were approachable and supportive.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals. All staff we spoke with demonstrated an awareness of the MCA and DoLS and had received training in the MCA. The

manager advised that they would arrange a 'best interest meeting' if healthcare assistance was needed or there was to be a planned hospital admission for an individual. Staff showed good practice when people became agitated or upset and knew what may help to change the person's behaviour and help make them calm and relaxed.

People's capacity to make day to day to day decisions had been assessed to help ensure they received appropriate support. This showed that staff had up to date information about protecting people's rights and freedoms. Where possible, consent had been gained and people or their relatives/advocates had agreed to the service providing care and support. The service is part of an advocacy service and they have recently been working together on a 'keeping safe' project, which was helping to identify areas of good practice within the service and where this could be improved. People were observed being offered choices during the day and this included decisions about their day to day care needs. On the day of our visit one person had their annual review and was supported by their social worker during this process.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and their individual needs were well documented. There was a clear list of people's likes, dislikes, dietary or cultural needs. Where a risk had been identified there were nutrition and weight charts in place to enable staff to monitor people. Where people required assistance from a nutritionist or healthcare professional this had been gained, for example, a healthcare professional's assistance had been sought where required to help ensure people were kept safe and to help reduce the risk of choking.

People were being supported to have sufficient to eat, drink and maintain a balanced diet. A four week menu was in place and this showed that there was a varied menu and that people were offered choice and a healthy balanced diet. Staff stated that these were only a guide and they offered different options for the main meal where people wanted an alternative. At meal times people were encouraged to be independent when having their meal, but where needed staff offered support and assistance. Assistance was very personalised and staff were aware of each person's individual needs whilst eating their meals. Cold and hot drinks were available throughout the day.

## Is the service effective?

People had been supported to maintain good health and had access to healthcare services and received ongoing support. Referrals had been made to other healthcare professionals when needed and this showed that staff supported people to maintain their health whilst living at the service. Each person had a health action plan in place

to identify any health care needs. Feedback from relatives included, “They keep us involved at all times and if there is a slightest worry they are on the phone to us” and “They update us straight away and discuss any decisions with us or care needs.”



# Is the service caring?

## Our findings

People were receiving good care and support. They were relaxed with staff and given the time and support they needed. Some staff had worked at the service for a number of years and knew the people very well. Staff worked hard to support people well and wanted to make a difference to their lives. Care was provided with kindness and compassion.

People received good person centred care and the staff did their best to ensure that where possible people had been involved in decisions about their care and the lives they lived. Relatives feedback included, “[Person’s name] is always clean, tidy and happy” and “It is home from home.” The service had a key worker system in place, which meant that each individual had a named staff member and this assisted with continuity of care and communication with family members.

Staff responded quickly to people’s needs and they were kind and caring in their approach. Each person had a unique way of communicating and staff were aware of how to facilitate this.

Staff interaction met people’s individual needs. Staff were observed interacting with people and ensuring that those who were unable to express their wishes were included in

the conversations and activities were possible. Good examples included one person who was showing distress and shouting, but the staff member knew what they needed to help reduce their anxiety and this then helped to calm them down. Another staff member was seen chatting to a person and stroking their arm. The person smiled and responded positively and they were noted to have eye contact with the staff member at all times.

People’s privacy and dignity was respected and when people were supported with personal care the doors were always closed. Staff knew the people they were looking after very well and we heard them addressing them in an appropriate manner. People were encouraged to be as independent as possible and staff were observed providing support and encouragement when needed. The manager is a dignity champion for the service and plans for other staff to also complete this training. This would provide staff with support and guidance on privacy and dignity within the home and ensure this is fully engaged within their service.

Where possible people were supported to express their views about their care and support. Some people had relatives involved in their care, but this was often limited. Where people did not have access to family or friends that could support them, the service had arranged for an advocacy services to offer independent advice, support and guidance to individuals.

# Is the service responsive?

## Our findings

Staff assisted people with their care and were responsive to their needs. People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to their needs.

People's needs had been fully assessed before they moved to the home. The assessment forms were easy to read and quickly helped to identify each person's needs and assist the service to identify whether they could provide the care required. The care plans we reviewed were very in-depth and contained a variety of information about each individual person including their physical, mental, social and emotional needs. Any care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs.

People had a 'About Me' document in place. Where possible they had been involved in producing this and it showed that their choices and care needs had been taken into consideration. Where possible, either relatives or advocates had been involved in the planning of people's care. Care plans had been reviewed regularly and updated when changes were needed to reflect variations in people's needs.

People enjoyed meaningful activity. It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in. People had been supported to follow their interests and take part in their chosen activities. One relative stated, "They are always going out, they have also arranged holidays in the past." During our visit some people went out with members of staff to the local cinema and then went out for lunch. On the day of our inspection there was an organised activity which was in the form of a sensory story. The staff member read out a story and then took a card or an object for the person to feel/listen etc. The worker was personalised in her approach and there was real energy in the air whilst this activity took place. The staff member made eye contact with people and smiled frequently, which people responded to positively.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Management were seen to be approachable and they listened to people's experiences, concerns or complaints. Staff stated that they felt able to raise any concerns they had. Relatives spoken with confirmed they would be able to speak with management if they had any concerns, but added that they were happy with the service and that they had no concerns. Management also monitored complaints so that lessons could be learned from these, and action taken to help prevent them from re-occurring.

# Is the service well-led?

## Our findings

People showed us they had trust in the staff and management and it was a friendly and homely environment. It was clear that the staff and management were there to ensure the people had a good quality of life and they empowered people in this process. Relatives feedback included, "The manager is very good at her job" and "The service has improved since the new manager had been there." The manager was trying to involve people and staff in the development of the service and this included an open culture with good communication.

The service had a registered manager in post who was aware of her responsibilities and ensured the service was well led. There were clear lines of accountability and the manager had access to regular support from senior management when needed.

Staff we spoke with were complimentary about the management team. They said that they felt well supported. The manager explained that they had introduced an open door policy and staff spoken with stated they were more confident in the manager's ability to listen and follow up on any concerns they may raise. They felt they were kept up to date with information about the service and the people who lived there. A regular handover took place between each staff shift so that important information was passed down to each staff team. Comments received included, "The manager has brought in a lot of changes...all for the good in my opinion." and "Management is 100%. Very approachable and made a real change for staff morale." Another added that staff, "Work really well together."

The service had clear aims and objectives and these included dignity, independence and choice. Staff were required to complete understanding equality and diversity

as part of their e-learning. This looked at people's diversity and how to meet their needs. From observations and discussions with staff it was clear that they ensured that the organisation's values were being upheld to ensure continual individualised care for people.

The service had a number of systems in place to show that it aimed to deliver high quality care. Records seen showed that the manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified in the audits, the service had produced an action plan, which was regularly updated to show progress that had been made.

Environmental and equipment checks had been carried out to help ensure people's and staff's safety. Monthly audits had also been completed by the manager in line with the company's own policies and procedures. Regular visits were also completed by the operational manager for support and auditing of the service.

The service had systems in place to gain people's views about the service, and this was an area that the manager was hoping to improve further. They are looking to introduce 'pictorial cards' so it is easier for people to communicate their views on the service. Events had also been organised to provide relatives with a comfortable environment to bring any issues they may have to the management's attention and improve communication.

The service had a pictorial complaint procedure and a copy of this could be found in each person bedroom. The service has received a number of compliments and these included, "I have noticed a big improvement over the past few months. The house appears much cleaner and feels nicer. Also there is an improvement in the staff and they seem much happier."