Care Management Group Limited

Reddown Road

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

Reddown Road is a supported living service. Supported living services are where people live in their own home and receive care and/or support in order to promote their independence. The accommodation was provided by another organisation and as Reddown Road is not registered for accommodation with the CQC, the premises and related aspects were not inspected. The service provides support to seven people with a learning disability. There were seven people using the service at the time of our inspection.

This inspection took place on 12 January 2018. It was undertaken by one inspector and it was unannounced. This was the first inspection of the service since it registered with the Care Quality Commission in 2017.

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. 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 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.

Staff were trained and understood how to protect people from neglect and improper treatment. People's risks were assessed and plans were in place to mitigate them. There were staff available in enough numbers to ensure people remained safe and well supported. Staff administered medicines in line with the prescribers instructions and ensured that good hygiene practices were followed.

People's needs were assessed and reviewed regularly or when their needs changed. The registered manager supervised staff and ensured they had the skills and knowledge to support people effectively. People ate healthily and were supported to have timely access to healthcare professionals when required. People were treated in line with the Mental Capacity Act 2005.

People told us that the staff supporting them were caring. Staff supported people to maintain the relationships that were important to them. People's independence and dignity were promoted and staff

respected people's privacy.

People received care that was individualised and responsive to their needs. People had care plans which detailed how people's needs and preferences should be met by staff. People engaged in a variety of activities and a clear complaints procedure was in place.

There was a registered manager in post who promoted an open culture at the service. People and their relatives were encouraged to give feedback to the service to shape the delivery of care and support. The service worked in partnership with health and social care professionals. The provider had robust quality assurance processes in place to maintain standards and drive improvements.

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. Staff knew how to protect people from abuse.

People were supported with risk assessments and risk management plans.

Staff were deployed in enough numbers to keep people safe.

Medicines were stored, recorded and administered appropriately.

Is the service effective?

Good

The service was effective. People's needs were identified, assessed and met.

Staff were supported and received supervision and training.

People ate well and accessed healthcare services whenever they needed to.

People were treated in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. Staff were caring towards people.

People were enabled to maintained relationships with relatives and friends.

People's independence was promoted.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive. People received personalised care.

People had care plans in place which described their preferences for how care and support should be delivered.

Staff supported people to participate in a wide range of activities.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post.

The management team were open and approachable.

Robust and on-going quality assurance checks were undertaken to drive improvements

The service worked collaboratively with other organisations and teams.

Reddown Road

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 checked 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 12 January 2018. It was unannounced and undertaken by one inspector.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We also read previous inspection reports.

We spoke with four people, three staff, the deputy manager and registered manager. We read four people's care records including their needs assessments, support plans, risk assessments and medicines administration records. We read four staff files which included their recruitment, training and supervision records. We reviewed the provider's quality assurance checks as well as their health and safety, fire safety, food safety and infection control practices. We also carried out general observations. Following the inspection we contacted two relatives and four health and social care professionals to get their views about the care and support people receive at Reddown Road.

Good

Our findings

People and their relatives told us that people felt safe. When asked separately if they felt safe, two people said, "Yes." A relative told us, "I feel that [person's name] is safe both inside and outside the house with staff."

Staff received training in safeguarding people from abuse and improper treatment. Staff gave us examples of the types of abuse people may be at risk of and signs that may indicate abuse. Staff explained the actions they were trained to carry out to keep people safe if they suspected abuse and understood the provider's safeguarding procedures.

The risk that people might experience harm was reduced because of the assessments undertaken by staff and plans in place to protect people. For example, to reduce one person's risk of choking as a result of rushing when eating, staff had guidance in care records to encourage the person to slow down at mealtimes. In addition all staff received first aid training which included how to respond to choking incidents. Risk assessments included plans to make sure people remained safe whilst engaging in activities such as swimming and horse riding.

People's behavioural support needs were identified and managed safely. The provider had a specialist team of behaviour support therapists. Staff at Reddown Road made referrals to the team where people presented with behaviours which may challenge. The functions of people's behaviours were assessed by the behaviour team which developed clear guidelines for staff. Staff received training to keep people and themselves safe should their behavioural support needs present.

Where people presented with absconding risks the service took action to promote their safety. This included involving multiple agencies to assess, manage and review risks. Measures to keep people safe when in the community included arranging times for people to return, encouraging people to carry a mobile phone and a location device. People were supported with travel training to reduce the risk of getting lost. People who could access the community independently had information to keep themselves safe. For example, staff used a number of methods to support people to understand the concept of 'safe strangers'. Safe strangers are individuals such as bus drivers, uniformed security guards and staff behind counters in shops who could be approached for help if people became lost. The service had obtained easy read guidance for people from the Metropolitan Police on keeping themselves safe when in the community. This included safety advice for people when using buses and trains.

Staff were available at all times in enough numbers to ensure people's needs were met and they were kept

safe. Where there were planned and unplanned staff absences shifts were covered by staff working overtime and by regular bank staff. The service did not use agency workers. The registered manager explained that these arrangements ensured continuity for people.

The provider's recruitment practices were robust and ensured that people were supported by safe staff. New staff were employed only after meeting the provider's application and interview criteria, proving their identities and eligibility to work in the UK and having their details checked for criminal records. This meant people were supported by staff who the provider was confident were suitable.

People were protected from risks associated with unsanitary conditions and unhygienic practices. Staff conducted regular infection prevention and control audits. These reviewed the cleanliness of the home's environment, the condition of washing facilities, toilets and the kitchen as well as laundry management and waste disposal. When supporting people with personal care staff wore single use gloves and aprons and appropriate food handling training and practices were in place. A poster showing correct handwashing techniques was displayed in the kitchen for people and staff to copy.

People were further protected by the readiness of staff to whistle blow in the event that concerns they had raised about people's care and safety were not addressed. Staff we spoke with understood the provider's whistleblowing policy. One member of staff said, "I have confidence in my manager and [the provider organisation] to respond quickly and properly to any [safeguarding alerts]but I wouldn't hesitate for a second to report to CQC if anyone ignored abuse or managers tried to sweep it under the rug."

Good

Our findings

The needs of people were assessed prior to their admission to the service and again as their needs changed. Health and social care professionals contributed to the assessment process. People's needs assessments were the subject of regular review to which people and their relatives were invited to take part.

People received support from staff who were trained. Staff told us they benefited from the training they received. One member of staff told us, "The training is good. It always opens your eyes, particularly the person centred training." We found staff received training in general areas such as safeguarding, health and safety, manual handling and first aid as well as training specific to people's needs. New staff received induction training and completed the Care Certificate. The care certificate is a nationally recognised training programme that sets the standard for the essential skills required by staff who are delivering support to people

Staff were supported in their role by the registered manager and the deputy manager. Staff received regular supervision where they discussed people's changing needs along with their own training needs. One member of staff told us, "It's good to talk and have focus on how things are going from your perspective in supervision." An appraisal system was in place to review staff performance and set goals for the following year.

People were supported to eat healthily and chose what they ate from pictorial menus. People had separate cupboards in the kitchen in which the items they had been supported to individually purchase were stored. People also had their own shelves in the fridge. Staff supported people to prepare each of their meals. The support that people required to eat was stated in care records. One person's care records stated, "[Person's name] will need prompting to ensure they have finished their mouthful…as they have a tendency to store food in their cheeks." This meant people were supported to eat safely.

People's plans for transitioning into the service where based on their assessed needs. Prior to moving into the service the manager undertook an initial assessment of people's needs and their compatibility with other people living in the service. People were supported to visit the service on several occasions to meet other people living there and to join them for activities. One relative told us that the family member's, "Transition to living [at Reddown Road] was well thought out and planned." Where the transitioning process was identified as being stressful for people they were supported with quicker planned moves to minimise the period of disruption.

The involvement of healthcare professionals was sought in a timely manner to ensure people remained healthy. People made referrals to healthcare professionals when required and people were supported to attend health appointments. Staff maintained records of people's health appointments which were reviewed by the registered manager to ensure people's health needs were assessed, met and monitored.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 were supported to make decisions and their consent was sought by staff before support was delivered. The registered manager and the staff we spoke with understood the principles of the MCA and how support should be provided where people lacked capacity.

Good

Our findings

People told us that the staff supporting them were caring. One person said staff were, "Very nice." Staff knew people well and care records reflected people's preferences. This information was gathered from people, relatives and observations by staff. People's recorded preferences included their likes, dislikes and "Things I can't stand." The information guided staff in delivering care and support according to people's choices.

People's emotional needs were supported. Staff took action to reduce people's anxieties. For example, where people were apprehensive about dental checks staff sat briefly in the dentist chair beforehand and the dentist showed how an oral examination would be performed. Photographs were taken of staff members being examined this way and were shown to people before each dental appointment. Where people were noted to become anxious in crowds they were supported to go to activities, locations and events at less busy times.

The service ensured that information was made available to people in accessible formats. Photographs of the staff who were on shift were displayed in a communal area for people to see. Menus were pictorial and policies and procedures were produced in an easy read format. Communication aids were used to support people during daily living activities. For example, one person had a communication board in their bathroom with illustrations of personal care tasks such as shaving, washing hair and parts of their body. These pictures were arranged on a board in the sequence they would take place. This reduced the person's anxiety around personal care by reassuring them about what was to happen next.

People were supported to develop the skills they required to increase their level of independence. Staff supported people with skills teaching in areas such as preparing meals. Care records provided staff with information about the support people required to be independent. For example, one person's care records noted that they did not always maintain concentration when crossing roads. Staff were directed to prompt the person in order to assist them in developing road safety awareness.

People were supported to continue to have an active role in their family life. Staff supported people to travel to the homes of relatives for home visits, breaks and special events and collected people afterwards. Staff maintained a record of important family dates for people. These included the birthdays of relatives. In one person's case the staff had gathered the dates of 14 relatives' birthdays and supported the person to send each one a birthday card.

People's privacy was protected. Staff respected people's privacy by knocking on their doors before entering and ensured their dignity was maintained by closing people's doors when supporting them with personal care. Care records were kept in the office which meant personal and confidential information about people could not be seen by visitors.

Good

Our findings

People received personalised care. People had person centred plans (PCP) in place. These reflected what was important to people. For example, one person's PCP stated, "I want to make friends." This person was then supported to participate in activities through which relationships might grow. For example, they were supported to attend social clubs and to invite people to dinner at the care home. People, their relatives and staff reviewed people's care plans and PCPs to ensure they continued to reflect people's needs and preferences.

Reddown Road staff supported people to participate in a range of activities. People engaged in bike riding, trampolining, music therapy, cake making and golf. One person told us, "I like dancing" and was supported to go to social club. People were enabled to pursue their interests and hobbies. For example, four people enjoyed horse-riding and were supported to do so regularly. One person who wanted to was supported to camp out in the garden and a drum kit was available for people to play in a converted shed. People were supported to attend a local library and to play basketball and board games. One relative told us, "[Staff] listen to [person's name] and if he is not happy to do a planned activity or outing they will agree a different plan with him."

People were supported by allocated keyworkers. Keyworkers are members of staff with particular responsibilities for specific people including planning activities, liaising with relatives and making appointments. People met with their keyworkers in regular one to one meetings. These focused on issues including how people were feeling, activities they wanted to do and supporting family contact.

People's communication needs were assessed and staff had guidance in care records on meeting people's individual communication needs. One person was supported to use a hand-held, touch screen, speaking computer aid. Staff supported them to make choices from a pool of photographs stored on the device showing them engaged in activities. Stored images also included photographs of relatives and staff members. Care records supported staff to understand people's unique communication methods. For example, one person's care records noted that they covered their ears with their hands to indicate that they were becoming agitated.

The provider had a complaints procedure in place which was available to people in an easy read format. People told us they knew how to make a complaint. Asked what they would do if they were worried about something, one person told us, "I would talk to staff." Relatives told us they were generally satisfied with how issues they had raised had been dealt with. One relative told us, "They respond quickly to anything we are

not happy about and will try and put it right as soon as possible."

Good

Our findings

People, relatives and staff told us the service was well run. One person described the registered manager as, "A very good manager." One relative told us, "I think the house is well managed". And a member of staff said, "[The registered manager] makes this home what it is. She's caring. She leads by example. The [people] really respond well to her." Another member of staff said, "They [the service leadership team] are very supportive and understand the work life balance."

The management arrangements at the service were clear. The service leadership was comprised of a registered manager, deputy manager and team leader. Staff understood their roles and responsibilities and, where required, undertook training to develop their ability to perform specific roles. For example, keyworkers received keyworking training. This included person centred planning and report writing.

The provider's commitment to its vision and vales was reflected in its approach to recruitment. Interviews for prospective staff took place in the care home. People participated in the interview process by asking interviewees questions. Staff we spoke with understood the provider's ethos and vision and drew our attention to a sign in the office which read, "Our residents do not live in our work place. We work in their home."

The registered manager organised regular meetings for staff. Team meetings were used to discuss matters related to the delivery of care and support. For example, the minutes of team meetings showed keyworking, safeguarding, complaints, ironing, maintenance and care records were all discussed. The dates of team meetings and individual staff supervision meetings for the coming year were displayed in the office. This meant staff could prepare in advance for meetings.

The delivery of people's care and support was routinely checked for its quality. The registered manager coordinated a range of checks at the service. These included audits of care records, the environment, training and people's experiences. The provider undertook quality audits of the service and tasked the registered manager with the responsibility to make improvements were any were required.

The registered manager used the positive feedback the service received to encourage and motivate staff. The service kept a colourful book of compliments. It contained thank you cards and emails as well as complimentary messages written directly into it. The book was available for all to read and was kept beside the visitors book so those entering the building could read it if they chose to. Staff told us that complements in the book and praise from the registered manager in team meetings boosted their morale and confidence.

The registered manager worked closely with partner organisations and teams including healthcare professionals from the multidisciplinary team and social workers from the local authority. The registered manager understood their legal responsibilities including submitting notifications to the CQC of reportable events.