

Care Management Group Limited

# Care Management Group - 16 Hawthorn Crescent

## Inspection report

16 Hawthorn Crescent  
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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

A comprehensive inspection took place on 29 June 2018 and was announced. We gave the registered manager 48 hours' notice of the inspection because the service is small and staff are often supporting people with activities in the community. We did this to ensure that both staff and people who use the service were on site.

The service had a registered manager in post. The current manager was registered in May 2016. 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.

16 Hawthorn Crescent is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is situated in a residential area of Worthing, adjacent to another service run by the provider. The two services share a garden to the rear of the property.

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.

16 Hawthorn Crescent is registered to support up to four people with learning disabilities, physical disabilities or other complex needs. At the time of the inspection there were four people living at the home. The home provided personal care and support to male adults of various age groups.

16 Hawthorn Crescent is a detached property with a communal area over one floor. There was a large kitchen and dining area that also served as a communal area for people who used the service. There was a small purpose-built extension adjacent to the kitchen that served as an office for the registered manager. The property held four ensuite bedrooms, a laundry room and staff bathroom.

At the last inspection on 29 March 2016, the service was rated as good in the areas of Effective, Caring and Responsive and Well-led. The service was rated as requires improvement in the area of Safe but the overall rating for the service was Good. Following the last inspection on 29 March 2016, we asked the provider to complete an action plan to show us what they would do and by when to improve the key question of Safe to at least good. At the last inspection we found that the provider was not fully mitigating the risks to people's wellbeing and safety, specifically around bowel monitoring. We also found that some information relating to each person's needs and risks to their health had not always been consistent and up-to-date. The provider had sent us an action plan as to how they intended to improve this area. At this inspection we found the

evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received safe care and treatment with risks to their health and safety being properly assessed and mitigated.

People's medicines were well managed by staff at the service.

Staff knew people well and had a good understanding of their needs and how best to support these to achieve the desired outcomes. We saw staff treating people with dignity and respect and being patient and considerate when providing different elements of care.

People were involved in their care and support and were encouraged to be active in the running of the service.

People's health needs were monitored well and staff were responsive in seeking treatment and maintaining regular health appointments.

People were supported to have sufficient food and drink and were involved in the decisions about the food they ate.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible, the policies and systems support this practice. Staff understood how people's capacity should be considered and had taken steps to ensure that their rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service was well led by the registered manager who has support from the provider in ensuring that quality assurance systems were effective.

## 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 has improved to Good.

The service was now ensuring that risks to people's safety were well managed and mitigated. Systems were in place to identify and reduce the risks to people.

Systems were in place to protect people from abuse.

Staffing levels were good and ensured people remained safe and met their needs.

People's medicines were properly managed and administered.

Appropriate and effective infection control procedures were in place.

The provider effectively learned and made improvements when things went wrong.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains Responsive

### Is the service well-led?

Good ●

The service remains Good.

# Care Management Group - 16 Hawthorn Crescent

## **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 comprehensive inspection took place on 29 June 2018 and was announced. We gave the registered manager 48 hours' notice of the inspection because the service is small and staff are often supporting people with activities in the community. We did this to ensure that both staff and people who use the service were on site. The inspection team consisted of one inspector.

At the last inspection on 29 March 2016 the service was rated Good. At this inspection we found the service remained Good.

Before the inspection, we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR) in March 2018. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

As people used various methods of communicating, it was difficult to obtain people's views regarding the

quality of the service, so we spent time observing people in areas throughout the home to see interactions between people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to two people, looked at medication procedures, observed activities, and the breakfast. We spoke with the registered manager and three care staff. We also contacted external professionals and stakeholders to obtain feedback about the care being given to people. We spoke with one relative following the inspection.

We reviewed all four people's care records, looked at four staff files and reviewed records relating to the management of medicines, complaints, training and how the registered person monitored the quality of the service.

# Is the service safe?

## Our findings

At the last inspection we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider was not fully mitigating the risks to people's wellbeing and safety, specifically around bowel monitoring. We also found that some information relating to each person's needs and risks to their health had not always been consistent and up-to-date. At the last inspection on 29 March 2016, we asked the provider to take action to make improvements and the provider had sent us an action plan as to how they intended to do this. At this inspection we found that practice had improved and that the provider was consistent and responsive in this area.

Systems continued to be in place to identify and reduce the risks to people. Risks to people were assessed and managed to support people to be safe. Risk assessments were detailed and comprehensive and had been developed to reflect each element of the support people received. The assessments identified the risks to the person and how they and staff could mitigate these risks. Specific risks had been identified such as nutritional requirements and skin care. For example, people had eating and drinking risk assessments in place, as well as assessments for swallowing that enabled staff to reduce the risks of people choking. They provided a framework that guided them on when further specialist referrals (Speech and Language Therapy) would be required. There was clear guidance for staff in how to support people without imposing restrictions on their freedom. Each risk assessment detailed whether, through the implementation of these risk strategies, there were any restrictive practices in place.

Observations of the care and support provided, showed that people were happy and comfortable in the presence of staff. People's expressions, reactions and behaviour showed us that they felt safe. One person told us, "Yes I feel safe here".

Systems remained in place that showed that people's medicines continued to be managed consistently and safely by staff. Medicines were ordered, administered and stored safely. People were receiving their medication according to the dosages and directions of their medication records. Auditing systems were in place to ensure that the system for medicine administration worked effectively and any issues could be identified and addressed. Where people had been prescribed medicines on an 'as required' basis, plans were in place to guide and support staff with their administration. These protocols ensured that staff delivered 'as required' medication effectively and safely.

Records and staff indicated that there was enough staff available to meet people's needs and to keep them safe. We looked at staff rotas over a period of a month which confirmed that the provider was ensuring that the needs of the people were covered well by staff numbers. The workload of each staff member was manageable and allowed them to support each person safely and effectively. The registered manager told us that they were able to utilise staff from their neighbouring service should cover be required to continue to meet people's needs.

Staff continued to demonstrate a good knowledge of safeguarding procedures and the processes around

the reporting of suspected abuse. The home had a safeguarding 'grab folder' which included the provider's safeguarding and whistleblowing policies along with a flow chart explaining how to report an incident or allegation of abuse. Staff explained clearly the need to support people with any concerns they had about their safety. One staff member emphasised the importance of, "supporting residents to report things". The registered manager was proactive in promoting this area amongst staff. One staff member told us, "She will check your knowledge of safeguarding procedure always". People's key workers completed monthly reports that detailed, amongst other elements of care, how to maintain people's safety and ensuring that health needs were addressed.

Environmental risk assessments continued to be completed and updated in order to keep people and staff safe. For example, a fire risk assessment had been completed. Personal Emergency Evacuation Plans (PEEPS) were in place for each person. Records showed that fire safety checks were being completed regularly and according to the provider's policies. The service was clean and tidy and there were systems in place to ensure that hygiene standards were maintained and staff understood how to prepare food safely. Staff were observed using the appropriate protective equipment to ensure safe infection control.

Incidents and accidents were recorded and monitored through the provider's own recording systems and by using Behavioural Observation charts. There was clear evidence of learning and seeking to improve ongoing support through actions and analysis within the registered manager's comments. These included seeking further health support or the updating of risk assessments and care plans.



# Is the service effective?

## Our findings

People's needs and choices continued to be assessed in a holistic way and comprehensive care plans were developed based upon these assessments. Regular reviews of people's needs had been completed to assess the effectiveness of support plans in achieving the desired outcomes of people. People had health care plans in place that identified what support they required to remain healthy and well. People's care plans were personalised throughout which guided staff to support people more effectively.

The provider continued to have a robust recruitment and selection process in place that ensured they employed appropriate staff. Staff told us they received the training and support they required to care for people. Records showed that staff had received training that was relevant to the needs of the people they were supporting including awareness of learning disability, Dysphagia, eating and drinking, Epilepsy, person centred active support and postural management, which allowed staff to effectively support people at the service who all used a wheelchair throughout the day. One staff member told us about the training courses provided, "I find them useful", and emphasised the importance of this training by stating that "You need to know how to support our guys". Staff demonstrated a good knowledge of people's individual needs and awareness of the risks that were presented.

Staff used relevant and evidence-based good practice guidance, as well as keeping up to date with current legislation, to inform the support they provided to people. The provider was ensuring that medicines administration was delivered in line with legislation and guidance such as the National Institute for Health and Care Excellence (NICE). The provider regularly obtained guidance and good practice support from Speech and Language Therapy practitioners to inform the support they provided.

Staff told us that they received their daily tasks and support schedule to support individuals. Staff told us that the knowledge they had on each person's care and support needs afforded them a good degree of flexibility that allowed them to switch support to another person if needed. The care plan of one person in the service stated that they required the support of an alternative staff member to support them to de-escalate when they were anxious or their behaviour was heightened. The impact of staff actively supporting, and gaining experience with, all individuals in the service allows them to mitigate the behaviours of people quickly and effectively. With regards to people's choices on who supported them, one staff member told us, "It's the service users who have the right to choose".

The registered manager was proactive in ensuring staff were trained and upskilled as effectively as possible. Staff could access additional specialist training whilst undertaking formal learning. One member of staff was undertaking a Level 3 diploma and specialising in postural care, a support element that would have significant impact on the people who use the service whose physical difficulties require careful observation and support. Two staff were undertaking PMLD (Profound and Multiple Learning Disabilities) qualifications while another was taking a Leadership Qualification in Team Management to progress within the company.

People continued to be supported to have enough to eat and drink. Staff supported people to make choices about their food and drinks and demonstrated a good awareness of people's needs and preferences. Food

was prepared by staff and people were involved in the formation of the weekly menu that was on display. Individual risks associated with nutrition and hydration were assessed and care plans provided staff with information on how to support people effectively. Speech and Language Therapy (SALT) guidelines were in place for people within the service and weight management records were seen to be effective. One person's records were seen to be effective in gradually increasing their weight when an increase was requested.

People's needs were being met by the adaption and decoration of the service. The flooring of the property allowed ease of access for the people in the service who used wheelchairs to mobilise. People's rooms were decorated tastefully and personalised to their own individual tastes and wishes.

People's health needs were monitored effectively and they were supported to access the health care services they needed. Each person had a Health Action Plan in place with details about their health needs and the professionals involved. Staff maintained consistent records to support the monitoring of specific health conditions including Epilepsy and nutritional intake. People were supported to attend regular health care appointments including GP visits and dentist appointments. The provider also obtained monthly keyworker reports that detailed the contact and support the person had received from health professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager informed us that two people were subject to a DoLS authorisation. The registered manager had made appropriate applications for DoLS and staff understood their responsibility to comply with these authorisations when providing care. Mental Capacity Assessments has been undertaken to determine capacity for individual decisions. Staff understood the principles of the Mental Capacity Act and could apply this to the support they provided to people. One staff member told us that it was about, "promoting independence, assuming capacity and ensuring things are done in the person's best interests". Another staff member told us with regards to their approach to capacity, "I won't just assume I know what their choices are and what they are capable of".

## Is the service caring?

### Our findings

People were supported by staff that were attentive, kind and caring. Staff demonstrated that they knew people well and had a good understanding of their needs and wishes. Staff were aware of the various methods of communication that people used to indicate their needs and responses. One staff member told us that in developing the working relationship with people, they had "build a good rapport since day one".

During the inspection, there was a friendly atmosphere and people looked relaxed and comfortable in their surroundings. People moved around the service freely and were supported by staff in a considerate and patient manner. Staff were observed giving people positive reinforcement when they interacted with them while providing formal support and with activities. One relative told us, "They make him laugh and keep him happy. They are very patient".

Staff ensured people's privacy and dignity. Staff were diligent and patient when supporting people to eat. We observed staff asking for permission to undertake tasks before starting them and obtaining people's choices. Communication between staff and people was respectful as was staff's language when speaking about people.

Staff were considerate of the equality and diversity needs of people. Although there were no specific cultural, religious or ethnic considerations, staff demonstrated an awareness and knowledge of how they would support people. Care plans sensitively highlighted potential differences in people's sexual orientation and people's requirements for gender when personal care was to be delivered.

People were being supported to maintain and improve their independence. Staff described how they encouraged people to improve their skills. One person's desired outcome was to be involved in cooking and was actively involved in the completion of household tasks and laundry. Staff had ensured appropriate risk assessments had been completed for these specific tasks to ensure people's safety when undertaking them. Another person was actively involved in the completion of fire safety checks with staff and was supported by the designated fire marshal to complete this on regular occasions.

People were involved in the decisions around their care and supported to understand risks within this. Risk assessments plans were explained to people and what staff would need to do to keep them safe. In respect to the importance of chewing food, one plan stated, "Staff explained the risk management plan to him. He stated he is happy for staff to help if the need arises. Individual assessments showed that people were involved in their care and risk plans. Annual reviews of people's care showed that people were involved in decisions and in the planning future outcomes for themselves.

We observed staff ensuring that people's wellbeing was maintained and were safely protected prior to departing on a community activity on a hot day, by asking if they wished to go back to their rooms so that they could apply sun protection cream.

We observed people being treated with kindness and compassion. People told us that the staff spoke to

them in a courteous and friendly way and addressed them by their chosen name. Staff were observed treating people with dignity and respect.

## Is the service responsive?

### Our findings

The service continued to be responsive to people's needs. People were receiving care in a personalised way. Care plans reflected people's physical, mental, social and emotional needs. Details in care plans reflected the complexities of people's care and guided staff to provide the support that was important to them.

Care plans were developed with a person-centred focus that reflected people's needs in areas such as establishing a consistent routine and providing a daily structure. Care plans detailed how people wished for their support to be delivered. One stated, "I prefer to take my time with things and may become frustrated if you rush me". These personalised needs were further demonstrated by staff and evidenced through interviews that we held with them. Care plans highlighted the importance of people maintaining family contact with relatives by providing guidance for keyworkers to prompt people to purchase birthday cards and gifts for relatives in a timely way.

Care plans were detailed in promoting people's independence. Personalised plans prioritised the tasks and activities that the person could undertake themselves, supplemented then by what the staff member could support them with. Care plans contained photographs of the person undertaking the activity or task and what staff could do to ensure their safety and wellbeing. People's care and support was reviewed monthly by their keyworker. This included details of progress, challenges and changes in their support needs.

The provider was proactive in ensuring that people at the service had access to a range of activities to meet their needs and wishes. Every person in the service mobilises with the use of a wheelchair. The provider ensures that people have access to a local wheelchair dancing group that meets in a local area hall. On the day of the inspection, all people in the service were supported to go for a picnic locally rather than being in the property on a hot day. One person was reluctant to go on the picnic but agreed to participate on the basis that they could call and speak to the registered manager when in the community. The registered manager ensured that she made herself available for this call in a responsive action that maintained the person's emotional wellbeing and allowed them to still engage in a community activity. We also observed maintenance staff making last minute adjustments to a person's wheelchair that enabled them to participate in a communal picnic with others.

The service was responsive in dealing with complaints when received. The provider had a complaints policy and information on how to complain was available in written and an easy to read format. This explained the timescales within which people could expect a response. One complaint we viewed demonstrated that the focus of the provider was on both resolving the complaint whilst adjusting the activities of a person living at the service with minimal disruption to their wellbeing or routine.

The provider was proactive ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The provider has produced detailed communication passports that outlined how individuals wished for information to be conveyed to them.

The provider had supported people with making future arrangements for end-of-life support. The registered manager confirmed that no one at the service was at the stage where they required direct support with end of life care. End of Life plans were in place for those people who had consented to them, while the registered manager confirmed that the plans they had completed had been done so with the input of the person and their relatives.

## Is the service well-led?

### Our findings

The service had a registered manager in post. The current manager was registered in May 2016. 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.

There was a positive culture where staff and management took pride in the care and support that they provided. The registered manager was clear about the provider's vision and strategy for the future and fully supported this. The registered manager was clear on the future outcomes and targets that staff intended to implement for people. Relatives we spoke to were happy with the way the service was managed. One relative told us, "She is very good with her staff. We are very pleased with everything". One relative had put the registered manager forward for the provider's manager of the year award. The relative had commented that "She is professional, organised and above all, caring".

Staff spoke positively about the openness and support that the registered manager provided to staff and people. One staff member told us that, "She is always available if I need to speak to her". Another staff member told us, "She is considerate and reliable. She is there when you need her and when you've finished talking to her you feel better already".

The registered manager used a range of systems and processes to monitor and evaluate the quality of the care. Quality assurance audit tools were used to monitor aspects of care such as the safe administration of medicines, finance checks, health and safety and infection control. The service also received comprehensive quality assurance audits from the provider. These audits produced action plans from which the registered manager was required to implement any changes or improvements. The quality assurance plans we saw demonstrated that the registered manager and staff were proactive in making these changes and improving the care and support delivered to people.

Staff and management worked well in partnership with other agencies and professionals. People's health plans showed regular and timely contact with health professionals and specialists. Records showed that staff communicated effectively with many health care professionals to ensure that people's needs were considered and understood so that they could access the support they needed. The registered manager maintained good contact with relevant local authorities. One social service professional told us, "The current manager has worked well with the team and cooperated with any safeguarding concerns, addressed any issues and contacted the funding authorities when required or requested to do so".