

Care Management Group Limited

Care Management Group - 57 Bury Road

Inspection report

Care Management Group - 57 Bury Road
Gosport
Hampshire
PO12 3UE
Tel: 023 9258 8756
Website: 023 9258 8756

Date of inspection visit: 27 & 28 October 2015
Date of publication: 22/12/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 27 and 28 October 2015. 57 Bury Road provides support and accommodation for six people who have learning disabilities or autism spectrum disorder. At the time of our inspection there were six people living in the home.

The service had a registered manager. 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.

We found areas regarding the safety of people at the home needed to improve. The skills and experience of staff had not always been considered when staffing levels were planned. Staff underwent a recruitment process but

Summary of findings

not all details of these checks were available so we could not be sure the service recruited people who were safe to work with people. People had clear and up to date risk assessments which demonstrated how the risks associated with their care could be minimised. Staff had a good understanding of what constituted abuse, what action they should take if they suspected abuse and who they should contact if they thought people were not safe. Medicine practices were carried out safely.

The home had a programme of training, but all staff were not up to date with training the registered provider considered essential to meet the needs of people. Staff had a good understanding of the Mental Capacity Act 2005 and ensured they always worked in the best interests of people. People had an input into planning their meals and efforts were made to ensure people had a balanced diet. People were supported to access a range of healthcare professionals and good records were maintained of these visits.

People's records made it clear what their preferences were in relation to their choices of personal care and

activities of daily living and how they communicated their likes and dislikes with people. Staff had caring relationships with people and promoted their privacy and dignity.

People received personalised care which met their daily living needs. People participated in daily activities but attention was needed to ensure these were personalised. The complaints procedure was displayed around the home. From records held it was difficult to establish the nature of any complaints and ensure they had been investigated and lessons learnt from the outcome of these.

The home had an open culture where staff felt if they raised concerns they would be listened to. Staff felt supported by the manager and were clear about their roles and the values of the home and the organisation. A range of quality audits were completed to ensure the home was effective in meeting people's needs.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

The skill mix and experience of staff was not always considered when staffing levels were planned.

Recruitment procedures were in place, but not all necessary checks were available to ensure staff were safe to work with people.

Staff had a good understanding of how to safeguard people and what action to take if they thought people were not safe.

Medicines were safely administered and stored.

Requires improvement



Is the service effective?

The service was not always effective.

Not all staff had in-date training to ensure they could meet people's needs safely.

Staff ensured they always worked in the best interests of people.

People received support to ensure they ate a balanced diet.

People were supported to access a range of healthcare professionals.

Requires improvement



Is the service caring?

The service was caring.

People were supported by caring staff who respected people's privacy and dignity.

People's support records made it very clear how people communicate.

Good



Is the service responsive?

The service was not always responsive.

People received personalised care, but more effort was needed to ensure activities were personalised.

People felt they could complain but records held made it difficult to know the full nature of complaints made and how these had been investigated.

Requires improvement



Is the service well-led?

The service was well led.

The home had a positive open culture with staff who were aware of the homes and organisations values.

Good



Summary of findings

Quality audits were completed to ensure the service was providing a safe home for people.	
---	--

Care Management Group - 57 Bury 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 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 27 and 28 October 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection we reviewed previous inspection reports and looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law.

People who lived at the home were unable to tell us in words how they felt about the home. We tried to ascertain their views by observing their behaviour and looking at records of how staff gathered this information. We also spoke to people's relatives to gain their views on the service their relative received whilst living at the home. During our inspection we observed how staff interacted with people who lived at the home and supported them in communal areas. We looked in depth at the care records for two people and sampled the records for a further person. We looked at the medicines records for two people. We viewed accident and incident records, staff recruitment, training and supervision records. We reviewed a range of records relating to the management of the service such as complaints, records, quality audits, policies and procedures. We spoke with three relatives to ask them their views of the service provided. We spoke with the registered manager, the regional operations manager and five staff.

Is the service safe?

Our findings

Staff told us the recent changes in staff had meant there was not always enough staff on duty who had the skills and experience to be able to meet people's preferences. The home had very recently filled staff vacancies and had new permanent staff in post. Only one vacancy remained, which we were informed by the registered manager would soon be filled. Four weeks of the duty rota were viewed which included the days of the inspection. From the duty rotas it was not always possible to determine the skill mix and numbers of staff on duty. The registered manager advised as a minimum there would be three members of staff on duty with some days a shift being covered by a 'middle', who worked from 9-5. The registered manager worked in addition to these shifts. They advised new or agency staff would always be supported by experienced staff. From the duty rotas it was not always possible to determine the skill mix and numbers of staff on duty. For example on one Saturday the duty rota recorded the early shift had been covered by one permanent worker and two non-permanent staff. At the bottom of the weekly duty rota was a list of shifts to be covered, however there were still gaps on these where the weeks had passed. The registered manager confirmed this meant these shifts had not been covered. They said there was always enough staff on duty to ensure people's safety. A staff member explained at times there could be two people who needed support on a one to one basis. During some of these occasions it meant there was only one member of staff to support four other people, which could be difficult. They explained this was made more difficult if the staff working were not experienced and did not know the people very well. A staff member said this at times could contribute to people's behaviours declining.

People's needs were not always met by consistent numbers of competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff recruitment records did not contain all of the required information to ensure correct procedures had been followed to keep people safe. For one person a marriage certificate was not available to demonstrate the reason for a change in the name of the person's ID. No employment history was available and the reason the person had left their last employment was not available. For another

person no references were available, and there was no record of this person's qualifications or the reason why they had left their previous employment. In another example only one reference for the person was available. For this person there were no details of their qualifications or the reason why they had left their previous employment. Staff did not start work in the home until checks with the Disclosure and Barring Service had been completed. The registered manager subsequently forwarded on an e-mail from the organisations head office, which answered some of the shortfalls, but not all of the concerns identified. No employment history was available and there were no details regarding the person's Identification. Staff spoken with advised us they felt they had been thorough all the necessary recruitment checks.

The lack of recruitment checks did not ensure all staff were fit and proper to be employed; this was a breach of Regulation 19 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff had knowledge and understanding of the different types of abuse and what action they should take if they suspected any abuse was happening. Staff described the procedures they would follow and who they would contact if they had any concerns regarding the safety and welfare of people. A copy of the local authority safeguarding procedures was available in the home. Staff had confidence the manager would act appropriately on any concerns they raised about keeping people safe.

Safeguarding concerns were raised and reported by management to the local authority and the Care Quality Commission (CQC) as necessary. For example, where one person's behaviour had changed for a period of time we had received appropriate notifications and were made aware of the reasons for the increase in the volume of notifications. Records of service user's meetings showed us the areas of risk assessments and safeguarding were discussed with people on a regular basis.

People had clear risk assessments in their records, which related to their support plans. These were personalised, detailed risks associated with people's care and how action could be taken to reduce the risk. Where this included a risk of reducing control or choice for the person there was clear evidence of the reasons why this action should be taken. Risk assessments had been carried out on the environment of the home. There were procedures in place in case of emergency situations in the home. An up to date fire risk

Is the service safe?

assessment was available and people had personal evacuation plans. Staff meeting minutes recorded how staff explained to people what they should do to keep safe in the event of a fire and stated staff would always support people at this time. Risk assessments were being monitored monthly or more frequently if necessary.

The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Records showed the amount of medicines received into the home were made. People were prescribed medicines to be given when

required (PRN) and there were clear protocols in place for their use. Details of these were clearly recorded in people's medicine administration records (MAR). The use of PRN medication had been discussed with people at a service user meeting. All staff involved with medicines completed training in the safe administration of medicines. Staff were required to undertake an annual competency assessment to ensure they were safe to administer medicines. Good procedures were observed for the administration of medicines, which were checked by two staff.

Is the service effective?

Our findings

New staff were given an induction period during which they spent time shadowing more experienced staff to ensure they had time to get to know people and their preferences. Some staff felt new staff needed a longer induction period and more support during their induction. Training records showed staff received training in a broad range of areas. However not all staff had up to date training in all areas necessary to meet people's needs. This at times related to areas which were critical to the well-being of people, for example to a medical condition and to the associated medicines with this condition. The manager stated sometimes the reason staff's training had expired was because there were no training courses by the provider available to book staff onto, so they had to wait for a space to become available. The providers IT system did not always identify if a staff members training had expired if they had been booked onto a training course in the future. A staff member expressed concern about training regarding intervention between people when they demonstrated challenging behaviour, being an E learning (computer-based) training. They felt all staff should receive face to face training to ensure all staff had the skills to know how to make safe interventions between people. They advised the E learning undertaken was about prevention of incidents between people but that it was not always possible to prevent the incidents and new staff would not always have the skills to know what to do in these circumstances. Staff felt supported and received regular supervision and these sessions were recorded. One staff member expressed concern for the support new staff received, believing sometimes they were, "thrown in at the deep end."

The lack of staff training to ensure they could meet people's needs was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005, although they struggled with the official terms related to this, for example Deprivation of Liberty. Staff knew the principles of the Act but not the terms of reference associated with the Act. The Act provides a legal framework for acting on behalf of people who may lack capacity to

make certain decisions at certain times. Staff told us how they tried to establish if people liked certain things as they were unable to express this in words. Less experienced staff told us they would rely on the knowledge of more experienced staff to interpret people's reactions. The registered manager and staff knew how to undertake assessments of capacity and when these may need to be completed. Where best interest decisions had been made it was recorded the person had been included but had been unable to share their views at that time.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority to protect the person from harm. The registered manager understood Deprivation of Liberty Safeguards (DoLS) and staff received training to support their understanding. Applications to deprive people of their liberty had been made to the local authority responsible for making these decisions and these decisions were recorded in people's support plans.

Pictorial menus were displayed to help support people make choices with regards to meals they ate. Staff knew people's preferences with food choices and these were incorporated into people's meals. Minutes of staff meetings recorded people's choices and it was clear cookery books had been used to aid people with their choices. Records of people's nutritional intake were recorded on a daily basis. People had risk assessments associated with their nutritional needs identified in their support plans and support from staff was provided to minimise these risks. Where appropriate, referrals had been made to the speech and language therapist team and their advice had been added to support plans. Meal times were relaxed and not rushed.

People had health support plans. These were detailed folders which included all of a person's medical history and detailed all the professionals who had already been involved in supporting the person with their health. Staff confirmed people regularly accessed healthcare services and confirmed regular check-ups with the GP and the dentist took place.

Is the service caring?

Our findings

We observed positive and caring interactions between people and members of staff. Staff spoke to people in a kind, calm and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance or to take their time and provided this in a positive manner. Observations demonstrated people felt at ease and comfortable with members of staff and the registered manager. A relative told us they felt very confident in the way staff cared for their relative. They said, “We know they are loved and staff are very kind and respectful”.

Staff knew the needs of people they were supporting. They knew what people liked and disliked and they supported people differently dependent upon their needs and personalities. People were encouraged to be as independent as possible and there was no pressure put on people to rush. We observed people being supported to make choices about what they were doing that day, what they wanted for meals and how they wanted to spend their time. Staff said they always asked people what they wanted to do and would respect and support the decision and choice they made. People’s support plans recorded their

preferences; for example, if they preferred male or female staff to support them with their personal care. During the inspection one person chose who they wanted to support them with washing and dressing that day.

Staff told us it was difficult to engage and involve people in relation to their support plans. There was evidence in support plans staff had tried to engage people and record their views. Records showed people’s relatives had been involved in planning their care. All six people had relatives who were involved with their care and they were supported by staff to spend time with them and go home for periods of time.

Meetings for and with people had been arranged on a monthly basis and these were minuted. It was clear these had been managed at a pace which was suitable for people and when people had become disengaged the meetings had finished.

Staff were aware of the need to ensure people’s privacy and dignity was promoted and maintained. Staff were able to give us good examples of how they understood and respected people’s choices, privacy and dignity. People’s records included information on how to support people’s privacy dignity and independence in all aspects of daily living tasks.

Is the service responsive?

Our findings

People had personalised and up to date records. Each person had an extensive range of records including support plans, which covered 15 main areas including, 'my preferences', 'important people', 'my beliefs', 'my communication' and 'supporting my independence'. People then had health support plans which included a medical history and any information relevant to the persons current health needs. Daily records were maintained of the person's activities, nutritional intake and of any behaviour or any incidents relating to the person's health. All this information was reviewed on a regular basis.

Whilst people had not been directly involved with their written records it was clear their opinions had been considered. Support plans gave clear guidance on what each person's preference was and how they would let staff know how they were feeling. Support plans gave guidance on how staff could support people's independence, privacy and dignity. For example, one person in the home found it difficult to get up in the morning and made slow progress in this area. The support plan gave clear guidance on how the person should be supported with this and we observed staff following this guidance and supporting the person in a timely and respectful manner. In another person's plan, it gave clear guidance the person liked to have an accessory item with them and this helped them express their needs. During the inspection we observed the person was supported to have this accessory with them at all times.

Support plans gave details of people's preferred social activities; however, we could not be assured these were taking place on a regular basis. Daily records demonstrated people were involved in activities but these did not always reflect these were personalised and the choice of the

person as identified in their support plans. For example a person's support plan identified they liked visiting a set place, but we could not see when this activity had last taken place. A relative told us their relative had enjoyed a social activity which they had been supported to attend by a staff member. They advised since the staff member had left the person had not been supported to attend this activity. The relative advised they were hoping after speaking to the registered manger this would soon take place again. The registered manager told us they were aware of the lack of personalised activities and showed us a list of activities they were hoping to start for people, which included people's choices of swimming and horse riding.

The lack of personalised activities was a breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Details of the complaints procedure were displayed around the home in pictorial format. Staff told us they would ask people on a regular basis if they were unhappy with any aspect of care they received. Staff told us whilst some people were unable to tell them directly staff would know by the behaviour of the person that they were unhappy and they would then investigate further to resolve the problem. The manager told us they did have a log of complaints but these had been destroyed by a person living in the home when they had come into the office. We were shown parts of differing complaints which had been printed from the computer. These demonstrated complaints had been made and responded to. However from the information given we could not be clear what all the complaints related to and could therefore not be assured lessons had been learnt from these or all the complaints had been investigated.

Is the service well-led?

Our findings

The home had an open and person centred culture. The manager was keen to stress the home was organised to meet the needs of the people who lived at the home. Staff were aware of the values of the organisation and the home, which were displayed in the office. These were also discussed at staff meetings and staff supervision sessions. Minutes of staff meetings demonstrated staff were able to make suggestions on the running of the service and how things could be improved for people.

The home had a registered manager and a deputy manager in post. During our observations we

saw the registered manager took an active role in the daily running of the service and had a 'hands on' approach to supporting people who used the service and the staff. The registered

manager was aware of her responsibilities and had sent notifications of events appropriately to the Commission and where necessary made safeguarding referrals. Staff were aware of the expectations on them and the staffing structure within the home.

A range of quality audits were completed on a regular basis. We saw infection control audits and were advised one of the new members of staff was going to become the infection control lead in the home. The member of staff confirmed they had held this role previously. Medicine audits were carried out daily, weekly and monthly. A pharmacy company who provided the homes medicines also carried out a regular audit and provided a report of their findings. The regional manager completed a quarterly

audit and we looked at the last report which covered the months of March and April 2015. This was an extensive audit which covered the five domains covered by this report, safe, effective, caring, responsive and well-led. The evidence was gained from direct observations, discussions with people, staff and relatives and from looking at written documentation. The report highlighted the areas the home was doing well and any areas which needed to be improved on. For example when looking at people's records any areas which had not been completed or updated were identified so the registered manager could resolve the omission. The audits were clear and had identified some of the areas for example, staffing levels and activities, which we have found in this report and the manager was open about the improvements needed.

The registered manager analysed incidents and accidents to look for trends to see if these related to people's behaviour or their health conditions, to ensure if lessons could be learnt so necessary changes could be made. Whilst this was good practice we could not see the analysis was recorded. This meant emerging patterns of behaviour or incidents could be missed. The registered manager reassured us whilst this was not documented all incidents and accidents were looked at on a regular basis and if necessary lessons were learnt from these. The registered manager explained in the last eight months many restrictive practices in the home had been removed as they were not necessary. They advised these were being reviewed on a regular basis. The communal areas of the home had also been made more homely, but this was difficult due to the behaviours of some people, but the registered manager was keen to keep trying to improve these areas for the benefit of all people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People's needs were not always met by consistent numbers of competent, skilled and experienced staff.

Staff training did not ensure at all times staff could meet people's needs.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The lack of recruitment checks did not ensure all staff were fit and proper to be employed to ensure the safety of people.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

There was a lack of personalised activities to meet individuals needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.