

# Care Management Group Limited

# Starbrook

## 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

About the service:

Starbrook is a residential care home, registered to provide personal care for up to six people. At the time of the inspection, six people were living at the home.

People's experience of using this service:

People were unable to share their views with us during the inspection. Because of this, we spoke with people's relatives and received positive feedback. We also made observations of interactions between people and staff. We heard dignified interactions. People sounded as though they were having fun with staff and enjoying the support. The sounds people made corresponded with information in their care plans that would indicate they were happy and comfortable with the support they received.

Staff understood their responsibility to identify and report any concerns of abuse. They felt confident in reporting concerns to the registered manager and area manager. They knew they could also contact the local authority and CQC.

Medicines records and storage systems evidenced that medicines were managed safely.

There were protocols in place to support people who had epilepsy. These detailed each step staff should take to ensure the person received treatment in a timely and safe manner.

People had support plans documenting their needs, interests, preferences and routines. This meant that staff could find out more information about how best to support the person by reading their plan.

There were staff vacancies but measures were in place to ensure people received consistency of care, from staff who knew their needs well. There were agency staff who had worked at the home for several months prior to the inspection. They were booked by the home to work there until the vacant positions had been filled.

People were supported to spend time in the communities of the surrounding towns. This was either by visiting places of interest or taking part in activities based on their hobbies. During the inspection, people went for countryside walks, visited their favourite shops and cafés, and attended horse riding sessions.

The principles of the Mental Capacity Act 2005 (MCA) were applied when writing people's support plans. Where people were able to express their views, make choices and decisions, or where people required specific assistance, the support plans made this clear.

Assessments of people's mental capacity to consent to specific decisions regarding audio and visual monitoring systems were not always in place. For example, staff members assigned to working with certain people would carry with them an audio monitor if the person was alone in their bedroom. The systems were

put in place to monitor people's safety. However, the evidence to show that this was in the person's best interests and that this was the least restrictive option was not recorded. This had been identified by the area manager in their audits and the registered manager understood this was an area for improvement.

All other assessments of people's mental capacity included how the person had been supported to be involved in the decision. People's accessible information needs were being met while involving them in the assessment process. There were pictorial documents to help gauge people's understanding of the decisions being made.

All staff spoke positively about working at the home. They told us they received regular supervision meetings with the registered manager and felt supported in their role. All staff were complimentary about the registered manager. Their comments included, "[The registered manager] is amazing, she is so helpful and always there to support us."

The service met the characteristics of Good in all key questions.

Rating at last inspection: There had been a change in ownership and registration of the service since the previous inspection. This was the first inspection since the change.

Why we inspected: This was a scheduled comprehensive inspection.

Follow up: We will monitor all intelligence received about the service, to inform when the next inspection should take place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Starbrook

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

Starbrook 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We notified the registered manager of the inspection in the afternoon prior to our visit. This inspection took place on 12 and 16 April 2019.

#### What we did:

Before we inspected, we reviewed information that we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law. During the inspection we reviewed the support and health plans for four people. We also looked at the daily records for three people. We reviewed the medicine records for every person and looked at information relating to the management of the home. This included accident and incident records, fire and water safety checks, rotas, three staff recruitment files, and staff supervision records. We spoke with four people's relatives, and four members of staff, the registered manager and area manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to safeguard people from risks of abuse. They told us they would raise concerns with the registered manager or area manager. They also knew they could contact the local authority safeguarding team, or CQC.
- Staff carried handheld radios while in the home, so they could contact team members in the event of needing urgent support. For example, if a person was displaying self-injurious behaviours, or experiencing a seizure, timely staff support could be gained.
- When people went out of the home, they were accompanied by a staff member who carried the person's mobile phone to contact the home if needed. Staff also took cards with important contact information with them. In the event of a person experiencing behaviours that staff found challenging to support, staff could ask a member of the public to contact the home.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people's safety were documented in detail and assessments were kept in people's support plans. These included a comprehensive range of risk assessments, specific to the person's needs, wellbeing, hobbies and interests. Risk assessments that were in place for one person included fire safety, locked doors, accessing the kitchen, going out for meals, ten-pin bowling, and the use of fans to cool down.
- The risk assessments included the measures staff should follow if risk levels changed during an activity. For one person, they could be supported in the kitchen, using safety knives to prepare fruit and vegetables. However, if the person displayed their specific signs of anxiety, they were to be supported to leave the kitchen.
- In the event of an accident or incident occurring, staff completed records of this and then worked through a de-brief process with the registered manager or a senior staff member. Records showed that staff discussed what worked well and where there were opportunities to learn from what had happened. This meant that in the event of a recurrence, improved staff actions and support could be provided.
- The registered manager maintained an overview of all accidents and incidents and reviewed records to see if any referrals or additional support measures were needed.

Staffing and recruitment

- Each relative we spoke with told us their family member would benefit from greater consistency in staffing levels. The registered manager and regional manager expected and were already aware of this feedback. The registered manager told us they had staff vacancies. Three new members of staff were due to join the service and were going through recruitment checks. New staff were subject to satisfactory previous

employment references and disclosure and barring service (DBS) clearance. The DBS helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

- Agency staff were booked for blocks of shifts, to help people receive consistent staffing where possible. If these staff were unavailable, different agency staff would work alongside an experienced staff member.

#### Using medicines safely

- Medicines were stored safely. There was secure storage of medicines in people's bedrooms. Checks were completed to ensure that medicines were stored at optimum temperature. Medicines requiring separate storage were kept in a locked safe.
- Medicine records were up to date, with no gaps or errors in the most recent records.
- Where medicine errors had occurred, these were reported to the registered manager for investigation. Where required, staff had received additional medicines training.
- Records for the application of creams and lotions did have some gaps. The area manager explained that they were working with staff to address this.
- If people were spending time visiting family, medicines were signed out to the family member for management during the person's visit. If people were out on day trips or holidays with staff, medicines were signed out to the staff member. The records were then updated upon the person's return.

#### Preventing and controlling infection

- People were supported to ensure their bedrooms remained clean and tidy. To promote people's independence and participation in the household, they had their own cleaning caddy. The caddy contained cleaning items, such as cloths and substances, and had their photograph on the front.
- Staff worked to a cleaning schedule to ensure that the home remained clean, tidy, and free from odours throughout.
- There were signs in the staff bathroom reminding them of safe hand washing techniques.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA. This included whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found that apart from decisions regarding audio and visual monitoring systems, the service worked within the principles of the MCA. They completed assessments of people's capacity to consent to aspects of their care and treatment.
- Four people had audio or visual monitoring systems in place. There were no assessments regarding the decision of whether the person could consent to these. The registered manager explained that these systems were being used when people were alone in their bedroom, based on assessed risks. However, the level of risk for one person had reduced and the system remained in place. When we returned for the second day of the inspection, the registered manager had started to take action to address this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed prior to receiving care and support at the service. Assessments included questions about people's hobbies and interests, as well as their marital status, religious and spiritual beliefs. This was then used to develop people's support plans.

Adapting service, design, decoration to meet people's needs

- One person had their own flat as part of the home. This included a separate entrance and small garden. Although the person visited the main home, they could spend time in their own space to support their wellbeing and anxiety, as and when they needed.



- People had spacious bedrooms and their own bathrooms. People's bedrooms were personalised to the colour of their choice. They were decorated with items of interest, such as photographs and pictures hung on the wall.
- The home was in the process of gradually being decorated. Some carpets had been replaced, and people had been involved in choosing the new colour of the lounge.

Staff support: induction, training, skills and experience

- People were supported by staff trained to meet their needs.
- Staff told us their training included online learning modules and face-to-face training delivered at the head office. Staff also received small group training sessions from health care professionals visiting the home.
- All staff had received training in supporting people's specific needs. For example, supporting behaviours that may be challenging, epilepsy management, and stoma care.
- Staff told us, and records showed that staff received regular supervision meetings usually with the registered manager, and sometimes the regional manager.
- The registered manager received details of the agency staff competencies before they worked at the home. Agency staff received an introduction to the home and were assigned different people to work.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary preferences were known and documented in their support plans.
- People were encouraged to try new foods. One staff member told us about a person's lunchtime preference and said they would prepare what the person wanted but would often also prepare something extra on the side. They said if the food was on the person's plate they would try it. This helped staff to identify if there were other foods the person would enjoy.
- The home had a spacious kitchen, so people could assist in the preparation of meals.
- The registered manager told us the dining area in the conservatory was social at meal times and that people enjoyed eating together.
- People enjoyed regular meals out at café's, restaurants and pubs.
- One person's health needs meant they needed support with an adapted diet. The person had responded well to the dietary support and had achieved a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Referrals were made to healthcare professionals in a timely manner. This included contacting the GP surgery or out of hours service. Also, the speech and language therapist and learning disability nurses.
- People were supported to attend appointments, such as the GP or dentist. One person experienced anxiety when they attended the GP surgery for their healthcare check-ups, partly triggered by having their blood pressure checked. The home purchased a machine and weekly they practiced with the person to have their blood pressure checked and help them become comfortable with the process.
- The local community hospital supported staff at Starbrook to create a social story, to help one person understand why they were being admitted. The story included slides explaining where the person would stay, photographs and names of the nurses and staff that would provide their care, and how they would travel there. This helped the person to understand and eased their anxieties about their hospital stay.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Information was displayed in pictorial format. The pictures helped people to understand important and day to day communications. There was a large board in the reception area, with pictorial updates about things taking place, how to make complaints, and which staff were on duty.
- Some people preferred individual calendars with pictures and symbols. One person was supported to check theirs at different times throughout the day, to understand what was happening next. Another person used theirs to countdown to an important event.
- People went on holiday. Two people went horse riding and staff were researching horse riding holiday's that the people may enjoy. One person enjoyed walking and routine, so visited Wales for walking holidays each year.
- People's birthdays were celebrated, based on what the person wanted. For one person, this was going to be a trip to London to sightsee on an open top bus, a meal, and to attend a theatre performance. For another person this was a family gathering, tea and cake at home.
- One person had made a written request to attend a religious service. Staff supported the person to attend.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people, their individual interests and personalities well.
- Staff spoke with enthusiasm about supporting people to have new positive experiences, such as visiting new places, or day to day achievements. For example, one staff member explained they had supported a person to visit the seaside. They told us, "[Person] is someone who would prefer to stay at home, so it was brilliant to get them out to Bournemouth. Having that experience helps open lot more doors for me and [person], because we can look at what things we can do next."
- We heard kind and considerate interactions, from staff who knew how to respond to people. People benefitted from staff understanding subtle differences in the way the person communicated, and this indicated how the person was feeling. When the tone in the person's communication changed, staff were quick to respond and provide positive behavioural support.
- The importance of supporting and respecting people's equality and diversity was understood by the management of the service. The registered manager and regional manager spoke about projects taking place within the organisation. These focussed on different aspects of equality and diversity and would be tailored to each service.
- Staff spoke positively about working at the home. One staff member said, "I enjoy everything about working here, the [people] and the staff team."

- Relatives told us that the staff treated their family members well. One relative said, "We work as a team, to care for [person] in a way that is best for them. They listen to me and my ideas as well."

#### Respecting and promoting people's privacy, dignity and independence

- Staff were rostered to ensure that if people were attending an activity such as swimming, they were supported by staff of the same gender.
- People could spend time in their bedrooms, in private, when they wished.
- Relatives told us they felt staff respected people's privacy and treated them with dignity. One relative said, "Staff are very respectful of [person's] bedroom and belongings."
- The registered manager led the service with a focus on promoting people's independence and working towards achieving positive outcomes. They told us, "We are here for the individuals. It is their home. We are here to help them achieve."
- Forms to record people's achievements had been introduced. These prompted staff to recognise where people had achieved something positive and personal to them. For one person this included having a successful day trip. Staff were keen to recognise people's successes and where they had progressed.
- Relatives told us their family members were mostly supported to maintain a well-kempt appearance. This included people attending hairdresser visits and having a good standard of personal hygiene. We saw one person return from the hairdressers. They were keen to show staff their haircut and liked the compliments they received.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences interests and give them choice and control

- People's had support plans in place for their day to day needs, choices and preferences. The information included in the plans reflected people's physical, mental, and emotional needs. For example, each person's plan detailed potential triggers for an increase in anxieties and how staff could support this.
- Support plans documented people's usual routines throughout the day and the support staff should provide. Staff told us they could refer to the plans and were given time to read them, ensuring they were up to date.
- People benefitted from having personalised tools in place called 'social stories'. Social stories are a well-established and soundly-researched approach to supporting people with a learning disability. These could be virtual video-like stories, or slides. The social stories were used to communicate to a person information such as why they needed to attend a health care appointment.
- For one person, their social story communicated to them how they should care for a wound following an operation. Technology was used to show how the wound could heal if the person cared for it well. Social stories could be made for any situation or decision where it was felt that the person would benefit from information being broken down into different steps.
- One person communicated well through writing, typing and reading emails. When there were communication updates for the person, the registered manager would type them up on an email. They would print the email, laminate it, and give it to the person. The registered manager had also purchased a bulk supply of exercise books, so the person could communicate in writing with them.
- People were supported to follow their interests and hobbies. One relative told us their family member was an "outdoor person" who enjoyed being in the garden. The person was supported to visit the garden centre regularly, purchase a plant, and to use the raised flower beds to plant it.
- Staff supported people to access the local and wider communities. The nearest town was a short drive, or one hour walk away. People used public transport links, walked, or used the home's vehicles. One person particularly enjoyed walking, so a scenic route was planned to provide them with a safe and interesting walk to the community.
- Plans for people's future outcomes were person-centred and based around building their skills. For example, the registered manager said one person was "now at the point they can go into shops to get a drink and chocolate bar. We are working towards getting him to join staff to do his personal shop. Then onto joining staff to do the weekly shop."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. This was also displayed in an easy-read pictorial format on the central communications board in the reception area of the home.

- Each person had a monthly review meeting. The registered manager explained that pictorial and visual aids were used to identify if a person had a complaint. If any communication indicated a person had concerns, these were then followed up.
- All complaints were recorded, investigated and responded to.
- The registered manager identified where there were concerns that could lead to improvements being made. These were raised in conversations and emails with relatives.

#### End of life care and support

- Although nobody living at the service was receiving end of life care and support, the registered manager told us end of life care planning formed part of their "future aspirations" for the home. They said this would involve working with people's families over time, to consider end of life wishes and needs.
- People affected by bereavement were supported by staff who liaised with the provider's communication lead to develop social stories. These were aimed at promoting talking about feelings and concerns if people wished to engage.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had built strong relationships with people's relatives. They understood and acted upon their duty of candour responsibility appropriately. When accidents or incidents occurred, the registered manager ensured that open and honest communication with the family took place.
- The registered manager completed observations of staff practice and was actively involved as part of the care team. They explained, "I often spend time with the staff and the individual they are supporting. I observe medication administration. I also go and have dinner with everyone once a week. I catch up with the night staff on a weekly basis and have thorough handovers with my senior staff and shift leaders." We observed the registered manager joined a staff member to support a person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the previous inspection, there had been changes in management, and periods of time with no registered manager in post. The registered manager had been in post for ten months prior to the inspection. They explained that they had got to know the people at the home, the staff, and their relatives and made changes over time. This approach allowed them to get to know where the areas for improvement were, and to understand what was working well.
- Any areas for improvement that we raised in our feedback were acted upon promptly by the registered manager.
- The registered manager was supported by an area manager. They attended meetings with other registered managers in Wiltshire and larger regional provider meetings.
- To ensure staff felt supported by the registered manager, the area manager at times completed staff supervision meetings. This meant they could hear from staff about the support they received.
- Staff were clear about their roles and responsibilities. They showed us their communication board, where important notices for staff to read were displayed. They told us they could ask the registered manager for support if they needed any.
- The registered manager had good relationships with their staff team. Staff comments included, "[The registered manager] listens to us, she takes feedback on board and makes changes." Also, "[The registered manager] is a good manager, she is very caring, always supporting the staff, I know I could go to her about anything."
- The registered manager told us their management approach included empowering the staff team and

encouraging them to seek solutions to challenges or queries. One relative told us the registered manager was "very pragmatic" in their approach. This was because they were pro-active in finding practical solutions when problems arose.

Engaging and involving people using the service, their relatives, the public and staff, fully considering their equality characteristics; working in partnership with others

- Relatives told us the registered manager and staff worked with them to help provide person-centred care to their family member. One relative told us, "It is like we are all a team." Another relative explained, "I am in regular communication with [the registered manager]. I know I can email her, and she always replies back quickly."
- Relatives received a weekly communication update from the registered manager. This included details of activities, the types of food, and any other information they may like to know. One relative told us they had a Skype call with their family member once a week. Relatives told us they would like to receive more photographs, and this was something the registered manager had started work on.
- There were good community relationships, particularly with small local businesses. The registered manager explained that staff at the local farm shop knew people by name. To help people with learning about money, the farm shop staff supported people to identify the right money to purchase items.
- Work was taking place within the organisation to develop a programme for supporting people to express their sexuality. The area manager explained this was to be trialled at one service, before then being tailored and rolled out to other services. They explained, "We will create a social story to help the person understand more." The regional manager was clear they wanted to ensure the programme was delivered sensitively and appropriately, dependent on people's needs.

Continuous learning and improving care

- The registered manager completed audits of different areas of the service, including infection control and medicines. The area manager completed an audit of the service on a quarterly basis. Information from audits was added to an electronic system, which produced monthly management reports.
- The registered manager had a clear vision for the future of the service and a credible strategy for how this would be achieved. Their approach was one of wanting to deliver continually improving care. They told us they wanted to increase community involvement. They said they also wanted to look at volunteer opportunities for people, to continue building their independence skills.