

Care Management Group Limited

Care Management Group - 32 Mays Lane

Inspection report

32 Mays Lane
Stubbington
Fareham
Hampshire
PO14 2EW

Tel: 01329668833
Website: www.cmg.co.uk

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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

The inspection took place on 7 March 2017 and was unannounced. We last inspected the home on 25 and 29 January 2016. At that time we found five regulations had been breached which related to risk assessments, medicines, personalised records, records and consent. We received an action plan from the provider and found progress had been made since our last inspection and the provider was now meeting the requirements of the regulations.

32 Mays Lane provides residential care for up to 5 people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were four people living at the service.

The service has a registered manager who has been registered for just over a year. 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 received consistently positive feedback about the care and support people were given. Relatives and staff told us people were well cared for and were supported to be independent and to make their own choices and decisions. Staff were described as kind and considerate.

Potential risks to people's safety had been identified and specific risk assessments identified how people should be supported to keep safe. Medicine records supported the safe administration of medicines. People received their medicines from trained care workers.

There were sufficient staff deployed within the home with less agency staff being used. The provider completed a range of recruitment checks to help ensure new care workers were suitable to work with the people living at the home. Staff felt supported in their roles and the training equipped them with the knowledge they needed to do their jobs.

The provider carried out regular health and safety checks, such as checks of fire safety, the electrical installation, gas safety, water temperatures and portable appliance testing. Incidents and accidents were logged and investigated.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). People had access to a range of health professionals, such as GPs, opticians, chiropodists, community nurses and hospital consultants.

Care records included background information about each person including details of their care preferences. People's needs had been assessed and personalised care plans written. Care plans were evaluated monthly to keep them up to date. People had goals to work towards and progress towards

achieving goals was measured periodically.

A pictorial complaints policy had been put in place and there had been one complaint since the last inspection, which had been investigated.

We were informed the service was well managed and led and a range of quality assurance audits were in place.

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.

People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Recruitment procedures were in place to ensure staff were suitable to work with people at risk.

Staffing levels were planned to ensure the needs of people could be met.

Medicines were managed safely and people received their medicines on time.

Is the service effective?

Good ●

The service was effective

Staff understood the principles of the Mental Capacity Act 2005[MCA], which meant they promoted people's rights and followed least restrictive practice.

Staff received a range of training and support which enabled them to do their job safely and effectively.

People were supported to prepare their own meals and to maintain essential living skills.

People were supported to attend health and other appointments as required and timely referrals were made to health care professionals.

Is the service caring?

Good ●

The service was caring.

Staff had developed good relationships with people living at the home.

The culture of the home was for people to be at the centre of decision making.

Is the service responsive?

Good ●

The service was responsive.

People received care which was personalised and met their needs. Records explained how people communicated their wishes and how they should be supported with managing their emotional wellbeing.

People could raise concerns about the service and these would be investigated to their satisfaction.

Is the service well-led?

Good ●

The service was well-led.

Staff felt well supported by the registered manager.

People were involved in how the home was run and their views were sought to improve the service.

There were regular quality assurance audits which, where shortfalls were identified, were addressed in a timely manner.

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Detailed findings

Background to this inspection

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

This inspection took place on 7 March 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home, we reviewed previous inspection reports and action plans from the provider. We looked at notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service.

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people living in the home were not able to tell us what they thought of the service. We therefore observed the care provided, to help us understand their experiences. We spoke with the registered manager, deputy manager, five members of staff and the relatives of three people. We looked at the care records of four people and staffing records of three new members of staff. We saw minutes of staff meetings, policies and procedures, reports by the provider and the complaints log and records. Certain policies and audits were sent to us following the inspection. We took copies of the duty rota and the training matrix.

Is the service safe?

Our findings

Relatives told us they were confident people living at the service were safe and that staffing levels were sufficient to meet people's needs and the skills of staff had improved.

At the last inspection we found people did not have risk assessments to identify all the risks facing a person. A requirement was made and the provider sent us an action plan in April 2016 detailing how they would meet this requirement. At this inspection we found the provider had taken action and was now compliant with this regulation. Where a potential risk had been identified, the provider carried out a risk assessments to help keep people safe. For example, if a person had a specific medical condition a risk assessment had been carried out to identify the potential hazards to the person and the measures required to minimise the risk. For another person we noted their weight was being monitored which was relation specific risk around their health.

Regular health and safety checks were carried out to help keep the building safe. These included checks of fire safety, the electrical installation, gas safety and water temperatures. There were also procedures in place to help ensure people were kept safe in an emergency situation and continued to receive the care they needed.

At the last inspection we found there were unsafe practices around medicines management. A requirement was made and the provider sent us an action plan in April 2016 detailing how they would meet this requirement. At this inspection we found the provider had taken action and was now compliant with this regulation. Medicines were administered safely and there were clear protocols in place for the administration of PRN medicines [medicines which are taken as and when required]. Stock levels tallied with the medicine administration records [MAR] and medicines were disposed of according to the provider policy. Where errors had been identified steps were taken to address these. Staff had completed specific medicines management training.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available and staff knew where to locate these. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event which may have been considered abusive. The registered manager was able to show us how she had dealt with a recent allegation of abuse. The relevant authorities had been informed and when instructed the registered manager had completed a thorough investigation and had kept all relevant parties informed.

There were enough staff on duty to meet people's needs. Relatives told us they were pleased the staff in the home had settled down and they were happy they were now seeing and speaking to the same staff. They reported the consistent staff group had a positive impact on people. Staff felt there were enough staff on duty as long as staff did not phone in sick. They advised us they supported each other and worked well as a team.

The provider had an effective recruitment procedure in place. Pre-employment checks had been completed to check new care workers were suitable to work with people using the service. This included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people. When looking through one person's staff file there was concern there were no references on their file. However following the inspection the register manager sent us a copy of the references which had been filed in the wrong place.

Is the service effective?

Our findings

Staff felt supported. One member of staff told us, "I can talk to [registered manager] about anything." Another described the support they received as "good". They said, "I can go to the manager privately, they are very approachable."

At the last inspection in January 2016 we identified a breach regarding the lack of assessing people's capacity. A requirement was made and the provider sent us an action plan in April 2016 detailing how they would meet this requirement. At this inspection we found the provider had taken appropriate action and was now compliant with this regulation.

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.

Staff had knowledge of the Mental Capacity Act and were able to relate it to most practices within the home. Mental Capacity assessments had been carried out appropriately. For one person we noted, the information regarding the person's changed capacity had not been carried over to one section of the care plan. However, following the inspection the registered manager sent us a copy of the care plan reflecting the change in the care plan due to the changes in the person's capacity. People's records included details of the way staff had engaged with people and observed their reactions to establish if they understood about the decisions being made.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We could see applications had been made appropriately to the local authority when it was considered necessary to deprive a person of their liberty. People's records identified if people had been assessed to be deprived of their liberty and whether this had been granted or not.

Training records confirmed staff had received the training they needed for their role. This included training on moving and handling, food safety, dysphagia (swallowing difficulties), eating and drinking, first aid, fire safety, epilepsy, autism and infection control. Staff felt there was a lot of training which they were supported to complete and attend. The manager confirmed any staff who were new to care, were required to complete the Care Certificate. The Care Certificate is an identified set of standards which health and social care workers adhere to in their daily working life. It aims to ensure workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff had regular one to one supervision which enabled them to discuss their role and further

development.

People chose the food they wanted and were supported by staff to assist with food preparation if possible. Pictorial menus and certain foods were available to help support people choose. Staff were aware of how people's dietary intake could impact on their health conditions and encouraged them to have healthy options. Records were maintained of people's food and fluid intake. People's weight was monitored and recorded monthly. People were encouraged to help where possible with the shopping and preparation of their meals. One person's goals included cooking a three course meal. People enjoyed their meals and the meal time we observed was relaxed and a social time enjoyed by people.

People were supported to access health care when required. Records confirmed people had regular input from a range of health professionals when required. This included GPs, opticians, chiropodists, community nurses and hospital consultants. One person had recently been in hospital and had been supported by family members and staff. The registered manager and staff had recently worked with other professionals to support a person who had received end of life care in the service. We noted there was positive feedback on how well the staff had supported the person during this time.

Is the service caring?

Our findings

Relatives told us the staff were caring, kind and compassionate. They believed staff new people well and how people wanted to be cared for and supported.

People were supported by a consistent team of staff which ensured continuity and enabled people to get to know the staff and build up trust. Relatives told us the staff were caring in their approach. They felt able to speak to all staff about the care of their relatives. Observations reflected people were comfortable and relaxed in staff's company. They engaged positively throughout our visit, laughing and joking with staff. We found the atmosphere in the service was warm and friendly. People were asked what they wanted to do and were given choices and options about all aspects of their daily lives. Staff told us they knew people well so could tell from watching them what they wanted and what their preferences were.

People were treated with dignity and respect. Staff provided care in a respectful way. Staff could explain ways in which they ensured people's privacy was maintained and staff had received training in this area. Staff were knowledgeable and understood people's needs. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. For example one person collected a newspaper daily. However during the morning we observed the person telling staff they did not want to go. Staff accepted this and in the afternoon the person was asked again and went to collect the newspaper. This demonstrated staff knew the person's preferences and respected their choices.

All personal and confidential information was appropriately stored and only those people who were permitted to access it could. Staff encouraged people to remain independent and carry out activities of their choice. Staff demonstrated a good understanding of the need to respect people's dignity and privacy. Staff used people's preferred form of address, showed them kindness, patience and respect.

Is the service responsive?

Our findings

At the last inspection in January 2016 we identified a breach regarding the care and treatment of people not always being person centred. A requirement was made and the provider sent us an action plan in April 2016 detailing how they would meet this requirement. At this inspection we found the provider had taken appropriate action and was now compliant with this regulation.

People had care and health plans which were developed and reviewed to include a person's need, preferences and choices. Plans included information on maintaining people's health, likes and dislikes and their daily routines and how these should be met. Plans included potential risks to the person and management plans were devised to minimise these risks such as, mobility, epilepsy and accessing the community. Staff told us they felt there was sufficient information and guidance to be able to support people safely and in the way they wished. Care plans were in place on how the person communicated their wishes and how to support people with managing their emotional wellbeing. Care plans were regularly reviewed in consultation with the person, their representatives and their key worker to ensure they were up to date and met their needs accordingly.

Outcomes or goals had been identified for each person to work towards. For each outcome a plan had been written which identified the steps required to achieve the outcome. These were reviewed regularly so that progress towards reaching the goal could be measured. Examples of goals included attending events and going on holiday. The registered manager also explained the provider was involved in the 'Driving up Quality' initiative by the government. They were looking at how they could support people living in the home with this initiative. One person was currently involved by helping the local homes in the group with recycling, which they were finding rewarding.

People's rooms had been personalised to suit their own taste and style. A staff member told us, "People have been supported to choose how their room is decorated, they are personalised with colours and themes people have chosen". One person's records included information on how the person had been supported with choosing how to decorate their room and how staff had established it was the person's choice as they had no verbal communication. This information had been shared with the person's family.

Family members and staff told us activities had improved in the service. They were now targeted to suit people's choices. For example two people had started swimming, who really enjoyed this. People had been on holiday and were busy booking holidays for this year. Communication with family members had greatly improved and they told us how happy they were to receive newsletters informing them of the things their relative had been up to.

The home had a pictorial complaints procedure and efforts had been made to improve this by including more pictures. Key workers went through the pictorial complaints procedure to ensure people were given the opportunity to express their views. Relatives told us they felt comfortable speaking to any staff if they had a complaint or concern and felt confident the complaint would be looked into by the registered manager. Complaints were logged and we were able to see these were responded to within the timescales

and were investigated by the management team. The registered manger had also introduced a 'grumbles' book, which is where people did not want to complain but just voice an opinion. For example a staff member had a 'grumble' about the pharmacy service.

Is the service well-led?

Our findings

At the last inspection in January 2016 we identified a breach regarding the lack of well-maintained records. A requirement was made and the provider sent us an action plan in April 2016 detailing how they would meet this requirement. At this inspection we found the provider had taken appropriate action and was now compliant with this regulation.

People's personal records including medical records were accurate and fit for purpose. Care plans and risk assessments were reviewed regularly by the registered manager or key worker. Staff records and other records relevant to the management of the service were accurate and fit for purpose. Records were kept locked away securely when not in use and were only accessible to staff. We found daily records were more informative and had been completed regularly. The registered manager and staff all felt daily records were work in progress and could see the importance of these records.

The registered manager was consistently described in a positive way by staff and relatives. They were described as open, easily accessible, welcoming and easy to talk to. Everyone said they wouldn't hesitate to talk to the registered manager. They were confident if they raised concerns or made suggestions these would be acted upon. They felt the registered manager listened to them and would act on information shared. Staff described the registered manager as organised and having made a real positive impact on the service. Staff talked about being supported and being given more responsibility which made them feel valued. One staff member told us "The manager has completely turned around the service, it is a happy home".

The provider had systems in place which ensured the effective running of the home. Regular monitoring visits were being carried out by the regional director who produced a report following each visit. These covered a range of areas including health and safety, care planning, the knowledge and attitude of staff, medicines practices and the environment. We were able to see these were a working document and where an area was deemed in need of progress, for example part of a care record was not up to date. We could see the following month the progress on this was noted and recorded. The level of compliance was recorded following these visits. It was noted the registered manager had made good progress and was close to reaching a 100%.

A range of other monthly audits were carried out consistently. These included infection control and medicines audits. Records of the findings from these audits were available to view. These had not identified any areas of concern requiring specific action to be taken.

The home had an established registered manager. We talked about statutory notifications and under what circumstances these should be sent. Staff had regular meetings and the minutes showed these were an open forum where staff could raise issues for the agenda. The registered manager told us that due to some people's complex needs it was difficult to have a structured meeting for people living at the home however their door was 'always open' to people living at the home. People had regular 'key worker meetings' where things which were important to them were looked at and recorded. Key workers had started to keep diaries

and keep photos of events and special things so these could be shared with families and friends.

The provider had systems in place which ensured the effective running of the home. For example, we saw processes were in place to learn from events such as incidents and accidents. The service reflected on all accidents and incidents and incident de briefs were carried out to ensure lessons could be learnt and practices changed if required, but also to support staff following incidents too.