

Care Management Group Limited

Care Management Group - 5 Fengates Road

Inspection report

5 Fengates Road
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Surrey
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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

CMG 5 Fengates Road is owned by Care Management Group Ltd. The home is a detached property providing accommodation for up to five people who have learning disability. The home is located in Redhill, Surrey. The home is accessible to local shops and public transport. Redhill town centre is also close by. People's accommodation is arranged over two floors. All bedrooms are for single occupancy, with en-suite showers. At the time of our visit five people lived at the service.

At our last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

Hazards to people's safety were identified and action was taken to help them manage the risks of harm to keep themselves safe. People received their medicines safely and in line with prescription guidelines. Accidents and incidents were reviewed with people and action taken to minimise the risk of them happening again. There was a plan in place to ensure that people's care would continue in the event of an emergency.

People were supported by sufficient, skilled staff to meet their needs and robust recruitment processes were in place to ensure only suitable staff were employed. Staff were aware of their responsibilities in safeguarding people from abuse.

Staff received on-going training and induction to support them in their roles. Staff received regular supervision and told us they felt supported by the registered manager

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. Staff had a clear understanding of supporting people's independence.

People had enough to eat and drink and were involved in meal choice, planning and preparation.

People were supported to remain healthy, and referrals were made to appropriate healthcare professionals should the need arise.

The home was clean, and reflected the needs and preferences of the people who lived here.

People's care records were person centred and completed in detail. Care plans were regularly reviewed and updated to ensure staff had up to date guidance regarding people's care. People had access to a range of individual activities in line with their interests.

People received support from staff who knew them well. Staff treated people with kindness and were aware of their preferences. People's religious and cultural needs were respected.

Systems were in place to monitor the quality of the service provided and ensure continuous development. There was a complaints policy in place and relatives told us they would feel comfortable in raising concerns. The service worked proactively with other agencies and shared best practice through their attendance at registered managers meetings.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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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 was a comprehensive inspection.

CMG 5 Fengates Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. CMG 5 Fengates Road is registered to provide personal care for up to five people. There were five people living at the service at the time of our inspection.

The inspection took place on 10 November 2017 and was unannounced. Due to the small size of the service the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make

As part of our inspection we spoke with all five people who lived at the service and observed the care and support provided to people. We also spoke with the registered manager and one staff member.

We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, two staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I feel very safe here because staff are there if I need them."

Risks to safety were assessed and action taken to minimise the risks to people. Comprehensive risk management plans were in place and support plans gave guidance to staff on how to minimise risks to people's safety and well-being. Staff understood the need to help keep people safe, without restricting choice and risk taking.

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse people may experience and their role in reporting any concerns. Safeguarding awareness was regularly covered in house meetings. This covered topics such as talking to strangers in the community. People had been encouraged to give an example of what they needed to be aware of, to show they had a clear understanding of keeping themselves safe. Guidance in an easy to read format regarding reporting concerns were clearly displayed in the home for people, visitors and staff to refer to should they need to.

People's medicines were managed and given safely. Medicines were securely stored in lockable cabinets in people's rooms. Each person had a medicines administration chart (MAR) in place which detailed prescribed medicines, an up to date photograph of the person and any known allergies. All MAR charts were fully completed. Guidance was provided to staff regarding the administration of 'as and when' required medicines (PRN).

People were cared for by an appropriate number of staff. When people went out to their individual activities there was a sufficient number of staff available to accompany them in order to keep them safe. There were also enough staff left in the home to support those that chose to stay in.

Appropriate checks were undertaken before staff were employed at the home. Staff recruitment files contained information that the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK.

People lived in an environment that staff checked regularly to help ensure it was safe for them. Regular health and safety and maintenance checks were completed to ensure the premises were safe. These checks included, fire equipment servicing and testing, practicing emergency evacuations and looking for hazards around the home. Personal emergency evacuation plans were in place for each person which detailed the support they would require to leave the building in the event of an emergency. A contingency plan had been developed which provided contact details and guidance to staff on the procedures to follow should the building not be available for use. This meant that people would continue to receive their care in an emergency situation.

Accidents and incidents were recorded and reviewed by the registered manager to ensure appropriate action had been taken. Actions taken, such as working with people to talk through what had happened, resulted in very few repeat incidents taking place.

People were cared for in a clean and safe environment. Observations around the home during the inspection confirmed infection control processes were safe. Kitchen and toilets were clean and hygienic; there were no unpleasant odours in the home; and food safety checks had been completed.

Is the service effective?

Our findings

People's needs had been assessed before they moved into the home to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. These needs had been effectively met by staff.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. The registered manager maintained detailed training records which showed staff had completed training in areas including first aid, food hygiene, moving and handling, equality and diversity, dignity and respect and infection control. In addition training specific to the needs of the people living at the service was provided. This gave staff specific knowledge about how these conditions could affect people's choices and behaviour, and the best way to support people as a result. For example one person's medical condition could cause insomnia, nail biting and impulsiveness. Actions such as monitoring the person's sleep patterns and anxiety levels had been introduced to help the person manage their condition. New staff went through an induction when starting work at the service to get to know people they would support, and how to care for them in a safe way.

Staff were effectively supported. Staff received regular supervisions to monitor their performance and support them in their job role. Records showed that supervisions were completed in line with the provider's policy. Staff told us they found the process useful for their development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where DoLS had been authorised by the local authority conditions set were being adhered to. We observed staff gaining people's consent and agreement prior to providing care.

People were supported to access healthcare professionals when required. Records of healthcare appointments were detailed and advice provided was followed. The service worked closely with the community learning disability team to ensure people received the support they required to understand their own healthcare needs. People were also supported to overcome their fears of visiting health care professionals. This enabled them to access services with a minimum of stress. One person had found visiting the GP stressful. Through a series of activities, such as visiting the GP reception area, and GP's office, they had become more confident and had a better understanding of what would happen when they attended an appointment. This had resulted in the person giving their consent to have a blood test, after refusing for the previous five years.

People were supported to have a healthy diet in line with their preferences. Menus were discussed with people on a weekly basis and they were involvement in choosing and shopping for the items. Guidance was available to staff regarding people's preferences and how they required their food to be prepared. We observed that this was followed and that choices were offered.

People lived in an environment adapted to their needs. The house was decorated in a style to suit the interests and lifestyle of the people that lived here. Flooring was in good condition and smooth to aid people's mobility, and reduce the risk of trips and slips. People were independently mobile so very few adaptations to the home were required at this time.

Is the service caring?

Our findings

People told us that staff were caring and respectful. One person told us, "I'm really happy here, staff are lovely to me." During our inspection there was lots of laughter, joy and excitement for what the day ahead was to bring for people who lived there.

We observed people and staff had developed positive relationships. People had lived at CMG 5 Fengates Road for a number of years and staff knew them well. Interactions between people and staff were cheerful and relaxed. When people hugged staff this welcomed by staff. There was a family atmosphere to the home because of these interactions. Staff took time to listen to people, such as what they wanted to do when they were out, or to discuss items needed for shopping for hobby projects. Staff interacted positively with people and respected their wishes.

People's dignity and privacy was respected. We observed staff knocked on people's doors before entering and staff asked people's permission before we entered communal areas of the house. Staff ensured that people were told we were in the home, and introduced us when they came out of their rooms in the morning. People's appearance was important to them, and this was clearly respected by staff. This gave people a sense of pride and confidence in their appearance when out in the local community and to meet guests visiting the home.

People were supported to maintain relationships with those important to them. Family were able to come and visit and people often went out with family and friends on social activities.

People's independence was supported. Staff encouraged people to answer the front door when visitors arrived to reinforce that this was their home. We were invited into the home by one of the people who lived here when we arrived into the morning. People were confident as they also checked our identification before letting us in, demonstrating they felt able to challenge strangers. People were also confident when they spoke with us and had a clear understanding of how to look after themselves and be independent within the home and in the local community. They were able to talk about the local shops they visited for their shopping, and items that people liked to buy. One person was being supported to become independent by reducing the amount of staff support when they went out to the local shops over a period of time.

People were involved in keeping their house and rooms clean. They carried out tasks such as loading their own laundry into the machine, and menu planning and cooking.

People's cultural and religious beliefs were respected. People had been supported by staff to explore their family background. This included visiting their family's country of birth to learn about their history and culture. Care records confirmed that people were supported to practice their faith and staff were aware of people's individual needs. Different cultures and beliefs were well promoted with the service. The registered manager and people within the home had led on CMG's 'Black History' month. This involved organising a large party with different foods and clothing for people to try. This gave people information and contact with

other cultures to promote understanding and expanding their life experiences.

Staff demonstrated a good understanding of the way people expressed themselves. Care records contained detailed descriptions of people's communication needs. We observed staff communicated well with people in a manner which suited their individual needs. People confirmed that they felt involved in decisions made about their care and support.

Is the service responsive?

Our findings

People told us that staff ensured they were involved in their care and were open to suggestions. Everyone we spoke with knew they had a support plan and where it was stored.

Care was person centred and individual. Care plans were completed in detail and reflected people's personalities and preferences. People met with their keyworkers on a monthly basis to discuss the support given and if any changes were required. Reviews of care plans were held and families were fully involved in this process where appropriate. People were also fully involved in recording if their daily support needs had been met. When completing daily support records staff asked the people what they had done that day and recorded what they said.

People had access to a range of activities in line with their interests. During the inspection we observed a number of people attended various day services, whilst others went out for coffee or shopping with the staff. Staff were able to tell us what activities people enjoyed and how they liked to spend their time when relaxing. This matched with what people told us when we spoke with them. People were supported to keep busy throughout the day of our inspection. Whether it was by doing household chores, filling in their personal diary, or creating shopping lists. People were also able to have a lay in in the morning if they wished. The atmosphere in the home reflected people's mood with lots of hustle and bustle and lots of positive noise and excitement being displayed by people. Staff responded well, by promoting this excitement and enabling people to express themselves.

There was a complaints policy in place which was clearly displayed in a pictorial format. Records showed that no complaints had been received since our last inspection. Staff told us that complaints and feedback were welcomed because, "We would discuss them at staff meetings to see what we needed to change to make things better."

The process for supporting people at the end of their lives was under review at the time of our inspection. No one was currently being supported for end of life care. End of life matters had been discussed with some families, such as confirming that funeral plans were in place. The staff team were also working with individuals to discuss choices and plans, in a sensitive and compassionate way.

Is the service well-led?

Our findings

There was a registered manager in post who was present during the inspection. 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.

People told us they felt the service was managed well. We observed that the registered manager and the staff knew people living at 5 Fengates Road well. The vision of CMG was to give people they supported every opportunity to fulfil their potential. Observations made during our inspection demonstrated staff understood this and how their roles helped this vision to be achieved. One staff member told us, "We try our best to work with people, sit down and talk things through with them. We are here to support, not do things for them, and make sure they are as independent as possible."

There was a positive, person centred culture within the home. Staff we spoke with were able to describe the way in which the team worked together and were clear that a person-centred approach was at the centre of their role. Regular team meetings were held and staff told us they felt able to contribute ideas to develop the service.

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. Audits were also completed by a senior staff member within the organisation to monitor care and support. The Chief Executive Officer for CMG was well known by the people and staff for his unannounced visits to the home to check CMG values were understood and being implemented. Records showed that any concerns identified from the various audits and checks were responded to promptly and reviewed during the next audit.

The service worked proactively with other agencies. The registered manager attended a number of manager's forums including Surrey Care Association and Skills for care. The registered manager told us they found the meetings helpful in sharing best practice.

Records were stored securely and in an organised manner which provided staff with quick access to information. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.