Care Management Group Limited

Care Management Group - Trafalgar House

Inspection report

9 Sutherland Avenue
Bexhill On Sea
East Sussex
TN39 3LT

Tel: 01424222911
Website: www.cmg.co.uk

Date of inspection visit:
19 February 2018

Date of publication:
09 April 2018

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 the 19 February 2018.

Trafalgar House 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. Care and support is provided for up to eight people with a learning disability. At the time of our inspection, there were seven people living at the service. The service provides care and support to people living with a range of learning disabilities and mental health diagnosis and a variety of longer term healthcare needs such as epilepsy and diabetes. The service is a large house within a residential area in Bexhill-on-Sea. The accommodation comprises two large lounges and a dining room with access to a rear garden. People have their own spacious bedroom.

At the last comprehensive inspection on 13 and 14 January 2016 the service was rated overall Good. At this inspection we found the service remained overall Good. At the last inspection, we found a breach in the regulations and the safe domain which was rated as Requires Improvement. The provider provided an action plan as to how the issue raised would be addressed. We undertook a focused inspection on 14 March 2017 to review the improvements made, and found the issue highlighted had been addressed.

Systems had been maintained to keep people safe. People and relatives told us how they felt safe with the care provided. They knew who they could talk with if they had any worries. A relative told us, "They make sure he is safe in every aspect." They felt they could raise concerns and they would be listened to. People remained protected from the risk of abuse because staff understood how to identify and report it. Assessments of risks to people had continued to be developed. Staff told us they had been supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. One member of staff told us, "It's a lovely company. I love it here."

People's individual care and support needs continued to be identified before they received a service. Care and support provided was personalised and based on the identified needs of each person. Comprehensive and detailed care plans provided staff with information about how people wished to be cared for in a person-centred way. People met with their keyworkers monthly to discuss the care to be provided. People told us how they felt listened to, supported to be independent and they were involved in decisions about their care. Staff had a good understanding of consent.

People and their relatives told us they were happy with the care provided. A relative told us, "It's been brilliant. (Person's name) has improved in the time he has been here." People continued to be supported by kind and caring staff who knew them well and treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. Staff told us it was a good team. One member of staff told us, "It's a good team. We all get on. We all know what we are doing."

The provider continued to have arrangements in place for the safe administration of medicines. People were supported to get their medicine safely when they needed it. People continued to be supported to maintain good health and eat a healthy diet.

Staff and visiting health and social care professionals told us the service continued to be well led. Staff told us the registered manager was always approachable and had an open door policy if they required some advice or needed to discuss something. Senior staff carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided.

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 remains Good.	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**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 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 inspection took place on 19 February 2018 and was announced. We told the registered manager forty-eight hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. Two inspectors undertook the inspection.

We previously carried out a comprehensive inspection on 13 and 14 January 2016 and the service was rated as Good overall.

The provider was not asked to complete a Provider Information Return (PIR) on this occasion. 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. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted and received feedback from the local authority commissioning team about their experiences of the service provided. We also contacted by Email seven visiting health and social care professional and received four responses.

We used a number of different methods to help us understand the views and experiences of people, as not all were able to tell us about their experiences. On the day of our inspection, we met with the people living at the service and spoke individually with three people. We also spoke with the registered manager, the deputy

manager, four care staff, an administrator, and two visiting relatives for one person. We observed the care and support provided in the communal areas. We sat in on a staff handover meeting and observed the administration of medicines. We spent time looking at records, including three people's care and support records, the recruitment records for three new staff and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Our findings

People were relaxed with each other, happy and responsive with staff and very comfortable in their surroundings. People told us they felt safe with the care provided. One person told us, "I feel safe here. I have been here a long time. We get on like a house on fire."

Systems had been maintained to identify risks and protect people from potential harm. To support people to be independent risk assessments were undertaken to assess any risks for individual activities people were involved in. Each person's care plan had a number of risk assessments completed for example, to support people to participate in their preferred activities. Staff described how they had contributed to the risk assessments by providing feedback to registered manager when they identified additional risks or if things had changed. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

The premises continued to be well maintained. The equipment and services were checked by internal checks undertaken by the staff and by external contractors, for example for the fire equipment. People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these on induction. One member of staff told us about the work they had recently completed an update on the information held in relation to the control of substances hazardous to health (COSHH). Regular auditing of infection control procedures had been maintained. Contingency plans were in place to respond to any emergencies, flood or fire.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. The provider also kept an oversight of any incidents to analyse this information for any trends.

People continued to receive their medicines safely. We observed medicines being given during the

afternoon. Where one person had received support with their medicines they told us this had continued to work well. Care staff were trained in the administration of medicines. Regular auditing of medicine procedures had been maintained, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

Appropriate checks had continued to be completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. We saw evidence that staff had been interviewed and staff had obtained proof of identity, reference checks prior to new staff commencing work in the service

Sufficient staff had been maintained on duty to meet people's needs. The registered manager looked at the staff skills mix needed on each shift, the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. Staff told us there were adequate numbers of staff on duty to meet people's care needs. Care staff usually covered any staff absence, which had meant agency staff were rarely used in the service. One member of staff told us, "It's team working, and working together to get things done."

Good

Our findings

People and relatives told us people had received effective care and their individual needs were met. A relative told us, "They understand and support him. They keep a sharp eye on things and they check all of his health checks." One member of staff told us, "It's about working with the guys. They keep you on your toes. It does not feel like you are at work."

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 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. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. They were able to tell us about any DoLS applications which had been made. We observed people were asked for their consent before any care or support was provided. One member of staff told us how they supported one person with their care and support, "We go up to the resident, and we may have to go back twenty minutes later. He will say when he is ready."

Staff continued to be skilled to meet needs and to provide effective care. People told us they felt the care and support was good, and their preferences and choices for care and support were met. We observed care staff interacting with the people and taking the time to meet their needs. When new staff commenced employment they continued to undertake an induction, and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. One member of staff told us about their induction, "It really helped me out and gave me a good picture of what goes on during the day. This is the most supportive job I have been in." Staff continued to undertake essential training to ensure they could meet people's care and support needs. Care staff had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF) in health and social care. Staff told us that the team continued to work well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. Staff all confirmed they felt very well supported by the senior staff. They had attended regular supervision meetings throughout the year and had completed a planned annual appraisal. However, one member of staff told us, "It's an open door policy. I don't wait for supervision if I need to discuss something."

People told us how they enjoyed the food provided. From examining food records and menus we saw the food provided continued to be in line with people's needs and preferences, with a variety of nutritious food and drink provided and people could have snacks at any time. Staff had continued to support people to maintain a healthy diet. Staff told us they had monitored what people ate and if there were concerns they would refer to appropriate services if required. People care plans detailed the support people needed. For example, for one person their care plan detailed, '(Person's name) needs to be encouraged to eat healthy snacks instead of eating lots of sweet.'

People continued to be supported to maintain good health and had on-going healthcare support. Care staff monitored people's health and recorded their observations. They had liaised with health and social care professionals involved in their care if their health or support needs changed.

People's needs had continued to be holistically assessed and care plans were based upon assessments of their needs and wishes. Records showed that care plans were regularly reviewed and updated to reflect care delivery. Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and understood. The Equality Act covers the same groups that were protected by existing equality legislation age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

The environment was clean and spacious which allowed people to move around freely without risk of harm. The registered manager told us there continued to be ongoing plans for the maintenance, redecoration and refurbishment of the service. Plans were in process to redecorate one bedroom which had been vacated prior to a new person moving in. Where possible people had been involved in any of the changes made. They told us of one person who had recently chosen to change which bedroom they used. The registered manager told us of potential plans to change the current number of places available for people in the service.

We recommend the provider consults with CQC, 'Registering the right support' document to ensure any planned or future alterations are in line with current guidance.

Good

Our findings

People continued to benefit from staff who were kind and caring in their approach. One person told us that the staff, "They treat you nice." People told us caring relationships had developed with staff who supported them. One member of staff told us," It's very homely. It's like a family and close knit." Another member of staff told us when asked what the service did well, "Everything is about the guys. The staff are brilliant."

A relaxed and homely feel had been maintained. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia.

Staff continued to recognise that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. Throughout the day, there was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people. Staff spoke warmly about the people they supported and provided care for. Staff demonstrated they continued to have a very good level of knowledge of the care needs of people and told us how people had continued to be encouraged to influence their care and support plans. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. People and relatives told us they were happy with the arrangements of their care and support. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain and develop their independence. One member of staff told us, "We try to support them and not do it for them and encourage them." Another member of staff told us, "They are all individuals. It's giving the service users choices on what they would like to do and supporting their different needs." They told us their privacy was respected and had been consistently maintained.

Peoples' equality and diversity continued to be respected. Staff were observed to adapt their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that

documented peoples' preferences and support needs, enabling care staff to support people in a personalised way that was specific to their needs and preferences. People had been supported to maintain their religion if they wanted to. Staff were able to tell us how they had supported two people to regularly attend their respective churches. One member of staff told us, "It's giving the service users choices on what they would like to do and supporting their different needs."

People had been supported to maintain links with their family and friends. A relative told us, "There is good communication, and they always offer us a cup of tea when they arrive." Staff were able to tell us how they regularly supported one person to regularly visit their family in another part of the country. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The registered manager was aware of who they could contact if people needed this support

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff.

Good

Our findings

People continued to be involved in making decisions about their care wherever possible. Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. When asked what the service did well one member of staff told us, "A relative told us, "It all works very well. Any problems, we ring and we know it will be sorted."

A detailed assessment had continued to be completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. The registered manager undertook the initial assessment, and discussions then took place about the person's individual care and support needs. Work had continued in order to maintain the detail within people's individual care plans, which were comprehensive and gave detailed information on people's likes, dislikes, preferences and care and support needs, which had been regularly updated and reviewed. Staff told us communication was good in the service and when changes had occurred and they received information about any changes in people's care and support needs.

No one at the time of the inspection required end of life care. The registered manager told us peoples' end of life care would be discussed and planned and their wishes respected. Staff would work with people at a time to suit them to document their end of life wishes.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had ensured people's communication needs had been identified and met. Staff told us this was looked at as part of the comprehensive initial assessment completed. People's care plans contained details of the best way to communicate with them. For example, with the use of pictorial information and wipe boards. One member of staff told us how they supported one person," They are all individuals. It's about getting to know what they understand. (Person's name) takes a long time to answer. You think he is not listening, but it takes him time to work it out."

People continued to be actively encouraged to take part in daily activities around the service such as cleaning their own bedroom. We were shown individual activity plans for people, which were created to promote independence. People had been supported to attend college and a range of social activities in the community for example bowling, going out for a meal, and watching sports matches. One person told us, "If you are busy you have a happy life. I love Glen Millar music. I do jigsaws and puzzles. There's something

different everyday, so we don't get bored."

Individual monthly meetings with people continued to be held regularly. This enabled people to find out what was going on in the service and discuss the care provided, any concerns and proposed activities for the next month. We saw evidence of meeting minutes detailing what had been discussed. One member of staff told us, "You sit down with the guys all the time to talk with them about what they want to talk about." People and their relatives were asked to give their feedback on the care through reviews of the care provided or through quality assurance questionnaires which were sent out. We found the provider had maintained a process for people to give compliments and complaints. People and relatives told us they felt comfortable in raising any concerns and knew who to speak to. The procedure was also available in a pictorial format. No concerns had been raided since the last inspection of the service.

Good

Our findings

The senior staff continued to promote an open and inclusive culture. People, relatives and care staff all told us that they were happy with the way the service was managed and stated that the registered manager remained approachable and professional. A member of staff told us, "It's a good team. We all work well together, communicate and have a laugh. If someone has an issue, someone is always there to help out." Another member of staff told us, "(Registered manager's name) door is always open. If (Registered manager's name) is not happy he will talk to you about it. He will tell the team if something has gone well. I enjoy working here. I can't see me going anywhere else. We have a great relationship with the guys." A relative told us, "We have a good working relationship with the manager. We all sing from the same song sheet."

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. There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager and senior care staff. Care staff told us they continued to be well supported. Comments in relation to the registered manager, included," (Registered manager's name) is always out on the floor," "(Registered manager's name) has been here a long time. He likes to involve himself with the staff and service users and works on the floor. So he gets a feel of what is needed," and "(Registered manager's and deputy manager's names) are amazing. We get behind each other and work out what's needed or not needed."

Policies and procedures continued to be in place for staff to follow. The registered manager were able to show us how them provider had sourced current information and good practice guidance.

Staff had maintained systems to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held regularly and had been used to keep care staff up-to-date with developments in the service. One member of staff told us it was an opportunity for, "If someone's got an ideas to try out, especially things for the service users."

Feedback for visiting health and social care staff was that the staff at Trafalgar House continued to work well

with them. The registered manager and care staff were able to tell of how they had maintained a good working relationship with health professionals such as the local GP's and health specialists when required, to ensure people received the correct care and treatment required.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. 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 registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.