Care Management Group Limited

CMG Hampshire Outreach and Home Support Services

Inspection report

Unit 2A
Gosport Business Centre, Aerodrome Road
Gosport
Hampshire
PO13 0FQ

Tel: 08000147309
Website: www.cmg.co.uk

Date of inspection visit:
23 November 2016

Date of publication:
10 January 2017

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

This inspection took place on 23 November 2016 and was announced. This was to ensure someone would be available to speak with us and show us records.

CMG Hampshire Outreach and Home Support Services provides care to people living in their own homes and also provides care to five people living at a supported living service. On the day of our inspection there were 13 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CMG Hampshire Outreach and Home Support Services was last inspected by CQC on 12 November 2013 and was compliant with the regulations in force at that time.

Risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. Staff had been trained in how to safeguard vulnerable adults. Accidents and incidents were appropriately recorded and investigated. Medicines were appropriately administered and recorded.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staffing levels were appropriate to meet people's care and support needs. Staff were suitably trained and staff received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Staff were aware of, and supported people with, their nutritional needs. Care records contained evidence of visits to and from external health care specialists.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People who used the service and family members were complimentary about the standard of care provided by CMG Hampshire Outreach and Home Support Services.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet

their social needs.

People who used the service and family members were aware of how to make a complaint however there had been no formal complaints recorded at the service in the previous 12 months.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. Family members told us the management were approachable and communication was good.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a

polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The service had a full programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Family members said that communication with management was good.

CMG Hampshire Outreach and Home Support Services

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 registered 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 23 November 2016 and was announced. This was to ensure someone would be available to speak with us and show us records. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with three people who used the service and three family members. We also spoke with the registered manager, care manager and two staff members.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe with staff at CMG Hampshire Outreach and Home Support Services. They told us, "Yes, very safe" and "If he wasn't safe, I wouldn't let them near him". People who used the service told us they were, "Really safe" and "Very safe".

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least three written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and care manager and looked at staff rotas. We saw there were sufficient numbers of staff on duty and staff did not raise any concerns regarding staffing levels. The registered manager told us staff absences were covered by their own permanent staff team and, if necessary, the registered manager and care manager covered shifts. The registered manager told us they did not use agency staff as the people who used the service would not know them. Family members told us, "We've got a good team [of care staff]" and "It is a regular team. It is good to keep the team regular". This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

The registered provider had a business continuity plan in place. This was to ensure that procedures were in place to deal with any incident that could cause a severe disruption to normal business. Risk assessments and risk management plans were in place for people who used the service and described potential risks and the measures to be taken to reduce the risk. These included fire, meals, medication, seizures, slips, trips and falls, communication, infection control and eating and drinking.

One person who used the service was at risk of epileptic seizures. The person had a separate epilepsy support plan in place, which described the type of seizures the person may experience, the treatment prescribed to assist in controlling the person's epilepsy, known triggers and actions for staff to take if a seizure occurs. The person's care records also included a flow chart for seizure management and a guide to the epilepsy medicine Buccolam. This person had a waking night member of staff in their home, who carried out hourly checks of the person and recorded the information on a checklist and initialled each record. We saw copies of these checklists. This meant the registered provider had taken seriously any risks to people and put in place actions to reduce the risk.

We saw a copy of the registered provider's safeguarding clients from abuse or harm policy, which set out the principles and values underlying the service's approach to the safeguarding of people who used the service. We saw records of safeguarding strategy meetings and checked that CQC had been notified of all relevant incidents. Staff we spoke with had been trained in how to protect vulnerable people. We found the registered provider understood safeguarding procedures and had followed them.

We looked at how accidents and incidents were managed at the service. The registered provider's accident reporting policy set out the procedure to be followed when reporting accidents and the responsibility to inform the Health and Safety Executive (HSE) of any RIDDOR notifiable incidents. RIDDOR is the reporting of injuries, diseases and dangerous occurrences regulations 2013. The policy also described the requirement to inform CQC of any relevant incidents via statutory notifications. Statutory notifications are information about important events which the service is required to send to the Commission by law. We saw report forms had been completed for each accident or incident involving a person who used the service or member of staff. These described in detail what had happened, whether any injuries had occurred, action taken by staff and who had been informed of the incident. Each record we saw had been reviewed and signed by the care manager.

Accidents, safeguarding incidents, medication errors and complaints were reviewed on a monthly basis at the registered provider's quality assurance and safeguarding board. This ensured that any trends could be identified and improvements made to the relevant policies and procedures.

We looked at the management of medicines. The registered provider's medication policy stated that every person who used the service had the right to manage and administer their own medication if they wish to and the choices made by people who used the service would be respected by staff and recorded in the care records. The policy described the levels of support provided by staff in relation to the administration of medicine. The policy also provided guidance on ear, eyes and nose drops, inhalers, creams, PRN (or as required) medicines and controlled drugs.

We saw completed medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Each person had their own individual MAR, which included a photograph of the person and a list of their prescribed medicines.

One person's support plan stated their medication was to be administered covertly in their meals, which had been agreed by the person's GP and social services. We saw a copy of the letter confirming that a mental capacity assessment had taken place and it had been agreed it was in the person's best interests that their medicines be administered covertly. Staff and the person's family member signed the person's MAR to confirm when the medicine had been administered.

Staff medication administration assessments took place every three months to ensure staff were administering medicine in a safe manner and as per the registered provider's policy. These were carried out by the care manager and included observations of preparation checks, medicine administration and the administration and recording of controlled drugs.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "The staff have been wonderful", "They've always looked after him well" and "They are well trained".

Staff received mandatory training, which included infection control, safeguarding, first aid, moving and handling and safe administration of medication. Mandatory training is training that the registered provider thinks is necessary to support people safely. Mandatory training was delivered face to face and refreshed annually. Staff also received e-learning training in personal development, safety, mental capacity, person centred support and communication. Additional specialist training was provided to staff as needed, for example, epilepsy emergency medication training.

New staff completed an induction to the service, which included completion of the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. The induction included an introduction to policies and procedures, shadowing the care manager or lead support worker and being observed in practice before being signed off as being competent.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

Staff supported people with their nutritional needs. We saw one person who used the service required full assistance with meals as they had dysphagia. Dysphagia is a medical term for swallowing difficulties. The person's assessment described that all food was to be fork mashed or blended and a separate list of foods that were suitable for the person was provided. The person also received all their drinks via a long spouted cup. This information had been transferred to the person's support plan and the person had a risk assessment in place due to the risk of choking. We saw food and fluid intake records had been completed for this person and included the date, time, food type, amount offered, amount taken and staff signature. The person had a target fluid intake of 1000mls per day and records we looked at showed this was regularly exceeded.

Another person had type two diabetes and would only eat certain foods. Diabetes nurses visited the person every morning to administer insulin and test the person's blood sugar levels. The person had a risk assessment in place and was assessed as being at medium risk of a diabetic coma. Staff and health care professionals had discussions with the person regarding their diet but the person was not receptive to the advice given. The risk assessment described the actions staff should take and recorded that all staff were first aid and CPR trained.

Staff worked with people at the supported living service in creating recipes for some of their favourite meals. The recipes were included in a newsletter which was made available to family members.

People had communication passports in place, which described the person's behaviour, the possible meaning of the behaviour and what action staff were to take. One person was unable to communicate verbally and their communication passport described what the person's various body movements and mannerisms meant.

The registered provider had a policy in place for people who lacked mental capacity. 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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People who used the supported living service were not being deprived of their liberty. Each person voluntarily wore a "buddy" pendant, which was assistive technology that allowed staff to track where people were when they independently left the premises. Feedback from people who used the service was they liked the system and felt more confident and comfortable when accessing the community independently.

Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment where applicable. The registered manager was aware of people's mental capacity and staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We observed that the service had sought consent from people or their family members for the care and support they were provided. Support plans were signed by the person or family member to say they had read and understood the support plan, and confirmed they agreed to the service providing care as shown in the support plan. People and their family members were also asked to sign a form to say they agreed for their information to be shared with other agencies, such as CQC.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and to external specialists including GPs, neurology consultant, learning disability services and speech and language therapists (SALT).

Good

Is the service caring?

Our findings

People who used the service were complimentary about the standard of care provided by CMG Hampshire Outreach and Home Support Services. They told us, "I am well looked after" and "Very happy".

We visited the provider's supported living service. People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. We saw and heard how people had a good rapport with staff. During our inspection we observed staff supporting people by giving them information and explanations about their daily events.

Staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, staff could describe the care needs and action to take for one person who was at risk of epileptic seizures.

People's support plans described how people wanted to be supported and contained evidence that people and family members had been involved in writing the support plans. For example, one person's support plan stated, "I like to be near my mother / hear her voice / hold her hand, especially if I am ill / anxious for any reason." Support plans described people's individual likes and dislikes. For example, one person enjoyed walking, splashing in the bath, massage and listening to people's voices. They disliked sudden noises, thunderstorms and flashing lights. This meant staff were provided with important information to help them care for the person.

A person centred care approach, respecting people's privacy and dignity, and promoting independence was included in staff induction training. We asked staff how they respected people's privacy and dignity. They told us they would knock on the bedroom doors of the people who lived at the supported living service and wait for permission before entering. They also told us how they would carry out personal care for people in private and respect people's individual wishes.

We asked family members whether staff respected the privacy and dignity of people who used the service. They told us, "No concerns there" and "They are very good". This meant that staff treated people with dignity and respect.

We saw at the supported living service that people were supported to be independent. For example, complete tasks around the home such as tidying up, emptying the dishwasher, shopping and preparing meals. One person who used the service told us they accessed the community independently and worked at two shops. They also told us they enjoyed cooking their own meals and keeping their room tidy. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. All of the people who lived in the

supported living service had involvement with advocacy services, in addition to family members. The registered manager explained the advocacy service was there if people needed independent support with decisions. We also found staff listened to family members as natural advocates for people and care plans reflected people's wishes as described by their family. This meant relatives were involved in the service to support their family members.

End of life care plans were not in place for people. We discussed this with the registered manager who told us it was not felt to be appropriate for the age group of the people who used the service.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated. Reviews were carried out by the registered manager or care manager in cooperation with the person and family members, and included a review of people's care and support needs.

People's care records included client profiles, which provided important information about the person such as medical diagnosis, allergies, emergency contacts, communication, mobility, known behaviours, support required for road awareness and finances, and any other relevant information.

People's needs were assessed before they started using the service. Assessment forms described the person's medical history, background information, interests and hobbies, likes and dislikes, religious and cultural needs, an assessment of the person's care needs, goals and outcomes of the service, and tasks to be carried out during visits. One person's assessment form described how the person required assistance to mobilise as they were unable to walk unaided. This ensured staff knew about people's needs before they started using the service.

People's care records described the goals and outcomes of the care and support they were receiving from the service. For example, "Stimulate and engage the client with sensory equipment/walking being led by the client's wellbeing/mood/pace" and "Ensure client's basic needs are met".

People had health action plans in place which were specific to a person's health care needs and included an action plan and comments. For example, one person had a skin condition. The person required cream to be administered regularly to treat it and maintain skin integrity. The comments section stated the person was to take cream and gloves with them when they went swimming so the cream could be applied afterwards.

Staff completed daily records in log reports. These log reports were returned to the registered provider's office on a weekly basis so they could be reviewed by management to see if there had been any changes to people's care needs. This meant the registered manager was able to check if the daily logs demonstrated people's care and support needs were being met.

People who used the service had health passports in place. These contained important information about the person should they need to be admitted to hospital. For example, things staff must know about the person, things that are important to the person and the person's likes and dislikes.

We found the registered provider protected people from social isolation. The service user guide described the different types of activities and interests the service could support people with. These included shopping trips, libraries, learning to read or write, using money, leisure activities, education, support with medical appointments and work experience. We saw two of the people who lived at the supported living service had won awards at the registered provider's awards evening. One of the people was rewarded for their voluntary work and the other for dancing. We saw another person enjoyed building radio sets and playing the organ. Staff we spoke with told us people enjoyed attending day centres, clubs and groups in the community. We

saw evidence of this in the care records.

The registered provider had a complaints and compliments policy, which provided information on how to make a complaint, the procedure to be followed when a complaint was received and timescales. We looked in the compliments and complaints folder and saw there had been no formal complaints recorded at the service in the previous 12 months. We saw several compliments in the file, particularly from family members praising staff. For example, a member of staff supporting a person in their own home had noticed the microwave oven was not in a safe condition. The staff member advised the person not to use it and the person's family immediately replaced it.

People, and their family members, we spoke with were aware of how to make a complaint. The service user guide provided information on how to make a complaint and who to contact if not happy with the way their complaint had been dealt with. This showed the registered provider had an appropriate complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about the service and any improvements they intended to make in the next 12 months. The registered manager told they and the care manager carried out shifts and delivered care themselves to ensure they were kept up to date with the service and were aware of any challenges their staff faced. The registered manager told us they were shortly leaving the service and a new manager had been appointed and had submitted their application to CQC to be registered.

The care manager told us that all staff had received a copy of the registered provider's policies, which had been reviewed in 2016. The care manager told us the staff had been given a signature sheet to complete to say they had read all the policies and return to the office by 25 November 2016.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. Family members, told us there was good communication with the management and they could contact them any time. One family member told us, "We have a very good relationship with [registered manager] and [care manager]." Another told us, "They are contactable, even on a Saturday."

Staff we spoke with felt supported by the management and told us they were comfortable raising any concerns. Staff told us they all worked well as a team and were, "fully supported" by the management. They told us they were comfortable approaching the registered manager and care manager if there were any problems, and were confident the issues would be addressed.

Staff were regularly consulted and kept up to date with information about the service. Staff meetings were held every three months. The most recent meeting took place in September 2016 and agenda items included updates on people who used the service, feedback from the fire drill, staff absences, expenses, medication, rotas and recruitment. The registered manager held a quiz at team meetings. These included safeguarding, professional boundaries, staff availability and record keeping. This meant staff were reminded of their roles and responsibilities by the registered manager.

Staff surveys took place annually. We saw copies of the 2016 survey responses, which asked staff about their role, development, management and support, quality of the service, communication, whether they would recommend others to work for the service and what could be done better. All of the responses we saw were positive, for example, all the staff said they were clear about their role, their training needs were met and were supported by their manager.

The service had links with the community. People attended day centres, colleges and local community

centres and groups. The service worked with other agencies and health care professionals and we saw evidence of this in the care records.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

We saw records of the registered provider's quarterly audit. The most recent audit was completed in November 2016 and was based on the five CQC domains of safe, effective, caring, responsive and well-led. The audit included a summary of the findings and an action plan for any identified issues or concerns. The action plan included the action to take, timescale for completion and who had the responsibility for completing the action. For example, one action was to review and update a person's support plan. The timescale was one week and we saw this had been actioned by the lead support worker.

Spot checks took place on staff every three months, where the staff member was assessed in the workplace. These included observations of staff interactions with people who used the service, moving and handling techniques, food preparation and domestic duties.

Annual surveys were sent to people who used the service. We saw copies of the returned surveys for 2016. These asked people whether they had received a service user guide, whether they were aware of their care plan, and questions on choice, cultural needs, independence, activities, complaints, dignity and respect, and whether the person was satisfied overall with the support they received. The registered manager told us that as the surveys had recently been returned, analysis of the responses had not yet been carried out but would be done by the new manager as part of their induction to the service.

The registered manager held twice yearly meetings with family members of the people who lived at the supported living service. In addition, the supported living service held a family meal every three to four months, which allowed family members further opportunity to spend time at the service and talk to staff.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.