

Care Management Group Limited

Care Management Group - Farmhouse

Inspection report

272 Wingletye Lane
Hornchurch
Essex
RM11 3BL

Tel: 01708620949
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

This unannounced inspection took place on 2 February 2017.

The Farmhouse provides care, accommodation and support with personal care for seven people with a learning disability.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At the last inspection in August 2014, we found one breach of regulations. The registered provider had not notified us of incidents or allegations of abuse. At this inspection we found that action had been taken and we had received the necessary notifications of incidents at the service.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns. They were confident that the registered manager would address any concerns.

People were protected by the provider's recruitment process which ensured that staff were suitable to work with people who need support.

People were encouraged to make choices and to have as much control as possible over what they did. Systems were in place to ensure that their human rights were protected.

People had complex needs and their care was planned in partnership with their relatives. Relative felt any issues or concerns they raised would be dealt with by the registered manager. Their views were sought and valued.

The staff team worked closely with other professionals to ensure people were supported to receive the healthcare they needed. People received their prescribed medicines safely.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs, preferences and choices and to provide an effective and responsive service. Staffing levels were sufficient to meet people's assessed needs.

People received a personalised service and were supported to be as independent as possible and to have an active social life.

People were treated with respect and their privacy and dignity was maintained. They were supported by a

consistent staff team who knew them well.

People's cultural and religious needs were respected and celebrated and their nutritional needs were met

The registered manager and the provider monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

Staff and relatives felt that the service had improved under the leadership of the registered manager.

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. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Risks were clearly identified and strategies to minimise risk enabled staff to support people as safely as possible both in the community and in the service.

People were supported to receive their medicines safely and were protected by the provider's recruitment process.

Is the service effective?

Good 

The service was effective. Systems were in place to ensure that people were not unlawfully deprived of their liberty.

People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure they supported people safely and competently.

People were supported to have a healthy nutritious diet that met their needs.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare they needed to enable them to remain as well as possible.

Is the service caring?

Good 

The service was caring. People were treated with kindness and their privacy and dignity were respected. Relatives were very happy with the way staff treated people.

People received care and support from staff who knew about their needs, likes and preferences. They were encouraged to be as independent as possible.

Staff were attentive to people's needs and before they provided care and support they took time to explain to people what was going to happen.

Is the service responsive?

Good ●

The service was responsive. People received individualised care and support. They were encouraged to make choices about their daily lives.

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these. Individualised care plans gave clear information about how people liked and needed to be supported.

People were supported to be involved in activities they enjoyed in the community and in the service.

Relatives were confident that any concerns would be listened to and addressed.

Is the service well-led?

Good ●

The service was well-led. The provider's quality assurance systems ensured that people received a safe and effective service.

The registered manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

Relatives were very happy with the way the service was managed and with the quality of service.

Staff told us the registered manager was accessible and approachable and they felt well supported.

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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 unannounced inspection took place on 2 February 2017 and was carried out by one inspector. At the last inspection on 15 August 2014 the service was rated good and had one breach regarding failure to inform CQC of notifiable incidents.

Prior to the inspection, the provider completed a Provider Information Return (PIR). 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. Before our inspection, we also reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection and a Healthwatch report.

During our inspection we spent time with all of the people who used the service and observed the care and support provided by the staff in the communal areas. We spoke with three staff, the registered manager, the regional director and two people's relatives. We looked at three people's care records and other records relating to the management of the service. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine management records.

After the inspection we spoke to three people's relatives by telephone and received written feedback from the local authority monitoring team.

Is the service safe?

Our findings

Relatives told us that people received a safe service at the Farmhouse. One relative said, "We don't worry about [family member] now." Another told us, "[Family member] is definitely safe. We feel relaxed when we leave them." A third commented, "I trust them."

Although there were some staff vacancies there was a stable staff team and any absences were covered by the staff team or regular bank staff. This meant people received consistent support from staff they knew and who were aware of their needs and of the support needed to maintain their safety. Staff and relatives confirmed that agency staff were not used.

People had very high support needs and received one to one staff support for all or part of the day depending on their needs. There were provisions for this in the staff rota. Relatives and staff told us staffing levels were safe and were sufficient to meet people's needs. During our inspection we saw that those requiring one to one support received this and that staffing levels were sufficient to meet people's needs.

Medicines were securely and safely stored. Medicines in use were stored in locked cupboards in people's rooms. Due to space constraints some stock medicines were stored in the office until they were needed. There were also storage facilities for controlled drugs. We checked the controlled drugs and found that the amount stored tallied with the amount recorded in the controlled drugs register.

Medicines Administration Record (MAR) charts were properly completed and up to date. They included people's photographs to check that medicines were given to the correct person. There was an accurate record of the medicines that people had received. Allergies were also indicated. In line with good practice opening dates were recorded on liquid medicines, drops and creams to ensure that they were not used after the expiry once opened period. A system of monthly medicines audits was in place and these were monitored by the registered manager. Any issues were followed up with the relevant staff to ensure that they were clear as to what was required.

People received their prescribed medicines safely and when needed. Medicines were administered by staff who had received medicines training and been assessed as competent to do this task. The competency checks were carried out each year by a lead support worker who had received additional training to enable them to do this. In addition staff had received training from an external nurse specialist to enable them to administer more specialised medicines to people who suffered from a certain medical condition. Guidelines were in place for the administration of 'when required' (PRN) medicine so that staff were clear about when and how to administer this.

Risks were identified and systems put in place to minimise risk. People's files contained risk management plans which were up to date and were relevant to each person's individual needs. They covered areas where a potential risk might occur and how to manage it. For example, accessing the community, showering or behaviours. The plans were clear and detailed and gave staff the information needed to enable them to support people as safely as possible.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. Staff were clear they would report anything of concern to the registered manager and confident that action would be taken.

There were systems to protect people's finances from possible misuse. Cash for daily use was securely stored in individual sealed bags kept in the safe and accessed by the shift leader. Any cash received, spent or returned was recorded and signed by two staff and was checked at each shift handover. Additional cash was kept in a safe in the manager's office. Cash and expenditure records were entered on the provider's computerised system which enabled them to be checked and monitored by senior officers. We checked the records and cash held for three people and found that these tallied with records.

The provider had an effective recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support. There was evidence in staff records to confirm that they were legally entitled to work in the United Kingdom. This helped to ensure people were protected by the recruitment process.

Systems were in place to keep people as safe as possible in the event of an emergency arising. Staff had received fire safety and first aid training and were aware of the procedure to follow in an emergency. A fire risk assessment had been completed and fire alarms were tested weekly. Some of the providers other services were on the same site and staff told us that in the event of an emergency help could be sought from one of these services. Also if it was necessary to evacuate the premises people could be taken to one of the other services as a place of safety.

The premises were in a good state of repair and a maintenance person was employed to ensure that standards were maintained and minor repairs were carried out as soon as possible. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. All this helped to ensure people were cared for in a safe environment.

Is the service effective?

Our findings

Relatives had confidence in the staff who provided support. One relative said, "The staff are good, excellent. They work well together and communicate well. They are all good at understanding what [family member] wants and needs." Another commented, "The manager makes sure the right staff are recruited and the staff are good now."

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. 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.

Staff had completed MCA and DoLS training and were aware of people's rights to make decisions about their lives. When important decisions needed to be made about a person's care and treatment, meetings were held with relatives and other professionals to discuss what was in their best interest. The registered manager was aware of when to make a referral to the supervisory body to obtain a Deprivation of Liberty Safeguard (DoLS). Records showed that this was thought to be necessary for all of the people who used the service and relevant applications had been made to supervisory bodies. This helped to ensure that people were not being unnecessarily or unlawfully deprived of their liberty.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. One relative told us, "They [staff] are all capable of looking after [family member]." Another said, "The staff are competent." Staff told us that training was relevant to the needs of the people who used the service and was up to date. One member of staff said, "There is a lot of training. It's well presented, informative and the trainers are good." Another told us, "Training is good and regular. It gives you confidence in your role." Staff also had the opportunity to achieve health and social care qualifications. One member of staff told us that they had just registered for a course to do this.

Training was a combination of e-learning and face to face courses. There was a computerised system that indicated training staff had received and when this needed to be updated or new training completed. This enabled the registered manager to monitor staff training and to ensure staff had received the necessary training. We saw staff had received a variety of training including safeguarding, fire safety, food hygiene, management of medicines and moving and handling.

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us that they received good support from management team and the registered

manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said, "[Registered manager] is supportive and wants staff to be trained and up to date." Another told us, "The senior team is very supportive and the registered manager is supportive and flexible. There is always someone there to help." Systems were in place to share information with staff including staff meetings and handovers between shifts.

People were provided with a choice of suitable, nutritious food and drink and were supported to have a healthy diet. One relative said, "[Family member] has a healthy diet. Staff listened to my suggestions and made some changes to their diet." Staff told us they used pictures to help people to choose their meals and we saw that these were readily available in the kitchen. They also said that for some people they put two choices of food or drink in front of them so that they could indicate which they wanted.

If there were any concerns about a person's weight, nutrition, or swallowing this was monitored and if necessary a referral was made to the relevant professional. Individual files contained details of people's dietary requirements and likes and dislikes. Also what help they needed eating and drinking and any risk. For example, some people needed their food to be cut into small pieces and others needed thickener in their drinks.

Some people had specific dietary requirements in relation to their religious or health needs and these were accommodated. For example, Halal meals and a lactulose free diet.

People's healthcare needs were monitored and addressed. They were supported to remain as healthy as possible. They saw professionals such as GPs, dentists, psychiatrists, physiotherapists, dietitians and specialist nurses. Each person had a 'health matters' file which included a health action plan and a 'hospital passport'. They gave details of the person's health needs and how to meet these. They also gave details of what might indicate that a person was unwell. For example, in one person's file it said, "Biting my lips and spending time in bed may indicate that I am unwell." Details of medical appointments, why people had needed these and the outcome were all clearly recorded. The 'hospital passport' contained information to assist hospital staff to appropriately support people if they were treated at the hospital.

Relatives told us that people's healthcare needs were well managed and action taken when needed. One relative said, "They know what to do and cope well. They keep [family member] safe, have everything at hand and call an ambulance when necessary." Another told us, "They are very good with health and on the ball." We saw that a relative had written a thank you note to say, "Thank you to all the staff who went the extra mile when [family member] was poorly."

Is the service caring?

Our findings

Relatives gave us very positive feedback about the caring way in which people were supported. One relative said, "The staff are amazing." Another told us, "We are lucky to have found a fantastic place for [family member.]"

Throughout the inspection we saw staff speaking to people in a polite and professional manner. There were positive interactions between the staff and people who used the service. Staff were patient and considerate and took time to reassure people and explain things so they knew what was happening.

People were treated with respect and their privacy and dignity maintained. Each person had a single room with their own bathing or showering and toilet facilities. Staff told us people usually returned to their own facilities when they needed support with personal care. They added that doors were kept shut and only the member of staff needed to support the person would be present. In people's files there was information on whether the person had a preference on the gender of the staff that supported them.

People who used the service had profound and complex needs but staff were committed to supporting them to do what they could for themselves. For example, one relative told us staff had been very successful in supporting their family member to use the toilet and to lessen their continence problems. Another told us that their family member was "encouraged with" their personal care. People's care plans highlighted the areas where people's independence should be encouraged. For example one person's plan said, "I need support to cut up meat but other foods I am able to cut up myself." Staff told us about people's individual needs and preferences. There was a stable core staff group and this helped to ensure that people were consistently supported in a way that they preferred and needed.

People's ability to make decisions about their care and about any changes to the service was limited. However, relatives told us that they were involved, consulted and listened to and advocated on people's behalf. In addition one person was supported by an independent advocate to speak on their behalf and to ensure, as far as possible, their wishes were identified. We saw that one relative had written a note to staff saying they were pleased their suggestion had been taken on board and has worked. They added that they were very reassured that they were all able to discuss the matter and "come up with a plan." Quarterly relatives meetings were held and relatives told us that these were very positive and they were happy these took place. Minutes of the most recent meeting showed that people had discussed staffing, some activities that were planned for the future and also the best way to spend a donation that had been made to the service.

Staff respected people's confidentiality. They treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information about people was kept securely in the office.

People were supported to maintain relationships with their relatives and friends and relatives told us they visited when they wanted and felt at ease when they visited. One relative said, "I can come and go as I

please." People's religious, cultural and social needs were identified and addressed and the staff celebrated festivals from different religions. Friends and relatives were invited to social events at the service. One relative told us, "They make a lot of effort for celebrations and there's a family barbecue in the summer."

Is the service responsive?

Our findings

People received responsive, individualised care based on their needs, likes, dislikes and preferences. One relative said, "[Family member] can have major outbursts and they [staff] know how to handle this." Another told us, "I can't fault them [staff]. [Family member] has improved and has been taught how to do things, like how to use their iPad."

People's care and support was planned in partnership with their relatives. One relative told us, "We are involved in the care plan, we know what is in it and can add things." Care plans contained clear information to enable staff to provide personalised care and support in line with the person's needs and how to respond to different behaviours. Care plans also contained details of how people expressed their emotions, dislikes, pain or discomfort. For example, one person's care plan stated they needed support to manage their emotions at night. It indicated that the person liked to know where all their things were and if they could not find something they needed help to find it or they would not sleep. Relatives told us there was good teamwork and staff worked in a consistent manner with people. Staff told us that they followed care plans and routines and this gave them confidence when dealing with different situations. With regard to responding to behaviours that challenge a member of staff told us, "You can usually see the build-up and their plan tells you how to deal with it. There is always someone there to help."

Care plans were reviewed every six months and updated when needed. Staff told us that in addition to care plans and records they got updates at shift handover from other staff and seniors. Also that any changes were written in the staff communication book. Therefore staff had current information about how people wanted and needed their support to be provided. This enabled staff to provide a service that was responsive to people's changing needs.

People were supported and encouraged to make as many choices as they were able. Staff told us how they helped people to make choices. For example, showing them two pair of trousers and letting them pick a pair or opening a drawer so they could choose something. During the course of the visit we heard and saw staff giving people choices. For example, by asking if they wanted a drink and then opening a kitchen cupboard to let them choose what they wanted. Pictures and symbols were also used to help people to express their wishes.

Arrangements were in place to meet people's individual social needs and preferences. Activities were arranged within the service and in the wider community and were based on individual likes and interests. Activities included swimming, a variety of activities at the onsite daycentre, horse riding and cinema. In addition people had been to the zoo, banger racing and to a pantomime. One relative told us, "[Family member] goes out a lot and has a good social life." Another said, "They keep [family member] busy. Things they like to do." A third commented, "Plenty of activities, they go out all the time." We saw that people had been on holiday and in a note to staff a relative had written, "Thanks for all your hard work in giving [family member] a fantastic holiday."

People benefitted from a service that listened to and addressed complaints and concerns. None of the

people who used the service were able to raise a complaint but relatives said they knew how to complain. They felt confident that any complaints would be taken seriously and action taken. One relative said, "You can discuss things with [registered manager] they encourage you to do this and do listen." Another said, "If I am not happy about anything, which is not very often, I can talk to them [staff and registered manager] and they will sort things out."

Is the service well-led?

Our findings

People told us the service was very well managed. There was a registered manager in post. Relatives said the service had improved greatly under the guidance and leadership of the registered manager. One relative commented, "[Registered manager] has done an excellent job in turning the service around. They have motivated staff." Another said, "Since [registered manager] came things are very much more settled." A third commented, "[Registered manager] is brilliant." We saw that one relative had nominated the registered manager for the providers 'Manager of the Year' award and that they had been awarded third prize.

At the inspection in August 2014 we found a breach of regulations. Providers of health and social care have to inform us of important events which take place in their service and this had not happened. However, our records now showed that the provider had told us about such events and had taken appropriate action.

Staff were clear about their roles and responsibilities and told us that the registered manager was accessible and approachable. One member of staff said, "[Registered manager] leads by example." Another told us, "[Registered manager] says how the service is supposed to be and that we are all working towards the same goal of providing high quality care."

People were provided with a service that was monitored by the registered manager to ensure it was safe and met their needs. This was both informally when they were at the service and by audits and checks that necessary tasks had been completed. One staff told us, "When [registered manager] comes in they pick a random folder and check what has been done. They check rooms and that cupboards are locked. The time is random and they come back and do it again later." The registered manager also carried out spot checks outside their normal working hours. For example, one took place on a Christmas bank holiday and another at 9.30pm. Quality assurance questionnaires had recently been sent out to get feedback from relatives and others in contact with the service. Some had been returned and one said, "[Registered manager] is excellent and has pulled together a really good staff team."

The provider had systems in place to monitor the quality of service provided and to ensure it was safe and met people's needs. The registered manager was required to complete a monthly on line managers' report confirming checks and audits had been carried out and any safeguarding, complaints or other significant events. This was then reviewed by the regional director and checked by the provider's quality team to identify if any issues had arisen.

The regional director carried out a quality audit every three months and the quality assurance manager had also carried out an audit. Reports of these visits highlighted any points for action with timescales for completion. These were followed up by the regional director to ensure that action had been taken. The regional director attended relatives meetings to enable them to get direct feedback from relatives. The chief executive of the organisation also visited services and spent time with people.