Care Quality Commission

Care Management Group Limited

231 Brook Lane

Inspection report

231 Brook Lane
Sarisbury Green
Southampton
Hants
SO31 7DS
Tel: 01489 572803
Website: www.cmg.co.uk

Date of inspection visit: 5 and 7 November 2014
Date of publication: 02/03/2015

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

Overall summary

231 Brook Lane is registered to provide accommodation and support for 10 younger adults with learning disabilities, autistic spectrum disorder and / or sensory Impairment. During our visit we spent time in the main house and adjoining annex of the home. Due to people's complex health needs we were not able to verbally seek people's views on the care and support they received.

We undertook an unannounced inspection of 231 Brook Lane on 5 and 7 November 2014. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 28 and 29 July 2014 had been made. This is because the service was not meeting some relevant legal requirements. At the last inspection on 28 and 29 July 2014 we asked the provider to take action to make improvements to ensure that they acted in accordance with legal requirements for people who did not have the capacity to give consent to care and treatment. This action has now been completed.

Summary of findings

On the day of our visit six people were living at the home. Five people lived in the main building and one person lived in a purpose built annex which was attached to the main building.

We observed staff talking with people in a friendly and respectful manner. The service had a personalised culture and staff told us they were encouraged to raise any concerns about possible abuse. One member of staff said, "Everyone works so hard to ensure we keep people safe".

The service did not have a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A temporary manager from within Care Management Group was overseeing the running of the home. An application to become registered manager at this location had been submitted to the Care Quality Commission and was in progress.

Staff understood the needs of the people and we saw care was provided with kindness and compassion. People were dressed in appropriate clothing and were clean and tidy, as was the home. People were supported to take part in activities they had chosen. These took place both in the home and out in the community. One member of staff said, "We try very hard to ensure the people living here have active and fulfilled lives. We like people to spend as much time away from the home as they can so that they can feel and be part of a wider community".

We saw that people were treated with respect and care was based on people's preferences and aimed at supporting people to develop their skills and to be as independent as possible. We observed that people appeared to be relaxed and their expressions indicated they were settled and happy

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities. Staff also completed training to ensure the care delivered to people was safe and effective.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

People were supported to make decisions about their life. Where people lacked the capacity to make decisions these were made in their best interest.

Referrals to health care professionals were made quickly when people became unwell. One health care professional told us the staff were responsive to people's changing health needs and that referrals to them were made in a pro-active manner.

We found that people were having their needs assessed and that plans of care were in place. These were personalised and took account of each person's individual wishes and preferences. People were supported to access health care services including attending well person clinics and specialist services. Risks to people were identified and plans were in place to make sure people were kept safe whilst ensuring their rights were promoted.

There were robust recruitment procedures in place that involved the people who lived at 231 Brook Lane. Staff were supported and trained to ensure they were able to provide care at the required standard to ensure people's needs were met.

We saw that systems were in place to monitor and check the quality of care and to make sure the environment was safe and well maintained.

Regular staff meetings were held and we saw that, where required, actions resulting from these were assigned to named staff to follow up. The manager used team meetings to provide staff with feedback from within the organisation which helped them to be clear about the aims and objectives within the service both locally and at provider level.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People and staff knew how to recognise and respond to abuse.

Staffing levels were appropriate to meet people's individual needs.

Appropriate checks were undertaken to ensure staff were of good character.

Arrangements were in place to ensure medicines were safely administered.

Is the service effective?

Good

The service was effective. Staff were knowledgeable about the people they supported and had accurate support plans to refer to.

People's freedom and rights were respected by staff who acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have sufficient to eat and drink and maintain a balanced diet.

Staff received training and the management they needed to support people competently.

Is the service caring?

Good

The service was caring. People were treated with kindness and respect. We received positive comments from relatives and health and social care professionals about the support provided to people living at the home.

There was a warm and friendly atmosphere in the home. People looked very comfortable with the staff supporting them.

Staff worked in a manner which maintained people's privacy and dignity.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences which ensured staff had information that enabled them to provide support in line with their wishes. People were encouraged to share concerns with staff.

People were supported to take part in activities at home and in the community. Staff also helped people living at the home to remain in contact with other people important to them.

There was a system in place to manage complaints.

Is the service well-led?

Good

The service was well-led. There was a positive and open working atmosphere, relatives and health and social care professionals all said they found the management team approachable.

Staff were positive about the leadership and management of the home and felt supported and valued.

The manager and provider carried out regular audits to monitor the quality of the service and plan improvements.

231 Brook Lane

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 5 and 7 November 2014 and was unannounced.

The inspection was carried out by one Inspector. This was because this is a small service with people who had profound and complex needs.

Before our inspection we reviewed information we held about the service and provider. We had received concerns in relation to our previous inspection around the décor and general upkeep of the home. Concerns were also raised in relation to Best Interest Decisions in respect of people who did not have mental capacity to make decisions for themselves. We had received statutory notifications since our last inspection. A notification is information about important events which the service is required to send to us by law.

During our visit we spoke with the manager and four care staff. Following our inspection we spoke with three relatives, one health care professional and one care manager from a commissioning authority.

We reviewed three care plans for people, staff duty rosters and four recruitment files. We observed interaction between the people living at the home and care staff. Some people were unable to tell us about their experiences due to complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

Good

Is the service safe?

Our findings

We observed people were relaxed and at ease in each other's company. It was clear from the chatter and laughter during the day that the home was relaxed. People were able to make choices about what activity they wished to pursue during the day. We saw that when people needed support they turned to staff for assistance without hesitation.

Staff received training in safeguarding adults who were at risk and were required to repeat this on an annual basis. Staff were able to recognise and understand abuse, identify ways to prevent abuse from happening, respond appropriately and make the necessary reports to the manager and external agencies. A Safeguarding Agency Adult Protection Policy documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding alert and detailed contact information about the Care Quality Commission, the local authority, the Police and advocacy agencies. Staff understood the safeguarding policy and were knowledgeable about their responsibilities in reporting abuse.

The service had a whistle blowing policy and contact numbers to report issues were displayed in communal areas. Staff had a good understanding of whistle blowing procedures and felt they could raise any concerns they had with managers and were confident they would be addressed. Staff were very happy working at the service and motivated. They told us, "It's good here", "Everyone is helpful", "and I would challenge bad practice".

If people behaved in a way that could put others at risk, this was managed safely through verbal encouragement, diversion and discussion. Risks to people's health and welfare were assessed prior to admission and at regular intervals to ensure people living at the home could be cared for safely. Management plans were in place for identified risks, such as those relating to weight loss, mobility or specific illnesses. Any incidents or accidents people experienced were recorded and monitored. Actions were taken to minimise the risk of further incidents which could cause harm. Staff understood the importance of recording incidents and taking action to keep people safe.

Arrangements were in place to protect people if there was an emergency. The manager had developed Personal Emergency Evacuation Plans (PEEP) for people and these were kept in an accessible place. The emergency plans included important information about people such as their communication and mobility needs. This gave details of the safest way to support a person to evacuate the building in the event of an emergency, for example fire. These had been recently updated to remain relevant and accurate. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety. In addition, the home had a business continuity plan for emergency procedures like fire, flood or utility failure. This included a plan to evacuate people, if needed to another care home nearby. The provider had anticipated how to protect people's safety in an emergency situation.

Medicines were stored securely in a locked cabinet. We checked the medicines for two people and found the number of medicines stored tallied with the number recorded on the Medication Administration Records (MAR). There were arrangements in place for the disposal of medicines that were out of date or no longer required. Records showed these were returned to a local pharmacy. We saw, from the homes training records, appropriate senior staff had received up to date medicines training. The manager was responsible for the auditing of medicines. This helped ensure there was accountability for any errors.

Individual risk assessments were completed for people. Staff were provided with information as to how to manage these risks and ensure people were protected. The manager told us, "Positive risk taking is encouraged". For example, one young person had been unable to access the community because they became agitated in certain environments. Over a short period of time staff had introduced the person to this environment in a time controlled manner offering support and reassurance at all times. The person could now access the community for longer periods of time and was now more relaxed when accessing this environment. Each risk assessment had an identified hazard, people who were deemed to be at risk. Individual risks to people were identified and the measures put in place to keep people safe.

Staff knew people well including their specific interests, needs and preferences. They interacted with people sensitively, kindly and with good humour which promoted a safe and secure environment. Staff were familiar with the risks that people presented and knew what steps needed to be taken to protect them from harm. One member of

Good

Is the service safe?

staff told us, “We follow the guidelines that are in people’s care plans to ensure we keep them safe”. Another member of staff told us they managed each person’s behaviour differently according to their individual guidelines. They told us that some people liked to listen to music, others preferred going to their rooms or getting some fresh air. These preferences were recorded in their care records.

The manager told us that staff rosters were planned in advance according to people’s support requirements. They told us that people living at the home required one to one support as a minimum and one person required two to one support. Some people required two to one support for social activities in the community away from the home. Staffing rosters we looked at consistently showed that staffing levels met people’s individual needs both within and away from the home.

Staffing levels were suitable for ensuring people were safe and well cared for. We observed that people’s needs were met promptly and staff provided care in a patient, compassionate and cheerful manner. Staff told us they worked well as a team and there were enough staff to meet people’s needs safely. We looked at the staffing rosters from 13 October 2014 to the day of our inspection. These showed that staffing levels were consistently maintained to meet keep people safe and meet their needs.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

Good

Is the service effective?

Our findings

At our inspection in July 2014 we did not see evidence that 'best interest' meetings had taken place in each of the six care plans we reviewed. There were no records of assessments of people's mental capacity to justify decisions being made on their behalf. We did not see any documentation to show the provider had a mental capacity assessment tool for 'best interest' decision making, which is required by the Mental Capacity Act 2005 (MCA 2005). This meant that where people did not have the capacity to consent, the provider had not fully acted in accordance with legal requirements. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection the provider sent us an action plan detailing the improvements they would make to comply with the MCA 2005. At this inspection we found improvements had been made and records showed that best interest meeting and mental capacity assessments were completed when necessary.

People living at the home had complex health or social care needs. People did not have capacity to make important decisions about their lives. One person had been assessed as lacking capacity to make a decision about a medical operation they required to maintain their health. A best interest decision had been made for one person, regarding a specific medical intervention, with a team of appropriate professionals. This showed the home supported people effectively and in line with legislation when they lacked capacity to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. One person was subject to a DoLS. We reviewed the DoLS authorisation and found the specified conditions within the DoLS were being complied with by the home. This ensured the person was kept safe using the least restrictive option. The manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The manager was able to show us that DoLS applications for other people living at the home had been submitted to the local authority.

We received positive feedback from one care manager at a local authority who commissioned services for one person living at the home. They told us staff supported people appropriately and had a good knowledge base to ensure people' needs were met. They further added that recent improvements in the consistency of people being supported by regular staff had a positive impact on people living at the home.

People had unrestricted access to the kitchen and were supported by staff when using hot water to make a drink or when using the toaster. Staff responded to people's individual communication needs and offered support in line with their preferences and assessed needs. For example, we saw staff selecting particular items of crockery for one person, as they knew this is what they wanted. When one person showed anxiety, staff immediately offered the support they required, providing reassurance and walking with them in the gardens.

Staff received an induction into their role. Records showed each member of staff had undertaken the providers own comprehensive induction based on the Common Induction Standards (CIS). CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. Staff had regular supervision and appraisal. Supervision and appraisal are processes which measure performance and offer support and learning to help staff development. Supervision records showed the induction programme was discussed and senior staff had conducted competency checks to ensure care staff were appropriately skilled to meet people's needs. Staff told us they enjoyed their work and felt the home was "very friendly."

Staff told us they received frequent supervision and also found appraisals were helpful in supporting them with their personal development. For example, one supervision record showed a member of staff had requested further training in Makaton. Makaton is a language programme using signs and symbols to help people communicate. One member of staff said, "I have regular supervision with her (the manager)". Another said, "She has empathy and a real understanding of people's needs. I can express how I feel to her".

Good

Is the service effective?

Staff had completed training in areas specific to people's needs. For example, personalised planning, safe handling of medication and intensive interaction training. Intensive interaction is an approach to children and adults who have severe learning difficulties and/or autism and who are still at an early stage of communication development. Care workers told us the training was helpful and provided them with confidence to deliver effective compassionate care. One care worker said, "I know I have a caring nature but the sensory integration training gave me a greater understanding of people' and how to support their needs".

The manager told us about the training arrangements for staff. There were two types of training, e-learning and attending a workshop. Training records showed that staff had completed training in areas that helped them when supporting people living at the home, these included, working with behaviours that challenge, working with people with learning disabilities, the principles of care and support and communication with service users.

People were supported to get involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home, providing input when planning the menu for the week and helping in preparing dishes. One member of staff told us, "We prepare the meals and we actively encourage people to help if they want to". The daily menu was on display in the kitchen and on the notice boards throughout the home in both written and pictorial format so people would be able to understand the food choices that were available.

The manager gave an example where one person had shown an improvement in their behaviour following extensive support from staff and had become more independent. She told us, "In the past 12 weeks the incidences of behaviours that challenge have reduced dramatically. When X first came here it was difficult for them to access the community without it causing them distress and anxiety. Staff have worked hard to reverse this and X can now enjoy visiting the local pub and other places and enjoy eating out regularly".

We found that people had access to local healthcare services and received ongoing healthcare support from staff at the home. The provider made appropriate referrals when required for advice and support.

Good

Is the service caring?

Our findings

Due to the communication needs of the people we were not able to get detailed responses to some of our questions. Interaction between staff and people was caring and staff treated people with respect. For example staff were seen to knock on people's doors and wait for an answer before they entered. People were also given options and choices by staff on what clothing to wear. Staff treated people with kindness and compassion. The atmosphere in the home was calm and relaxed.

People lived in single rooms which were clean and contained personal items to make them more homely. The home was spacious and there were areas for people to spend time with their families if they wanted to, including the main lounges. Staff understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. For example, personal care was provided in the privacy of people's personal rooms. People who lived at the home were able to spend time in the communal areas or the privacy of their bedrooms.

We contacted one GP after our visit. They told us, "Staff at the home contact us appropriately and have a valuable input into ongoing care and support. The people living there are supported and cared for very well. Their handover of information to us when we need to visit is very clear and concise. This helps us in our support of people and in prescribing what is best for the person".

Staff were able to tell us about the person, their likes and dislikes, personal interests and what was important to them. The information they gave us matched with what we had read in peoples care plans. Staff said they got to know people through reading their care plans and speaking with family members. We saw evidence of this by the way staff talked with people, using particular words or phrases to involve them in conversations.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were personalised and reflected people's wishes. People had the opportunity to make their views known about their care, treatment and support through key worker meetings and through pictorial questionnaires. Relatives of people who used the service were involved in their care through regular contact with the key workers and were free to visit the home at any reasonable time.

Relatives we spoke with told us they visited the service regularly and found that staff welcomed them. One relative said, "The staff here do a pretty good job on the whole in sometimes difficult and challenging circumstances, it can't be easy. I have no complaints or concern about the care my relative receives". Where appropriate, people had access to advocacy services if needed, although only one person living at the home was using an advocate at the time of our inspection. An advocate is someone who offers one to one support to someone and speaks on their behalf.

Good

Is the service responsive?

Our findings

People who used the service led active social lives that were individual to their needs. We found people had their individual needs assessed and consistently met. We saw people leaving the service throughout the day to go shopping, to the cinema or going out for lunch. People were able to take part in individual activities based on their preferences.

Staff told us, "We work around people's needs" and "We speak with family, they can tell us what activities they are interested in". In addition to formal activities, people were able to go to visit family and friends or receive visitors.

Staff responded when people's needs changed. One person, whose needs had changed, required increased staff support. At the time their funding from local authority did not cover this. In the interim the home instigated two to one support to ensure the person's needs were met and other people living at the home remained safe.

Each person had an assigned key worker who was responsible for reviewing their needs and care records regularly or if their needs changed. Staff told us that they kept people's relatives or people important in their lives, updated through regular telephone calls or when they visited the service. Two relatives told us that until recently they would receive regular e-mail updates but this had declined over the past three months however they both told us that they could contact the manager at any time for a verbal update. The manager told us regular, weekly e-mail contact was being re-introduced as it was important to keep families updated with how people were being cared for.

Care records included risk assessments, support plans, personal care support plans and a health action plan. These were personalised and showed that people and / or their relatives were involved to support people to contribute to them. One relative told us' "I am involved in any review of care for my relative. It's good to know what is going on". Where possible, records included pictures to make them more accessible to people. Care records included areas for people to record their hopes and dreams, things that were important to them, ways for other people to communicate with them and what was not working for them.

The complaints procedure was on display in the home in a pictorial form and was accessible to people and visitors. The service encouraged feedback from people and relatives through a number of different ways including key worker meetings and review meetings. The home also displayed how people could contact the local safeguarding authority and the Care Quality Commission if they wished to raise any concerns. The provider had a clear complaints policy in place. This detailed how complaints would be dealt with by the organisation and the timescales that the organisation would respond by. At the time of our visit 231 Brook Lane had received two formal complaints since our last inspection in August 2014. These had been responded to in line with the organisations complaints policy and had been resolved to the satisfaction of the complainants.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us they were happy with the care and support people received at 231 Brook Lane. There was not a registered manager in post at the time of our inspection. The service was being overseen by a manager who has applied to the commission to become registered manager. They had been in post since July 2014 and in our discussions with them it was clear that they were familiar with the people and staff. One relative told us the manager was "very good" and had brought "stability" to the home. They added, "The core staff have worked their socks off and the current manager has been a breath of fresh air". Another relative told us they had no concerns at all over the care being provided and added, "I have seen an improvement in the home in general since the current manager has been here".

Staff that we spoke with praised the manager for being pro-active and approachable. Staff told us, "She is always asking what can we do to improve the service", "She is one of the best managers", "She gives us confidence to do our jobs", and "She encourages us all the time". Relatives told us, "She is a nice person, always available to speak to", "She has a good understanding" and "Staff respect her".

The service had a strong leadership presence and a positive culture. The manager was supportive of staff during the day of our visit, taking time to check that they were alright and that people's support needs were met. Staff were able to carry out their duties effectively, and the manager was always available if staff needed any guidance or support. Staff told us that they felt valued and listened to. They said they were encouraged to come up with suggestions and new ideas and these were always welcomed and usually acted upon. They felt they were part of a team working together to improve the lives of the people that lived at the home. They told us there was a culture of openness and they would report any concerns or poor practice if they witnessed it. A health care professional told us: "The manager has always been transparent and honest. I find her open to support and I have a very good open working relationship with her".

Staff were positive about the leadership and management of the home. They told us they were encouraged to share their views about the home and how it could be improved. They said they were supported in their roles through regular supervision and staff meetings as well as more informally on a day to day basis. Records we saw confirmed this.

We saw systems were in place to monitor and review the quality of service being delivered. The manager carried out monthly audits, for example, medication, health and safety and infection prevention and control. We reviewed the latest audits dated October 2014 and found these to be comprehensive.

Staff meetings were held every month and we saw that, where required, actions resulting from these were assigned to named staff to follow up. Staff told us they found staff meetings were useful for providing feedback. The manager used team meetings to provide staff with feedback from within the organisation which helped them to be clear about the aims and objectives within the service both locally and at provider level.

The provider undertook checks of some aspects of the service to monitor the quality of the service provided by the manager and the staff at the home. The provider had an internal quality monitoring system in operation. The home had a quality assurance visit twice a year from a senior member of the provider's management team which monitored the performance and care delivery of the home.

These visits monitored performance in areas such as people's choice, the social life of the home, the living environment, dignity and respect and people's health and comfort.