

Care Management Group Limited

Care Management Group - 100 Goldstone Crescent

Inspection report

100 Goldstone Crescent
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

100 Goldstone Crescent is a supported living house, supporting three adults at the time of the inspection. All people receiving care had a learning disability and additional needs such as mental health needs, sensory impairment, autistic spectrum disorder and/or long-term conditions such as epilepsy.

The Care Quality Commission inspects the care and support the service provides to adults but does not inspect the accommodation they live in. CQC only inspects where people receive personal care, this is help with tasks related to personal hygiene, medicines and eating.

Accommodation was provided over two floors and communal areas included a lounge, dining room and kitchen. People had their own rooms. People had access to gardens at the rear of the home.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Throughout the inspection, we observed positive, fun interactions between people and staff. A relative said, "They do love [Person], they're not just there as carers, it's like having a second home." Another relative told us, "I think the staff are wonderful, they feel like my extended family, [Person] is happy there."

People received their medicines safely. A range of quality assurance systems monitored the quality of care and the service overall. The provider's internal quality assurance team carried out annual audits and the regional manager carried out quarterly audits. The registered manager carried out audits and this monitoring did not always lead to improvements or learning, this was an area of improvement. Where audits had identified issues with medicines storage no sustained action had taken place. No people had been harmed by any of the issues found. We told the provider about what we found, and they took immediate actions. We have written about this in the well-led section of the report.

People had access to a range of healthcare professionals and services. A GP told us, "They are treated as individuals and receive the highest standard of care."

People were safe and staff knew what action to take if they had any concerns about people's safety or welfare. People's risks were identified and assessed appropriately, a commissioner told us, "It's a really good service, the manager and all support workers manage risk well and work with people to develop independence."

There were sufficient staff to meet people's needs, to enable them to engage with activities, access the community and to live their lives as independently as possible. Support plans were detailed and guided staff about people's current needs and how to meet them. People received personalised care that was tailored to meet their individual needs, preferences and choices. Staff supported people to make choices and to live as independently as possible. Staff completed training that was driven by the needs of the people and were experienced in their roles to provide effective care to people.

Rating at the last inspection: The last rating for this service was Good (published 28 July 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Care Management Group - 100 Goldstone Crescent

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: This service provides care and support to people living in a supported living house, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit, this was to make sure people and staff would be in when we visited.

What we did:

Before the inspection:

We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. On this occasion we did not ask the provider to complete a Provider Information Return. This is information we require providers

to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection:

We arranged a visit to the supported living house, so we could meet staff and people, we were able to observe staff and people interacting during our visit. We spoke with two people. We spoke with four members of staff, including the regional manager, a manager from another of the provider's services, who was present to support the inspection, and two support workers.

We reviewed a range of records. This included two people's support records and two medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection, we spoke to two relatives by telephone. We reviewed records for staff training and we received additional audit records. We received feedback by email from a GP and feedback by telephone from a commissioner, both gave us permission to quote them in this report. We received feedback by email from the provider's healthcare facilitator who organised health reviews for people, they also gave us permission to quote them in this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We looked at a range of risk assessments including using paddling pool in the garden, choking risk, vulnerability in the community, swimming, using mouthwash, using the bathroom and showering, using the house vehicle that showed people's risks had been identified and assessed comprehensively.
- Any restrictions for a person's safety were documented in a restrictive practice plan and informed by a risk assessment. A relative said, "They keep her safe, they know what she can and can't do but let her have independence, she doesn't understand money so staff help her understand how to spend and budget and so on, I've got no worries about her safety."

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. Rotas and staff confirmed this. Staffing levels included providing staff to accompany people on activities outside of the service.
- People benefitted from a long-established workforce at the service, people and staff had known each other for a long time, a relative told us, "Staff are excellent, staff have been with [Person] for years, so she gets continuity of care which is so important, it's her home."
- Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care.

Learning lessons when things go wrong

- Incidents were recorded, and actions were taken to prevent any further incidents from happening again. Appropriate relatives and relevant professionals were informed and consulted. For example, an incident occurred with a person while in the community, the support worker accompanying the person gave an account of what happened, and the person's key worker explored with the person what happened so that a similar incident could be prevented from happening again.
- Regular auditing of medicine procedures took place, including checks on accurately recording administered medicines and stock checks. We have written about this in well-led.

Using medicines safely

- People had varying needs with their medicine, two people had full support and one person had minimal support. Where people had minimal support such as prompting, maintaining records or only supporting with occasional medicines rather than daily medicines, this had been risk assessed. Staff were trained in giving people medicines including STOMP which is 'stopping over medication of people with a learning disability, autism or both'. Staff competency was checked annually.
- Medication Administration Records (MAR) showed that people received their medicines as prescribed,

these were completed correctly by staff. Where people had 'as and when needed' (PRN) medicines staff were supported by comprehensive PRN protocols that guided staff about the prescribed medicine and how to know the person needed the medicine, for example for pain relief.

Systems and processes to safeguard people from the risk of abuse

- A safe environment was provided for people. Staff knew how to keep people safe in the event of an emergency such as a fire. Staff were trained in fire safety and in using equipment to keep people safe.
- People were supported to understand how to keep safe and to raise concerns if abuse occurred. Staff had completed training in safeguarding and knew what actions to take and said they would report any concerns.

Preventing and controlling infection

- The house was well presented and homely. Staff and people had access to antibacterial gel and hand washing facilities throughout the home. A relative said, "It's always clean when I visit, there's never any smells."
- Staff completed training in infection control, food safety and health and safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively and meet their current needs. Training had been identified that was considered essential for staff to complete. This included positive behaviour support, autism, mental capacity, mental health, first aid, challenging behaviour and moving and handling.
- New staff completed a two-week induction then followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector.
- Staff consistently told us they felt well supported by their team and in particular by the registered manager. Staff received regular supervision and an annual appraisal, records confirmed this. A support worker said, "Training is ongoing, for example we're getting input from physiotherapy for [Person] so we know his support needs will change and we'll get training to support that, we've done training to support [Person] about behaviour that challenges and autism."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to be involved in food shopping, menu planning and cooking. People had varying support needs for cooking, shopping and menu planning, for example one person had full support with cooking and another person made their own packed lunches, had minimal support to plan their menu for the week and support for cooking hot foods in the kitchen.
- Healthy, balanced, eating was promoted. One person told us they had a goal to manage their weight and had written a menu for that week reflecting this. We spoke to the person's relative, they told us, "They address the weight management by encouraging healthy eating, going for walks, encouraging her to try new things – she likes dancing, they've tried swimming and boxercise which she has her own pink boxing gloves for, they've joined (local weight loss club)."
- Staff told us they got to know people's likes and dislikes to plan meals. Staff knew people's dietary requirements. Staff knew which people were at risk of choking. People were referred to the speech and language therapist (SALT) and staff followed their guidance, for example staff had guidance to crush peanuts for one person as they tended to swallow them whole which presented a choking risk.

Staff working with other agencies to provide consistent, effective, timely care

- Links had been established with health and social care professionals such as community learning disability, social workers and GP. The provider's healthcare coordinator described staff working in partnership with chiropody and GP to achieve good outcomes for people.
- Staff had a communications book, staff would write daily updates to each other about changing needs for any of the people living there. A support worker told us "We have monthly team meetings, before each shift

we have handover, we also write on the shift plan and communications book about appointment reminders or if a person is not well."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and had access to a range of health and social care professionals and services. Staff supported people to attend health appointments and involved relatives where appropriate. For example, on the day of our visit a person had been to the Doctor with a support worker. Two relatives told us they were invited to important hospital appointments, for example one relative said, "I've been going with [Person], [Registered manager] and [support worker] to the dental hospital."
- Relatives were involved and kept up to date with any changes in their relative's wellbeing. A relative said, "[Registered manager] sends emails and calls, even when she's off duty, they always let me know if anything happens or if [Person] is unwell or if there's an incident."
- A GP, who had provided care to the people for seven years, told us, "The three people are exceptionally well cared for. They are treated as individuals and receive the highest standard of care."

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- People had decision specific capacity assessments. Staff worked with the person, appropriate relative and professionals to find the least restrictive option, for example for one person when accessing the community, they agreed to lock arms with the support worker they were with on roads.
- Records showed that people had access to financial appointees. Best interest decision meetings were held involving the person where possible, appropriate relatives, staff members and relevant health and social care professionals such as a social worker to make decisions in the person's best interest involving all relevant stakeholders.
- People's needs were assessed before they moved in. Staff ensured that people's needs could be supported by staff.
- Staff arranged best interest decision meetings involving health and social care professionals such as a social worker, relatives and involved the person as much as possible. A relative told us "We have an annual review and they involve a social worker" and another relative said, "I'm invited to reviews and kept up to date."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff were kind and caring with people and responsive to their needs. Staff supported people in a friendly and compassionate way that showed genuine affection. A relative said, "They do love [Person], they're not just there as carers, it's like having a second home." Another relative told us, "I think they're (staff) wonderful, they feel like my extended family, [Person] is happy there."
- For people with autism, staff understood how important structure, routine and reducing disruption was to the person. Staff knew the person's triggers and signs that indicated they were anxious or upset, staff understood the approaches that helped them feel settled. Where appropriate people had PBS plans developed to guide staff. Positive Behaviour Support (PBS) is a holistic, person-centred approach to supporting people with a learning disability and/or autism and supporting people who may display or be at risk of displaying behaviours that challenge. PBS promotes preventative and positive interventions from staff to help avoid the need for using reactive and restrictive practices.
- The service was supported by a small committed staff group, some of whom had worked for the service for up to 20 years and people had lived at the home for a long time. Due to this, staff and people knew each other well and formed genuine respectful friendships, people responded well to having consistent staff. A relative said, "Person always happy to go back when she visits us. All of the staff have so much patience with her, she adores them, especially [Person's key worker]." Another relative said, "Staff have known her for years."
- Staff supported people with their grooming preferences. A relative said, "[Person] chooses their own clothes but staff make sure they're right for the weather." Another person had a hairdresser visit every six weeks, staff told us this made the person feel anxious and had strategies to manage this so that the person could continue having their haircut as was their wish, a support worker said, "We do positive social stories about haircuts and the hairdresser knows [Person] well, they're really helpful, they visit [Person] at home, they spray [Person's toy] with water and gets [Person] involved."

Supporting people to express their views and be involved in making decisions about their care

- We observed people were encouraged and supported to express their views and to be involved in decisions relating to their care. People made day-to-day choices and were able to spend their time where and how they wished.
- People and appropriate relatives were involved in making decisions relating to people's care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. We observed staff knocking on people's bedroom doors and seeking their

permission before entering.

- Staff understood how to treat people with dignity whilst encouraging their independence. A person had a set of agreements with staff about how to keep them safe when using the bathroom while also ensuring they had the least restrictive options and respected their independence and privacy. For example, the person agreed that staff can knock the door to check on them at certain intervals and that if the person did not respond for an agreed period of time that staff could go into the bathroom to check they were safe. The bathroom had posters giving visual prompts to the person about washing and hygiene.
- Staff supported to maintain and increase their independence. One person managed their medicines with staff support, they stored their medicines in their room and told us that staff signed a form and checked the cupboard every day. A support worker told us, "We praise and encourage any independence which is different for each person here, [Person] will do housework with support like laundry and cooking. For another person when they're cleaning their teeth, we'll put the toothpaste on but then we leave them to brush them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs and preferences. Each person had a support plan which provided information for staff about their care and support needs in a person-centred way.
- People were supported to set goals for themselves and staff supported them to take steps to achieve these goals. A relative said, "They support her to do the things she likes to do, and they encourage her to do new things." A person had a goal to fly on an aeroplane to go abroad, their key worker took steps towards achieving this goal such as visiting the airport twice to watch the planes, they visited security check points and spoke to a security staff member to talk about what happens. The person achieved their goal and told us they looked forward to going on holiday again. A commissioner said, "Staff are so good at supporting people to achieve their aspirations."
- Where people had behaviours that challenged, there was guidance for staff on the triggers to look for and how to de-escalate difficult situations. Staff understood why people might become upset or anxious. Staff used techniques they had learned and were positive and proactive in managing any behavioural issues. A support worker said, "For [Person] we did challenging behaviour and autism training, if there's an incident we update the risk assessments and guidelines, we're using behaviour chart forms for [Person] right now, when we know something is coming up that might trigger behaviours we plan of how to support them with this."
- People's rights were protected, and staff treated people equally and with respect. Staff completed equality and diversity training and understood how to treat people as individuals. For example, one person was supported to go to their place of worship every week if they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in a way that suited them and their needs. People had varied communication needs, for example one person referred to themselves in the third person, another person used hearing aids and another person had a sensory impairment. Staff used emotion and reference cards for one person and used a communication boards and posters around the house as prompts.
- One person had a communication passport and plan, staff were guided to use pictorial aids for example to explain medical appointments, to use Makaton and to be patient in communication by asking one thing at a time. Staff were trained in communication, including Makaton.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives and friends could visit the home at any time. People were supported to maintain relationships with people that were important to them. A relative told us "I can visit, she'll [Person] call me on the phone and I can call her, and she visits the family home when she wants." One person had been in a romantic relationship and had attended a course about sex and relationships to support them with this.
- People were supported to pursue activities that were relevant to them at home and in the wider community. One person had a voluntary job they did weekly. Two people sat on the steering group for a dance network and took part in dance sessions and shows. One person attended a day centre five days a week. A commissioner told us, "[Person] has an amazing timetable of activities - college, drama, all things she wants to do she does."
- People were supported to attend parties and social events. A relative said, "[Person] has such a busy and full social life! There's always something going on like her voluntary job, events, dancing and singing." On the day of our visit, a music entertainer visited to do a 'sing and play a long' session with the whole house before dinner.
- A support worker said, "It's about tapping into what they enjoy or what they want to do that day, for example [Person] loves music, movement and singing so anything with those things they'll love and [Second person] might want to go to the bank, the staff all know her there so well they'll come round from the counter to support her."

Improving care quality in response to complaints or concerns

- Relatives told us they felt confident to raise concerns should they need to. A relative told us "Definitely they would listen, if I needed to raise a concern, they would listen to what I have to say and do what they need to. I've never had reason to complain."
- At the time of this inspection, no formal complaints had been received since the last inspection.

End of life care and support

- No-one living at the home was receiving end of life care at the time of our visit. Records showed that staff supported people to record their wishes where a person wanted to, and staff respected where people did not want to talk about this aspect of their future care. Where people had a do not attempt cardiopulmonary resuscitation (DNACPR), this was recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- A range of audits monitored the service overall. The provider's internal quality assurance team carried out an annual audit and the regional manager carried out quarterly audits. The registered manager carried out medicines audits and this monitoring did not always lead to improvements or learning, this was an area of improvement. For example, where audits had identified issues with medicines storage no learning or sustained action had taken place. No people had been harmed by any of the issues found and people received their medicines safely.
- Medicine audits for two months had identified that eye drops did not have the date of opening written on and temperatures had gone above the ideal range, but actions had not been taken to avoid this happening again. We told the provider about what we found, and they took immediate actions such as ensuring a lead support worker carried out audits in the registered managers absence and a manager from another service of the provider carried out a medicines audit and set out recommendations from this.
- Health and safety audits and fire safety audits demonstrated how the registered manager identified issues and made improvements. The provider assessed the service against a 'wheel of engagement' model, the regional manager described this as encouraging staff to support people to be involved in work opportunities and meaningful activities and to work towards continuous improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture that was person-centred, people were encouraged to live a full and varied life. Staff demonstrated person-centred values, staff supported people to achieve good outcomes and any goals they had set for themselves.
- External professionals gave consistently positive feedback about the quality of care. A commissioner told us, "It's a really good service, (staff) manage risk well and work with people to develop independence...I nominated the team for an award. The staff team is very stable which speaks to how nice an environment it is. [Person] is so happy there."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Notifications that the registered manager was required to send to CQC by law had been completed. Information had been shared following incidents with the local authority. Incident records showed that staff

demonstrated duty of candour by informing relevant health and social care and appropriate relatives.

- Staff were clear about the expectations and responsibilities of their roles, and the structure of their team and organisation. People and relatives knew the staff and the managerial staff. A relative said to us, "[Registered manager] has been the best manager they've had down there, very hands on and excellent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt valued and supported. A support worker told us, "I love it, it feels like my second family, I do feel supported by my team and by [registered manager]." Another support worker said, "[Registered manager] is approachable and supportive with work and personal issues. I've been here 14 years, I love it so much, enjoy spending time with the people I support."
- The provider was committed to ensuring equality of opportunity and fairness to its staff and valued the diversity of staff. Staff felt that any suggestions or concerns would be listened to and acted on. The provider celebrated successes and achievements through staff awards, a support worker told us with pride that they had been nominated.
- Relatives told us they were asked for feedback and felt involved in their relative's care. A relative said, "I get online surveys and I get all the info that comes up relating to [Person], they tell me if she's been to the doctors, I got a text message last week from the manager to say she'll be away."

Working in partnership with others

- Staff liaised with external professionals. Records showed that people had access to a range of health and social care professionals as and when they wanted or needed and were supported to access regular appointments for long term conditions and reviews.
- A commissioner told us the staff were good at joined up working with health and social care professionals and were exemplary in how they supported people with change.