

Care Management Group Limited

Beulah Crescent

Inspection report

13 Beulah Crescent
Thornton Heath
Surrey
CR7 8JL

Tel: 02087711046

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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

About the service:

- Beulah Crescent provides 24-hour care and support for people aged 40 and above with learning disabilities and additional mental health needs.
- The service has two ground-floor bedrooms with stairs leading to four first-floor bedrooms. One first floor bedroom was not in use at the time of our inspection. On the first-floor people could use a communal bathroom and shower room and a further toilet was situated on the ground floor. People shared a communal lounge/dining room and kitchen.
- This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home 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.
- At the time of our inspection five people were using the service.

People's experience of using this service:

- 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. For example, people's support focused on them having as much choice and control over their everyday lives as possible.
- People were happy and comfortable at the service, people spoke to staff about how they felt and what they wanted. Staff took time to listen and responded appropriately. Staff were kind and caring.
- People continued to receive safe care by staff who knew the risks people faced. Staff supported people to be independent while keeping them safe.
- Managers and staff knew how to record and report concerns, this included any safeguarding concerns. When an incident or accident happened, the cause was investigated and changes were made to make things better for people.
- Staff had received training and had the support they needed to do their job well.
- People were encouraged to make everyday choices about their lives, this included choice about their food and drink, the activities they wanted to do and keeping in touch with friends and family.
- Staff supported people to attend health care appointments and made sure health care professionals knew how best to support them during treatment.
- People were asked their views about how the service was run and what the service could do better.
- Managers and staff put people at the centre of the service.
- Improvements and maintenance were needed around the service to keep people safe and to make it a nicer environment for people to live in. The provider and the landlord were in discussions about the improvements that needed to be made. After our inspection we were provided with an action plan of essential work to be completed together with expected completion dates. We were assured that improvements would be made and will monitor progress. We will look at this again during our next inspection.

- The service continued to meet the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for this service after our inspection was "good".

For more details please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

- Good (The date the last report published was 10 August 2016)

Why we inspected:

- This was a planned inspection based on the rating at the last inspection.

Follow up:

- We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Beulah Crescent

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 on 5 February 2019.

Service and service type:

- Beulah Crescent is a supported living service. It provided personal care and support to five people living in a shared house.
- 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:

- The inspection was unannounced.

What we did:

- Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- During our inspection we spoke with four people using the service. We observed interactions between

people and staff to help us understand their experiences of receiving care and support at the service. We spoke with the registered manager, the deputy manager, two staff members and we observed a team meeting with another seven staff. We looked at records which included two care plans, medicine records and other records relating to the management of the service.

- After our inspection we spoke with one relative of a person using the service and the registered manger sent us additional information such as resident and staff meeting minutes, staff training, staff rotas and quality checks.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with either told us or indicated that they were happy living at Beulah Crescent. A family member explained that since moving into the service their relative was, "happier than they have been for many years."
- We saw people approaching staff without hesitation and appeared comfortable and relaxed, people were smiling and laughing which communicated that they felt safe.
- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe but also to promote their independence both at the service and in the community. They included guidance for staff on how people could take positive risks to be able to live as normal life as possible. Staff understood people's individual risk needs and how to best support them.
- Environmental risks were identified and the provider worked closely with the landlord to make the improvements necessary to keep people safe. During our inspection there were several health and safety issues identified that could be a risk to people. This included uncovered heat sources, ill-fitting curtain poles and multiple pest control devices around the communal area. The provider spoke with the landlord during our inspection and shortly afterwards we received email confirmation that action was being taken in relation to these issues. After the inspection we received information to assure us the risk to people had been assessed and was being appropriately managed.

Staffing and recruitment

- There were sufficient numbers of staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. Staff rotas were planned so staff had designated time to give people the one to one support they needed. During our inspection staff were always visible and on hand to meet people's needs and requests.
- The registered manager told us they had just replaced their sleeping night shifts with a waking night staff. This would improve the quality of care for those people that required extra support at night and allow for additional cleaning and domestic tasks to be completed.
- The provider continued to follow safe recruitment practices. Checks were carried out before employment

started to make sure staff were suitable for the role. People using the service were actively involved in the recruitment of new staff and could give their views about potential recruits and how they would fit in to the service.

Using medicines safely

- People continued to receive their prescribed medicines safely. One person showed us where their medicine was kept, in a locked cabinet in their room. They knew how many tablets they needed to take and about the records staff kept. The records we saw were appropriate and people's medicine was reviewed regularly by the GP.
- Staff knew about the medicines people needed. They told us they had received robust training in medicine management and yearly competency checks were completed by the registered manager to ensure staff continued to have the skills and knowledge they needed to keep people safe.
- The manager carried out monthly audits to check that medicines were being managed in the right way. The pharmacist visited yearly to make sure the service was up to date with their systems and processes in line with national guidance.

Preventing and controlling infection

- Staff had access to personal protective equipment when needed and all staff had received training in infection control and food hygiene. Cleaning schedules were in place; however, the service was not as clean as it may have been.
- The registered manager explained the landlord was responsible for deep cleaning twice a year. In addition, the night before our inspection there had been a change in staff cleaning allocation from some day shift duties to night shift and this had caused confusion on the day of our inspection. Night time staff cleaning rotas were in place but had not been completed for the first night. The registered manager assured us this was a breakdown in communication and she would make sure the cleaning required was completed going forward.
- We were assured the provider was working with the landlord to make improvements at the service so staff could effectively clean and maintain infection control standards. For example, the provider confirmed the landlord had just agreed to change stained and dirty carpets in the communal areas for an easy clean option.

Learning lessons when things go wrong

- There was a strong focus on learning from accidents, incidents and safeguarding concerns. The provider had robust systems in place to record and analyse incidents across the organisation. When there was learning from events these were circulated to each location so action could be taken to reduce any risk that people could face.
- During our inspection we attended a staff meeting where lessons learnt were discussed, this included service specific events and those shared by the provider.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they first started to use the service and continued to be updated as people's needs changed. Assessments included information about people's views, spiritual and cultural beliefs so staff could provide the appropriate care and support.
- Regular care reviews were conducted involving people, staff and family members, if appropriate.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- All staff we spoke with told us they received enough training to provide people with the care and support they needed. Staff thought the training provided was very good and focused on the needs of people living at the service.
- The provider monitored staff training and reminders were sent to staff when their yearly refresher training was due. Appropriate action was taken when training was not completed to make sure all staff received their training when they needed it.
- Staff felt they were well supported by their managers and regular supervision, team meetings and yearly appraisals gave opportunities to discuss any issues including learning and development.

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

- People were encouraged to make choices about their food and drink. Menus were discussed at weekly tenant meetings and people were encouraged to shop for groceries and be involved in food preparation. We spoke to one person about their choice of evening meal. They told us about their favourite food and how staff would help them cook this in the evening for everyone in the service. Staff explained people would take it in turns to help cook in the kitchen, if they wanted to.
- People's likes and dislikes were recorded in their care records along with any special dietary needs.
- When people's health was at risk from their diet this was noted in people's care records and staff monitored them appropriately.
- When people required additional support with their dietary needs we saw the appropriate healthcare professionals were involved.

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

- People were supported to access the healthcare services they required. Care records confirmed that there were good links with local health services and the GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals.
- Records contained health care and dental passports which included personal details about people, their healthcare needs and how healthcare professionals can best support them.

Adapting service, design, decoration to meet people's needs

- The provider worked closely with the landlord to ensure the service was fit for purpose and safe. Where changes were made the provider involved people in decisions and discussed options with them. For example, during our inspection people were asked if they liked the dining room chairs the landlord had just provided. After our inspection the registered manager told us they had asked for the chairs to be changed because they were not appropriate for people living at the service and people did not always feel safe using them.
- Any improvements required were reported to the landlord and the provider monitored progress closely. For example, redecoration and new flooring was required in communal areas.
- Where people required specialist equipment the registered manager liaised with health professionals to ensure they had what they needed and it was accessible to them.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were encouraged to have as much choice and control over their lives as they were able. We observed staff offering people choice about everyday decisions and the registered manager spoke about the importance of staff respecting people's choice during staff meetings.
- People's capacity to make particular decisions had been assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. Staff had a good knowledge of the Mental Capacity Act 2005 (MCA).

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they liked the staff and our observations confirmed people were comfortable talking with and approaching staff. We spoke with one person about their key worker and the staff members they liked. One relative told us, "All the staff are very good, kind and understanding."
- Staff spoke about people with kindness and compassion. Many staff members had been working at the service for a number of years, they knew people well and were able to provide good continuity of care.
- Equality and diversity were discussed during regular tenant meetings and with staff, so everyone knew how to respect and value others with different cultural and spiritual needs and beliefs.

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

- There was a keyworker system in place at the service. Staff were asked to write about themselves, their hobbies and interests and people were given this information together with a photograph of the key worker so they could choose who they would like to support them.
- People were involved with choices about their day to day care and support. One person told us they did not want to go out that day because it was cold and staff respected their wishes.
- Where possible people were involved in staff interviews and could have a say in the recruitment exercise so they knew if they would like staff before they started to work at the service.
- When necessary, people had access to advocacy services if they required support making decisions.
- Care records contained detailed information about people and how they would like to be supported, their likes and dislikes and daily routines.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's dignity and privacy. People had keys to their own rooms and staff did not enter until they had the person's permission.
- Regular dignity challenge surveys were undertaken to ask people what they thought, how they were treated and way in which the service could improve. We saw the results from the survey completed in 2018 and the actions taken in response to people's comments.
- People were encouraged and supported to be as independent as they could be. Staff gave us examples where they encouraged people to be involved in everyday tasks, such as making meals, hot drinks, cleaning and laundry.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. People were involved in the care planning process and records confirmed people's views were recorded. For example, what made people happy or sad, their likes and dislikes and preferred routines were recorded and staff were knowledgeable about these.
- People's communication needs were detailed in their care records and staff used a variety of ways to involve people in their care and support needs. This included easy read and pictorial information, photographs and objects of reference.
- Care records were regularly reviewed and reflected any changes in people's care and support needs.
- Staff told us there was focus on person centred working and how they created opportunities for people to try new activities or meet new people. This included staff looking for opportunities for people to strengthen relationships in the community. For example, after attending a church service one person started to attend the church coffee mornings. Staff told us people using the service would regularly go to these to meet with friends they had made in the community. Another person had become good friends with their hairdresser and others had made friends at the local community centre.
- People were supported to follow their interests and take part in activities that were important and meaningful to them. One person told us about a music concert they had been to and a recent trip to the cinema, while another person explained they liked to go out for coffee.
- Each person had an activity schedule that was relevant to them and staff told us they were able to spend quality, one to one time with people supporting them either at home or in the community.
- Staff encouraged people to maintain relationships with those who were important to them.

Improving care quality in response to complaints or concerns

- Information was available for people on what to do if they were unhappy or wanted to make a complaint. People were asked if they were happy or wanted to complain about something at tenant meetings and during private keyworker meetings.
- A person's relative told us they knew who to make a complaint to if they were unhappy but had never needed to. They told us they had confidence that when they spoke to the registered manager about their family members care, they would be listened to. Although sometimes they did not receive feedback from enquiries made. We spoke with the registered manager about making improvements in this area.
- The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints.

End of life care and support

- People's preferences and choices for their end of life care were recorded in their care plan. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support

- The registered manager also managed another nearby location run by the same provider, she was supported by a deputy manager. Staff worked across both services and the registered manager explained she managed the staffing rotas so people were able to receive the staff support they needed, when they needed it.
- People knew the staff and manager well. We spoke to one relative who told us they know who the manager was and how to contact her should they wish to raise any issues or concerns.
- There was a clear organisational commitment to promote a positive, open culture. The registered manager told us, "Inclusion and transparency is the bedrock of the service" and her "door is always open" to people using the service, staff and family members to discuss any concerns.
- Staff were complimentary about the registered manager and the support she provided and felt there was effective teamwork at the service. Comments included, "The staff team are good, we are friendly and close, a lot of staff have been here a long time, so know people really well. We don't argue or have any problems, it's all good" and "[Registered managers name] is good. She is a strong manager but she is good. She makes sure the right thing is done at the right time and encourages us to learn more."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- During our inspection we spoke with the registered manager, the deputy manager and the regional director. There was a clear management structure in place to ensure regulatory requirements were understood and managed.
- The provider had a robust quality assurance program in place that allowed them to manage and assess the risks to people and the quality of care and support people received.
- Where improvements were required these were monitored to drive continuous improvement across the service.

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

- We found the culture of the service was supportive and inclusive, with an emphasis on continual improvement. People and staff were comfortable speaking with the regional director and the manager. Staff told us the chief executive would sometimes visit to see how things were going and take time to speak with

people.

- People, their family members and staff were asked for their views and opinions on how the service was run. They were given regular surveys to share their feedback. The provider then analysed these to identify areas of improvement.
- The provider held several events open to people using the service to give them an opportunity to share their views. Examples included a service user conference, driving up quality day and celebrating culture day.

Working in partnership with others

- The service worked in partnership with other agencies including the local authority, safeguarding teams and multi-disciplinary teams. The registered manager gave us examples of effective working with outside agencies. This included working with the local Police to speak to people about staying safe in the community.