

# Care Management Group Limited

# The Paddocks

## Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 17 March and 7 April 2016. The Paddocks is an eight bed service providing support and accommodation to people with a learning disability, autism and behaviours that challenge. It is a large, purpose built, single storey house a short walk from the town centre where there is a wide range of local community facilities. The house does not have any special adaptations but is accessible throughout for people with mobility difficulties or who use a wheelchair. At the time of the inspection seven people were using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We last inspected this service on 14 and 16 January 2015. During that inspection we found that the provider was in breach of the regulations that related to safe care and treatment, person-centred care, safeguarding and staffing. People were not protected as staff did not have sufficient knowledge to identify the possibility of abuse and prevent it from happening. Additionally staff had not received appropriate training to enable them to deliver care to an appropriate standard. People were not protected from the risk of receiving unsafe or inappropriate care and were not receiving a person centred service. The provider sent us an action plan stating the steps they would take to address the issues identified. At this inspection we found that improvements had been made and the regulations were now being met.

People were safe at the service. Staff had a good understanding of safeguarding and how to recognise and prevent abuse from happening. Staffing levels were sufficient to support people safely.

Staff received the training and support they needed to provide a safe service. This included training to support them to meet people's complex needs.

The staff team worked with other professionals to ensure that people were supported to receive the healthcare that they needed.

People chose what they wanted to eat and drink. Staff supported them to have a healthy diet and to eat and drink enough to meet their nutritional needs.

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

Staff supported people to make choices about their care. Systems were in place to ensure that their human rights were protected and that they were not unlawfully deprived of their liberty. Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty

Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. We saw that when this was necessary to keep people safe, the proper process had been followed to obtain agreement from the supervisory body.

People were encouraged and supported to maintain their independence and develop their skills. They took part in activities both in the service and in the community.

Staff and relatives told us that there had been a lot of improvements in the service since the registered manager came into post.

Although people's care plans were personalised and comprehensive they were not always up to date. We have recommended that all care and support files be streamlined, reviewed and updated to ensure that staff have current information and guidance to work to.

People lived in an environment that was suitable for their needs. Some decorative improvements had been made and further renovation was planned.

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

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

People received their medicines appropriately and safely.

Risks were identified and systems were in place to minimise these and to keep people as safe as possible.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

### Is the service effective?

Good ●

The service provided was effective. The staff team had received the training they needed to enable them to support people safely and competently.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People were supported to receive the healthcare that they needed.

People were provided with a choice of suitable, nutritious food and drink.

### Is the service caring?

Good ●

The service provided was caring. Staff engaged positively and actively with people. They were patient and considerate and took time to explain things so that people knew what was happening.

People were supported to be as independent as possible and to develop their skills.

People's privacy and dignity was maintained in as far as was practical given that each person received one to one staff supervision.

Relatives felt that the staff team were caring.

### Is the service responsive?

The service provided was not fully responsive. Although people's care plans were personalised and comprehensive they were not always up to date.

People were supported to be involved in activities of their choice in the community and in the service.

People were encouraged to make choices about what they did and how they were supported.

**Requires Improvement** ●

### Is the service well-led?

The service provided was well-led. Staff and relatives said that the service had improved since the current manager joined the service.

Staff told us that the registered manager 'led by example' and provided good support and guidance.

Systems were in place to monitor the quality of service provided and to check that it was safe and met people's needs.

**Good** ●

# The Paddocks

## **Detailed findings**

### Background to this inspection

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

This unannounced inspection was carried out by one inspector and took place on 17 March and 7 April 2016 and was unannounced on 17 March 2016.

Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection and a report of a visit carried out by Havering Healthwatch in September 2015. We also contacted the commissioners of the service to obtain their views about the care provided. After the inspection we spoke to six people's relatives.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We met and spoke to all of the seven people who used the service, the regional director, the registered manager and five staff. We looked at three people's care records and other records relating to the management of the home. This included three staff recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

# Is the service safe?

## Our findings

The relatives we spoke with were satisfied that people were safe at the service. One relative told us that as new staff had settled in [their relative] was happier and felt secure with them.

When we visited in January 2015 we found people were not adequately protected from the risk of abuse, because staff did not have sufficient knowledge to identify the possibility of abuse and prevent it from happening. On this visit we found that action had been taken to address this and the regulation was being met. The service had procedures in place to make sure any concerns about people's safety were appropriately reported. Staff had received safeguarding training and were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. Staff told us that they did not have any concerns about the way people were cared for and treated. They were clear that they would report anything of concern to the shift leader or manager and confident that action would be taken. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

In January 2015 we also found that people who used the service were not sufficiently protected from the risk of receiving care that was unsafe. On this visit we found that action had been taken to address this and the regulation was being met. People who used the service were protected from risks. Their care plans covered areas where a potential risk might occur and risk assessments were relevant to each person's individual needs. There were guidelines in place as to how to manage behaviour that challenged and to minimise risks associated with this. For some risks the action to minimise them was not always specific to the individual. For example, risk assessments related to taking people out in the service's vehicle contained information about checking the vehicle to ensure it was safe but not about the support or interventions that might be needed to safely support the person. However, staff were aware of these issues and had strategies in place to minimise them. One member of staff told us, "We weigh up the risks to be sure that it's safe and then we go out." The registered manager confirmed that changes would be made to the relevant risk assessments to reflect this.

The provider had a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of four recently recruited members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with vulnerable adults. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom. People were protected by the recruitment process which ensured that staff were suitable to work with people who require support.

Staffing levels reflected the needs of the people who used the service. During the day six people received one-to-one staff support and the seventh two-to-one. At night three staff were on duty. From our observations and discussions with staff and relatives we found that staffing levels were sufficient to meet

people's needs.

Medicines were securely and safely stored in appropriate individual metal cabinets in a designated room. There were also appropriate storage facilities for controlled drugs. Keys for medicines were kept securely by the person designated to administer medicines to ensure that unauthorised people did not have access to medicines.

Since the last inspection there had been a number of medicines errors and issues. As a result of this the medicines procedure had been reviewed and updated and two staff now administered medicines. Medicines training and medicines were ordered, stored and administered by staff who had received medicines training and had been assessed as competent to do this. Competency was assessed and monitored by a senior member of staff who had completed specific training to enable them to do this. Additional medicines checks were in place and were carried out at each shift changeover to ensure that people had been correctly given their medicines. This meant that there were systems in place to check that people received their prescribed medicines safely and appropriately.

We looked at the medicines administration records (MAR) for three people and saw that these included clear information on 'how to support me with medicines' and on any allergies people had. We saw that the MAR had been appropriately completed and were up to date. We checked the stock levels of medicines for three people against the medicines records and found that these tallied. We also counted the controlled drugs and these tallied with the controlled drugs register. Therefore people had received their prescribed medicines.

None of the people who used the service required any specialised equipment. The premises and equipment were appropriately maintained. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. People were cared for in a safe environment.

The provider had appropriate systems in place in the event of an emergency and there was an emergency 'buddy' file. This contained an emergency plan with details about fire, gas and other services, fire instructions and emergency information for each individual. Staff told us that there was an on call system and also that the provider's other services on the same site could be called upon for assistance in an emergency. Systems were in place to keep people as safe as possible in the event of an emergency arising.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.



## Is the service effective?

### Our findings

When we visited in January 2015 we found that there were shortfalls in staff training and experience and this had meant that people were cared for by staff who did not have the necessary skills and knowledge to meet their assessed needs. On this visit we found that action had been taken to address this and the regulation was being met.

People were now supported by a consistent staff team who had got to know them and were able to tell us about their individual needs and preferences. We saw that a programme of staff training had been implemented. This included both e-learning and face to face training. Training included general topics such as health & safety, fire training, medicines, safeguarding, food safety, record keeping, equality and diversity and first aid. It also included topics relevant to meeting the needs of those who used the service. For example autism, choices, communication, epilepsy, person centred active support, protective support skills. Staff had also received training to enable them to effectively support people's complex needs and behaviours-positive behavioural support (PBS). This was a method of working with and responding to behaviours that challenged. In addition some staff had enrolled on a level 3 PBS diploma and the registered manager was doing an advanced course in PBS to enable her to mentor them. Staff told us that training had been good and was the right training. One person said, "It's the right training and is about what you face day to day, We are now equipped to deal with things." Another said, "It's definitely relevant training." People were supported by staff who had received the necessary training to provide a service that met their needs.

Staff told us that they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). A member of staff told us, "Supervision is really good. I can reflect and discuss people and how best to support them" Systems were in place to share information with staff including a communication book and handovers between shifts. Monthly staff meetings were held and this gave staff the opportunity to discuss the service provided and to share information. One member of staff told us, "People are encouraged to speak up at meetings and I am very comfortable to raise things." Another said, "[The registered manager] is good at getting the best out of staff." Therefore people were cared for by staff who received effective support and guidance to enable them to meet their assessed needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received MCA and DoLS training and were aware of people's rights to make decisions about their lives. The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. Two people had a DoLS in place and relevant applications had been made to supervisory bodies for other people. The manager was awaiting their responses. Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat and were encouraged to have a healthy diet. There was a guide menu with pictures to help people to make choices and alternatives were always available. None of the people needed a specialised diet due to their religion or culture but staff told us that this could be accommodated if the need arose. Food was homemade and cooked from scratch. A dehydrator had been purchased so that healthy snacks could be made. Each person had a cupboard in the kitchen with snacks and treats that they had chosen. One relative expressed their concerns about a person's weight loss and we saw that this had been followed up with the GP and additional snacks encouraged between meals. People were supported to be able to eat and drink sufficient amounts to meet their needs.

People were supported to access healthcare services and had recently had their annual health check. They saw professionals such as GPs, dentists, social workers and physiotherapists as and when needed. Each person had a 'health action' plan and a 'hospital passport' in place. The health plans gave details of the person's health needs and how these needed to be met. Details of medical appointments, why people had needed these and the outcome were all clearly recorded. The 'hospital passport' contained information to assist hospital staff to appropriately support people if they were treated at the hospital. A relative told us that staff had been "fantastic" in supporting one person with recent hospital appointments and visits. They had stayed to provide support even when their shift had finished and one had put a hospital gown on to encourage the person to wear one. We saw that a healthcare professional had provided written feedback saying that staff were very astute in their observations of ill health symbols and signs. People's healthcare needs were monitored and addressed and they were supported to remain as healthy as possible.

Four of the six relatives we spoke with identified that they had experienced issues around communication and getting promised information. For example, one relative told us that they did not get details of incidents as promised. Another said that they had to keep asking for updates that used to be sent but were no longer. However, a third relative said that they got feedback and paperwork on anything that happened. We discussed this with the registered manager and she contacted relatives to discuss the issues and found that some had been long standing and prior to her being in post. She asked people for details and made new agreements with them about the information they wished to receive.

The service was provided in a purpose built bungalow divided into three units. It was situated in a rural setting a short walk from the town centre where there was a range of local community facilities and transport links. There were not any environmental adaptations as people did not require this. Since the last inspection improvements had been made to the environment. Some areas had been redecorated and people had been involved in choosing the colours. New flooring, curtains and soft furnishings had been ordered. A new kitchen had been agreed and was due to be fitted in the near future and the registered manager had requested that all bedrooms be redecorated.

## Is the service caring?

### Our findings

Overall feedback from relatives was that staff were caring. One relative told us, "The care side is lovely." We saw that a healthcare professional had written, "Staff are very caring. Their knowledge of the service user 'normal' and therefore 'abnormal' is invaluable to me." Staff consistency had improved and people received support from staff who knew and understood them. Staff told us about people's individual needs, likes, dislikes and interests and signs that might demonstrate they were becoming anxious or agitated.

We saw that staff engaged positively and actively with the people they supported. They were patient and considerate and took time to explain things so that people knew what was happening. For example, one person was being supported to prepare lunch in the kitchen. The member of staff maintained eye contact and was clear as to what the person needed to do and what was next. They provided consistent reassurance, guidance and praise throughout.

Staff treated people with respect and used different systems to provide them with explanations or information and to give them the means to respond appropriately. For example, for some people picture exchange communication systems (PECs) were now being used. This supported people to express what they wanted or how they were feeling.

People's privacy and dignity was maintained in as far as was practical given the levels of supervision that they needed. Staff explained that people had ways of indicating that they wanted time on their own. For example, when asked one person said "staff out" and another "shut the door." In both cases staff waited outside the toilet or the bedroom.

People were encouraged to be as independent as possible and to participate in the day-to-day running of the service. For example, one person liked to bake and during our visit made some cakes. Another liked to cook and prepared the evening meal with staff. People were supported to do their own laundry, make their breakfast and other household chores. They had monthly meetings with their keyworker to talk about what they wanted and liked and then a plan was made as to how to facilitate this. For example, one person wanted to go on a train and this was arranged.

People's different cultural and religious needs were identified but none of the people followed any specific religious observances. One person liked spicy food and cooking and told staff what spices they wanted. Another person had enjoyed attending the providers Celebrating Culture day.

Staff respected people's confidentiality. They treated personal information in confidence and were aware of the importance of maintaining confidentiality. Confidential information about people was kept securely in a locked room.

## Is the service responsive?

### Our findings

People's care plans were personalised and comprehensive. The care plans covered aspects of emotional and physical health and risks and described the individual support people required to meet their needs. However, in line with the organisations processes they also contained 'standard' information that was not relevant to the individual. For example, how staff should support the person to iron even though this was not something that they did or were assessed as safe to do.

People's individual records showed that pre-admission assessments had been carried before they started to use the service. Information was also obtained from other professionals and relatives. The assessments were detailed and indicated the person's needs and gave staff the initial information they needed to enable them to support people when they started to use the service.

People's files also contained detailed information about how to support them and how to respond to their behaviours. This included using 'Positive Behavioural Support' (PBS). This was a method of working with and responding to behaviours that challenged. These were detailed and specific to each individual and staff told us that they felt confident in dealing with these behaviours. They had learnt early warning signs and methods of deescalating behaviours. Both staff and relatives confirmed that there had been a decrease in incidents involving behaviour that challenged.

We found that the information in individual files had not always been reviewed and updated. For example, some people's PBS plans said to be reviewed three monthly but this had not happened and some other information was dated November 2014. The registered manager told us that the PBS specialist was due to review and updated all PBS plans and also that review meetings had recently been held for some people and that their files would be updated.

We recommend that all care and support files be streamlined, reviewed and updated to ensure that staff have current information and guidance to work to.

Staff told us that as well as getting information at shift handover they read daily reports, the communication book and the diary to ensure that they were aware of any change in people's needs and were then able to respond appropriately. In addition any new or updated information and plans were put in a 'read and sign' file for staff to read and sign that they had done this. This information was then put into individual files. This meant that staff had updated information about people's needs and how best to meet these.

When we visited in January 2015 relatives told us that they felt people were 'not doing enough' and that activities needed to improve. During this inspection relatives told us that the situation had improved. One relative told us, "[My relative] is doing so much and has got activities that they need. The level of activity is appropriate." Another relative said, "There were problems in the past but now there is an activity log in place and [my relative] is doing things." During our visits we saw that people participated in activities within the home such as baking, cooking and art and craft. One person went out for a bicycle ride, others went shopping or out for lunch. We found that people had been on holiday, to the cinema, bowling and that they

used the facilities of the onsite activity centre which included a swimming pool. People were being supported to take part in activities that they chose and which maintained their wellbeing.

Staff supported people to maintain relationships with their friends and family. The six relatives we spoke with all visited regularly and staff supported people to visit their family at home. One person had recently had a birthday party to which family and friends had been invited.

There was a complaints procedure in place and this was displayed in the service. One relative told us that when they had raised issues these had been addressed. Another said that when there was an issue they got in touch with the registered manager and she sorted it out straightaway. Systems were in place to take people's complaints into account and to use this information to develop and improve the service provided.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. They chose what they wanted to do each day and also planned for things they wished to do in the future. They had monthly meetings with their keyworker to establish what they liked and wanted to do. One relative told us, "[My relative's] keyworker is proactive in giving them choices. We saw that people chose what and when to eat and how they spent their time. For example, one person wanted to go for a bicycle ride and this was organised. A member of staff told us people were always offered choices. For example, for those that could not say what they wanted they were shown two breakfast cereals so that they could point to the one they wanted.

## Is the service well-led?

### Our findings

When we visited in January 2015 there was not a manager in post. The current manager started work at the service in June 2015 and was registered with Care Quality Commission (CQC) in February 2016. Relatives told us there was still scope for further development but that since the registered manager came into post there had been big improvements in the service provided. One relative told us, "It's been okay since [registered manager] started, a real big turnaround. It feels better." Another said, "I'm absolutely delighted with the service. The [registered manager] is really good. It feels different now, more solid. She set new ground rules for staff and re-educated them." A third commented, "[Registered manager] knows what she is doing."

Staff told us that they felt the service was well managed and that the registered manager 'led by example' and provided good support and guidance. One member of staff said, "She [registered manager] is aware of what is happening and steps in to assist and will stay when needed. You can rely in her." Another told us, "She [registered manager] is a good manager and has turned the service around. She listens, welcomes feedback and takes action. Teamwork is good and staff morale is better."

There was a clear management structure in place and staff were clear about their roles and responsibilities. In addition to the manager there were two deputy managers and three senior staff. Senior staff were responsible for the daily running of the shift and there was always a member of the management team on duty during the day time. At night the on call system was used if staff needed any support or guidance.

The manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service, staff and relatives. Formal systems included audits and checks of medicines, records and finances. The manager also carried out unannounced spot checks to the service during the night. People were provided with a service that was monitored by the manager to ensure that it was safe and met their needs.

The provider had a number of different ways in which they monitored the quality of service provided. The registered manager was required to complete a monthly on line managers' report confirming checks and audits that had been carried out and any safeguarding, complaints or other significant events. This was then reviewed by the regional director. The regional director visited every three months to carry out a quality audit. We saw that these audits were detailed and covered a range of appropriate areas. For example, records and documentation, safety, medicines, safeguarding, complaints and staffing. Any points for action were clearly highlighted in red with time scales for completion. These were followed up by the regional director to ensure that action had been taken. The regional director told us that the format of the quarterly audits was being changed to be in line with CQC inspection process and reports. In addition the provider was in the process of introducing some additional monthly audits in key areas.

The provider also sought feedback from stakeholders (relatives and other professionals) by yearly quality assurance surveys. Completed surveys were reviewed and analysed and the information was used to identify any issues or trends and inform the future development of the service. We saw that there was an

action plan for the service and that this was monitored by the provider to ensure that necessary changes had been made. Systems were in place to monitor the quality of service provided and to check that it was safe and met people's needs.