Care Management Group Limited

The Hilders

Inspection report

6 The Hilders
Ashtead
Surrey
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Tel: 01372276869

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 1 September 2016.

The Hilders is a single-storey home providing accommodation and support for up to three adults who have learning and or physical disabilities. The property is owned by Mount Green Housing Association and the service is operated by the Care Management Group.

The service had a manager who has applied for registration with the Care Quality Commission. They were already registered as a manager for a different service. 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.

In March 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

The person currently living at the Hilders and their relative were satisfied with the service provided. During our visit there was a welcoming, friendly atmosphere with the person choosing what they wanted to do and when they wished. They also interacted positively with the manager and staff member on duty. The person was supported by staff to choose their activities. Any potential risks posed by the activities were assessed by staff and the person against the benefits of doing them. The activities were varied and took place at home and within the community. The service also provided a safe environment to live in.

The records kept were up to date, covered all aspects of the care and support the person received, including their choices, activities and safety. The person's care plan was fully completed and the information contained was regularly reviewed. This enabled staff to perform their duties efficiently and professionally. The person was encouraged to discuss their health needs with staff and had access to GP's and other community based health professionals, as required. Staff supported them to choose healthy and balanced diets that also met their likes, dislikes and preferences. This enabled them to be protected from nutrition and hydration associated risks. They said they were happy with the choice and quality of meals they ate.

The person using the service knew who the staff that supported them was and the staff knew them, their likes and dislikes. They were well supported and they liked the way their care was delivered. A relative said they thought the staff worked well as a team and they were kept up to date by staff about what was going on at the Hilders.

Staff had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the person. The staff were trained and accessible to the person using the service and their relatives. Staff said they enjoyed working at the home. They received good training and support from the manager.

A relative confirmed the manager was approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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.

The person told us that they felt safe. There were effective safeguarding procedures that staff used, understood and the service provided was risk assessed.

There was evidence the service had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet the person's needs.

Medicine was not currently administered as the person was not taking medicine. Staff had received medicine administration training and the service had procedures in place should people moving in require support to take medicine or have it administered to them.

Is the service effective?

Good

The service was effective.

The person's support needs were assessed and agreed with them and their relatives. Staff were well trained.

Food and fluid intake and balanced diets were monitored within the person's care plan and they had access to community based health services.

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'best interests' meetings were arranged as required.

Is the service caring?

Good

The service was caring.

The person said they felt valued, respected and were involved in planning and decision making about their care. Their preferences for the way in which they wished to be supported were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon the person's opinions, preferences and choices. Their privacy and dignity was also respected and promoted by staff. Care was centred on the person's individual needs. Staff knew their background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was responsive.

The person chose and joined in with a range of recreational and volunteering activities at home and within the local community. Their care plan identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

The service had a complaints procedure and system and the person said that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

During our visit the service had a positive and enabling culture. The manager enabled the person to make decisions and staff to take lead responsibility for specific areas of the running of the service.

A staff member said they were well supported by the manager and organisation.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

The Hilders

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.

This was an unannounced inspection and took place on 1 September 2016.

The inspection was carried out by one inspector.

During the visit, we spoke with one people using the service, one relative, one care worker and the manager. There was one person living at the Hilders.

Before the inspection, the provider had not completed a Provider Information Return (PIR) as it had not been requested by the Care Quality Commission. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and maintenance and quality assurance systems. We also looked at the personal care and support plans for one person using the service and one staff file.

Good

Is the service safe?

Our findings

One person and their relative said the Hilders was a safe place to live. The person said they did not feel any pressure from the staff to do things, they did not wish to. The person said, "I enjoy living here it's a safe environment." A relative told us, "(Person using the service) is safe there."

Staff were aware of the different forms of abuse and what they needed to do if they encounter them. They had access to abuse policies, procedures and induction and refresher training that enabled them to protect people from abuse and harm in a safe way.

There was no current safeguarding activity. Previous safeguarding alerts had been suitably reported, investigated and recorded. The manager knew how to raise a safeguarding alert and when this should happen. The manager and staff had received appropriate training that included safeguarding adults at risk of abuse, the local authority alert procedure, the whistle blowing procedure and the (skills for care) code of conduct. There was also information about keeping safe accessible to people using the service.

The staff recruitment process was thorough and records showed us were followed. The interview process included scenario based questions that identified if prospective staff had the skills and knowledge to provide care for people with learning and physical disabilities. If there were gaps in their knowledge the organisation decided if they could be filled and the person employed. The views of people using the service regarding staff suitability were also taken into account as part of the selection process. References were taken up, work history checked for gaps and Disclosure and Barring Service (DBS) clearance obtained before starting in post. If there was work history gaps people were asked to explain the reasons for them. Staff were provided with a handbook that contained the organisation's disciplinary policies and procedures. The staff rota reflected that staffing levels were flexible to meet people's needs. The staffing levels during our visit enabled people's needs to be met and the activities they had chosen to be pursued safely. If extra shifts had to be covered they were first offered to the service staff and then other staff within the organisation.

There were risk assessments that enabled the person to take acceptable risks and enjoy their life safely. The risk assessments covered all aspects of the person's daily living routines, including activities at home, within the community and when on holiday. There were also health related risk assessments for areas if required. The risks were reviewed a minimum six monthly and updated if people's needs and interests changed. There was also general risk assessments for the Hilders and any equipment used that were reviewed and updated. Care plan information gave staff the means to accurately risk assess activities that the person had chosen. Staff were able to evaluate and compare risks with and for the person against the benefits they would gain. An example of this was travel training so that the person could more easily access facilities in the community such as shops and day centres. Staff encouraged input from the person whenever possible.

The staff said they shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and in the daily record book. There were also accident and incident records kept. Staff told us they knew the person living at the home well, were able to identify situations where the person may be at risk and take action to minimise the risk.

Currently the service did not administer or support people to take medicine as this was not required. Staff were trained to administer medicine and this training was regularly updated. There were policies and procedures in place for staff to follow should new people moving into the service require this type of support.

Good

Is the service effective?

Our findings

The person and one of their relatives confirmed that they decided about the care and support they received, when it was provided and who provided it. They made decisions with support, advice and guidance from staff. We were told that the care and support provided by staff was what the person required and delivered in a friendly, enabling and appropriate way that they liked. The person said, "I get to do what I want." A relative said, "(Person using the service) chooses what activities he wants to do."

There was comprehensive induction and annual mandatory training provided for staff. The induction was on line and group based depending on the nature of the training being provided. Training encompassed the 'Care Certificate Common Standards' and included infection control, manual handling, end of life, food safety, equality and diversity and health and safety. Staff were required to complete modules as part of the induction. New staff were also required to shadow experienced staff to increase their knowledge of the person who lived at the service. There was also access to more specialist training to meet people's individual needs such as person centred active support; introduction to learning disabilities, mental health and people with learning disabilities, choices and communication . Relatives were invited to attend training sessions to share their experiences of caring for people who use the service with staff. The training matrix identified when mandatory training was required.

Regular supervision sessions and annual appraisals were used to identify any further individual or group training needed. There were staff training and development plans in place.

The service carried out a pre-admission assessment, with people and their relatives that formed the initial basis for care plans. The care plans contained sections for health, nutrition and diet. These included completed and regularly updated nutritional assessments. If required weight charts would be provided and staff monitored the type of meals and how much the person ate to encourage a healthy diet. There was also information regarding any support the person might require at meal times. Staff said any concerns were raised and discussed with the person and their GP if necessary. Nutritional advice and guidance was provided by staff who regularly reviewed the person's nutrition and hydration intake. The person also had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

The person chose the meals they wanted using pictures if needed, decided on a menu and participated in food shopping, as they wished. The person told us, "The meals are good and I choose them." Meals were timed to coincide with people's preferences and activities they were attending. They were monitored to ensure they were provided at the correct temperature and people's preferred portion sizes.

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. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the person's care plan. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding, although it was not required in a supported living setting. Staff continually checked that the person was happy with what they were doing and activities they had chosen throughout our visit. The person's consent to treatment was regularly monitored by the service and recorded in their care plan.

The organisation had a restraint policy and procedure that was de-escalation based and staff had received training in de-escalation procedures.

The home worked closely with the local authority and had contact with organisations that provided service specific guidance and informed of local events taking place.

Good

Is the service caring?

Our findings

The person using the service and their relative told us that staff treated them with dignity, respect and compassion. This was confirmed by the staff care practices we saw. Staff listened to what the person had to say. They valued the person's opinions and acted on them if required, rather than just meeting basic needs. They also provided support in a friendly, caring and helpful way. The person told us, "Staff are always friendly and nice." A relative said, "(Person using the service) gets on particularly good relationship with (Care worker), but gets on well with all the staff."

The body language of the person using the service was positive throughout our visit. This indicated that they were happy with the way staff delivered care.

During our visit the staff on duty and manager demonstrated skill, patience and knew the person, their needs and preferences well. The person's needs were well met and they were encouraged to make decisions about their lives. Staff communicated with the person in a clear way that made sure they understood. Staff asked what the person wanted to do, where they wanted to go and when. This included the type of activities they liked. These were also discussed with staff during keyworker sessions.

The service provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach. The person and their relatives were enabled to discuss their choices, options and contribute to their care and care plan. The care plan was developed with them and had been signed by the person or their representatives as practicable. Staff were warm, encouraging and approachable.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service.

Staff had received training about respecting people's rights, dignity and treating them with respect. This was reflected in the caring, compassionate and respectful support staff provided. There was a relaxed, inclusive and fun atmosphere that the person enjoyed due to the approach of the manager and staff. The service had a confidentiality policy and procedure that staff understood, were made aware of and followed. Confidentiality was included in induction and ongoing training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

The person and their relative said they were enabled to make decisions about their care and the activities they wanted to do. Staff understood the person's needs and wishes and met them. Their needs were met in a way that the person enjoyed and was comfortable with. They were asked for their views by the manager and staff. During our visit the person was encouraged to give their views, opinions and make choices by staff and the manager. Staff enabled the person to decide things for themselves, listened to them and took action if needed. Staff were available to discuss any wishes or concerns the person might have, to support them and their needs were met and support provided promptly and appropriately. The person told us, "I really enjoyed the barbecue I went to last week and tried food I wouldn't normally choose."

We saw that staff and the manager met the person's needs in an appropriate and timely way. The appropriateness of the support was reflected in the person's positive responses. If they had a problem, it was resolved quickly and appropriately.

The person and their relative were consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to live at the Hilders. Staff told us about the importance of recognising the views of the person using the service as well as relatives so that care and support could be focussed on the individual. During the course of people visiting the manager and staff added to the assessment information.

People were referred by the local authority and Clinical Commissioning Group (CCG) who provided assessment information. Information from any previous placements was also requested if available. This information was shared with the staff by the manager to identify if people's needs could initially be met. The service then carried out its own pre-admission needs assessments with the person and their relatives.

Written information about the service and organisation was provided and regular reviews took place to check that people's needs were being met, once they had moved in. If the placement was not working alternatives were discussed and information provided to prospective services where needs might be better met. One person had moved to different accommodation that was better equipped to meet their particular needs earlier this year.

The person had three care and support plans that recorded different components of the care and support provided. They contained information regarding the person's interests, hobbies, health and life skill needs and the support required for them to be fulfilled. They were focussed on the individual and contained information about their 'social and life histories'. These were live documents that were added to by the person and staff when new information became available. The information gave the home, staff and person the opportunity to identify activities they may wish to do. The person's needs were regularly reviewed, re-assessed with them and their relatives and re-structured to meet their changing needs. The plans were individualised, person focused and developed by identified lead staff. The reviews took place between people and their keyworkers monthly and there was an annual review. The person was encouraged to take ownership of their plans and contribute to them as much or as little as they wished. They agreed goals with

staff that were reviewed, underpinned by risk assessments and daily notes confirmed that identified activities had taken place.

The person using the service was registered with a GP, had health action plans and a hospital passport.

Activities were a balance between home and the community. The person had their own weekly activity planner. The person said, "I go food shopping and to clubs." The person made use of local community based activities wherever possible. They said they met friends for drinks in the local pub, went out for meals and had an avid interest in cars. They told us they were going on holiday to Butlin's next year and had chosen the destination. The person was also an active member of the 'Freewheelers' theatre company where they were a performer and had responsibility for acoustics. There were four shows that the general public will be attending in the near future. Other activities included the 'Conquest' club that is a social club run by a local church where the person volunteers. The person had attended a barbecue at another service within the organisation, the previous weekend where there were 100 people present, many from the local community.

The person using the service was encouraged to develop their life skills to promote independent living by being supported to go shopping, keep their room tidy, clean windows and making their own breakfast and cooking.

The person and their relative knew about the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon, learnt from by the home with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The service and organisation used different methods to provide information and listen and respond to the person and their relatives. There was weekly menu planning meetings where the person could make their choices, although this was more on a daily basis.

Good

Is the service well-led?

Our findings

The Person and their relative told us that they were made to feel comfortable by the manager and staff and were happy to approach them if they had any concerns. The person said, "I have a good manager who gives me support." A relative said, "I find the manager very supportive of (Person using the service) and accessible to me."

During our visit, we found that the service had an open culture with staff and the manager listened to the person's views and acting upon them.

The organisation's vision and values were clearly set out. The member of staff we spoke with understood them and said they were explained during induction training. The management and staff practices we saw reflected the organisation's stated vision and values as they went about their duties. There was a culture of supportive, clear, honest and enabling leadership. New staff also meet senior management as part of their induction.

There were clear lines of communication within the service and areas of responsibility designated to staff. A staff member told us the support they received from the manager was good, they did not comment on the support that the organisation provided. They felt suggestions they made to improve the service were listened to and given serious consideration. The staff member said, "I feel well supported by a manager who leads by example and is not afraid to deliver support tasks." The management was honest, transparent and there was a whistle-blowing procedure that staff felt confident in.

Staff confirmed that regular supervision and appraisals took place.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was performing well. This enabled required improvements to be made. Areas of particular good practice were also recognised by the provider.

The service used a range of methods to identify quality. There were monthly and quarterly compliance audits carried out by the regional that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. These were conducted by the regional manager. The manager also had to complete checks and provide returns to the organisation. Shift handovers included information about the person that enabled staff coming on duty to be aware of

anything they needed to know.