

Care Management Group Limited

Care Management Group - Beulah Road

Inspection report

55 Beulah Road
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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

55 Beulah Road is a residential care home that provides accommodation and personal support for up to six younger males. There were six people using the service at the time of our inspection.

When we last visited the home on 13 May 2015 the service was meeting the regulations we looked at and was rated Good overall and in all five key questions.

At this inspection we found the service continued to be Good.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were good arrangements in place to protect people from the risk of abuse and the provider had responded to allegations of abuse appropriately. In addition, the provider had processes in place to learn and improve when things went wrong. The provider managed people's medicines safely.

Risks relating to people's care and also the premises were reduced as the provider assessed and managed risks well. People received care in premises which were safe, clean and well maintained. The premises met people's support needs and people had access to communal areas including a sensory room which they used to relax.

There were enough staff deployed to support people and the provider carried out recruitment checks on staff to check their suitability.

People received care in line with the Mental Capacity Act 2005 and the provider applied for and followed authorisations to deprive people of their liberty as part of keeping them safe appropriately.

People's needs and choices were assessed well and care and support was delivered effectively by staff. People and their relatives were involved in people's care. People were supported to live healthier lives and were supported in relation to eating and drinking by staff.

People were supported by staff who received suitable support and training to understand their needs. The service worked well with other services in the organisation as well as with external organisations in providing care to people.

People were supported by staff who knew them well and understood their needs. People were supported to be as independent as they wanted to be. Staff treated people with dignity and respect and care was provided in a compassionate, person-centred way.

Care provided to people was responsive to their needs and care plans were reviewed regularly to ensure information remained reliable for staff to follow. People were supported to participate in holidays and activities they enjoyed. People were supported to maintain relationships with people who were important to them.

The provider encouraged people to feedback on the service and had a suitable complaints procedure to investigate and respond to any complaints.

The service was well-led with a registered manager in post who had a good understanding of their role and responsibilities. People, relatives, staff and professionals spoke highly of the registered manager. Leadership was visible and capable at all levels.

The provider was effective in monitoring, assessing and improving the service with a range of audits in place to check the quality of service.

The registered manager encouraged open communication with people and staff and the provider celebrated success with staff and people through a variety of award ceremonies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from abuse and neglect and the provider had systems in place to learn when things go wrong.

People's medicines were managed safely. People were supported to manage behaviours which challenged the service. Risks relating to the premises and to people's care were reduced due to good risk assessment processes. The premises were well maintained with suitable infection control procedures.

Staff were recruited with checks of their suitability carried out. There were sufficient staff to support people.

Is the service effective?

Good ●

The service was effective. People received effective care from a service which assessed and met their needs well. The service worked well with other services in the organisation.

People were supported to maintain their health and in relation to eating and drinking.

Staff received suitable training, supervision and appraisal to help them care for people.

People were supported in line with the Mental Capacity Act 2005.

The premises met people's support needs and the service had a sensory room which people used to help them relax.

Is the service caring?

Good ●

The service was caring. Staff knew the people they supported.

People were supported to be as independent as they wanted to be.

Staff understood the best ways to communicate with people and staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. People and their relatives were involved in reviewing their care and care plans were regularly reviewed so they contained reliable information for staff to follow.

People were offered opportunities to engage in activities they were interested in.

The service encouraged people to feedback on their care and suitable processes were in place to respond to complaints.

Is the service well-led?

Good ●

The service was well led. There was an experienced registered manager in post who had a good understanding of their responsibilities, as did staff.

There were suitable processes in place to assess, monitor and improve the service.

The provider encouraged open communicate with people and staff. The provider worked in partnership with key organisations in an open and transparent way.

The provider celebrated the successes of people and staff.

Care Management Group - Beulah Road

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the home on 6 November 2017. Our inspection was unannounced and carried out by one inspector.

On the day of our visit we spoke two people using the service. The other people using the service were non-verbal so we observed how staff interacted with them during our inspection. We also spoke with the registered manager and three care workers. We looked at care records for three people, staff files for three staff members, medicines records for two people and other records relating to the running of the service.

After the inspection we spoke with three relatives. We also received feedback from a social worker.

Is the service safe?

Our findings

People were safeguarded from abuse and neglect. People told us they felt safe at the service. A relative told us, "With safeguarding they are very transparent, nothing is held back." For the two people who communicated verbally, their keyworker discussed aspects relating to safeguarding during keyworker meetings each month. For example, keyworkers discussed whether people felt safe and what they should do if they ever felt unsafe. Staff had a good understanding of the signs people may be being abused and how to report any concerns and received annual training in this. The registered manager had appropriately reported allegations of abuse to the local authority safeguarding team and liaised with the team as part of keeping people safe.

Risks to people were reduced as the provider learnt when things went wrong. The provider held a monthly safeguarding forum where all safeguarding investigations were discussed in depth. Guidance for services to follow to reduce the risk of similar safe safeguarding's occurring was then passed to registered managers across the organisation who shared this with staff at monthly meetings. Staff understood their responsibilities to report concerns.

People were supported to manage behaviour which may challenge the service. A relative told us, "They never use blaming language and they really do positive behaviour management well." The registered manager had developed successful strategies to manage support people to manage their behaviour, involving the organisation's psychologist. For example, when a person was displaying anxiety and distress during our inspection staff followed their care plan and took them for a walk in a local park. On their return to the service it was clear staff had successfully supported the person to become calm.

People were supported by staff who were recruited via robust procedures. The provider carried out all the necessary pre-employment checks for each staff member before offering them employment. These included obtaining a completed application form, a criminal records check, checking qualifications, training and employment history with references from former employers, checking identification and their right to work in the UK. The provider monitored staff suitability during their probationary period. The provider took appropriate action in relation to staff misconduct, following the disciplinary policy to protect people from poor practice.

People were supported by sufficient numbers of staff. People, staff and relatives told us there were enough staff deployed to meet people's needs. Rotas showed the staff numbers each day were in line with the numbers of staff the registered manager told us were necessary. The registered manager varied the numbers of staff on shift according to the activities planned for each day to ensure there were enough staff to support people. On the day of our inspection we observed there were sufficient staff to support people in the service as well as to participate in various activities in the community, including swimming, going to a day centre, and walking around the local area.

People's medicines were managed safely by the provider. A relative told us, "I have no concerns about medicines" and a second relative said, "They manage medicines well." Medicines were stored safely and

staff recorded medicines administration recorded appropriately. Our checks of stocks and records showed people received their medicines as prescribed. Staff received training in medicines administration each year to help them understand their responsibilities and only staff assessed as competent were permitted to administer medicines to people.

Risks to people were also reduced by good risk assessment processes. The registered manager identified risks to people, assessed the risks and put suitable management plans in place for staff to follow in reducing the risks. These risks included risk relating to eating and drinking, medical conditions and fire safety. People were supported to take risks in a positive way, by assessing and mitigating these such as those relating to accessing the community, laundry and preparing food and drink as part of promoting people's independence.

People received care in premises and equipment which were well maintained by the provider. Our checks of the premises and equipment, and records premises management, showed the registered manager managed risks associated with of the premises and equipment well. Checks were in place including those relating to fire safety, gas safety, electrical installation, electrical equipment, water hygiene and hot water temperatures. Maintenance workers were available to carry out repairs when necessary so as to ensure the premises remained safe.

Risks to people relating to infection control were well managed by the provider. A relative told us, "The premises are safe and clean. Most times I go there they are cleaning." The premises were clean and a cleaning schedule was in place with a range of audits for the provider to check the cleanliness. Processes were in place for staff to check food was stored safely, such as checks of the temperature.

Is the service effective?

Our findings

People's needs and choices were assessed well and care and support was delivered effectively by staff. The provider reviewed people's care annually with social services and people and their relatives were involved in the process. People and their relatives told us care met people's needs. The registered manager was aware of evidence-based guidance relating to caring for people, such as that relating to how medicines used in behaviour support can be over used. The registered manager had liaised with people's relatives and medical professionals to reduce the use of such medicines with all people using the service.

People were supported to live healthier lives. A relative told us in relation to a complex medical condition, "They met his needs well." The relative told us how staff supported their family member to be assessed and to undergo an operation to resolve a medical issue. A second relative told us that when their family member required medical attention, "The care worker was really good at sorting it out." Information about people's healthcare needs were recorded in their care plans for staff to be aware of. People had access to a range of healthcare professionals including their GP, psychiatrists, dentists, psychologists and occupational therapists.

People received effective care from staff who worked well with other services. The registered manager gave us an example of how staff went the extra mile in providing support to a person staying in hospital each day to help them understand their environment and to help them communicate with those around them. The registered manager confirmed it was usual practice for staff to stay with people during hospital admissions. In addition the service had a 'buddy house', which was a local service in the organisation with which they worked closely. The buddy houses provided assistance to each other such as sharing staff and facilities in emergencies.

People were cared for by staff who suitable training and support. Staff received supervision with their line manager each month during which they reviewed the best ways to care for people and their training requirements. Staff also received annual appraisal during which they received feedback on their performance and set goals for the coming year. Staff received annual training in a range of topics relevant to their role including learning disabilities awareness, communication, positive behavioural support and diabetes management.

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 were cared for in line with the MCA. The provider carried out mental capacity assessments when there was reason to believe people lacked capacity to consent to particular areas of their care, such as managing their finances or medicines. The provider held meetings with people's relatives and others involved in their care to make decisions in people's best interests when they lacked capacity. Staff

understood their responsibilities in line with the MCA as they received training on this each year. Staff told us they always asked people for consent before carrying out personal care

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). Staff understood DoLS and the provider had submitted applications to the local authority to deprive people of their liberty when necessary, as part of keeping them safe.

People received the right support in relation to eating. A relative told us, "[My family member] likes the food. They take him out to dinner for a wide range of cultural foods." We observed a mealtime and saw people received meals of their choice in sufficient quantities. Staff told us each week they supported people to plan the menu and choose options using pictures. This meant the menu was based on people's preferences. People were provided with meals to meet their ethnic and cultural needs. Some people required support from staff to reduce the risk of choking and the provider had obtained guidance from a speech and language therapist in relation to this. Staff were aware of the risk and we observed staff followed the guidance in people's care plans when providing this support.

The premises met people's support needs and people had access to all communal areas. The premises had sufficient facilities and each person had a private bedroom. The service had a sensory room which people used to help them relax. People were able to spend time alone in their bedrooms, take part in activities in communal areas and also spend time in the garden.

Is the service caring?

Our findings

In line with our findings at our last inspection, we identified people were supported by a service which was caring. A relative told us, "[My family member] is always happy to be back [at the service after visiting me]." A second relative told us, "There is a good staff team." People, relative and professionals told us the staff treated people well and were kind. Our observations were in line with this as we observed staff interacting with people with warmth, for example staff spent time dancing with people and encouraging people to express themselves through music. Staff spoke kindly to people, asking about their day was going and sharing jokes with them.

People were supported by staff who knew them well. A relative told us, "[My family member's keyworker] understands him very well." People and relatives told us staff understood their needs and our discussions with staff and observations confirmed staff had built good relationships with people. Staff also knew people's preferences, including how they preferred to spend their time and their preferred choice of food. We observed people were involved in decisions relating to their care and staff delivered care to people in line with their preferences. The provider celebrated special events such as birthdays in ways staff knew people enjoyed and we saw several records in the compliments book from relatives who were thanking staff for the special effort they made for celebrations. A relative told us for their family member's recent birthday the service, "Threw a lovely party for him."

People were supported to communicate by staff. Relatives told us staff understood how their family members communicated. A relative told us how staff had promptly identified their family member was in pain when their behaviour became erratic and repeatedly held their stomach, because staff understood the way the person was communicating pain. Staff communicated with people in a way they could understand following their communication care plans. For example, staff chose their words carefully and used repetition where necessary. We observed staff understood the way people communicated, such as the meaning of signs a person used which were unique to them. Staff understood the need to use visual prompts to help some people understand, such as guiding a person to an object and using pictures of food to help them choose their meals.

People's privacy and dignity was respected by staff. Staff ensured doors and curtains were closed when providing personal care. Staff supported people to maintain their appearance with clean, matching clothes which were age appropriate and suitable for the weather. Staff also supported people to have their hair cut when necessary.

People were supported to be as independent as they wanted to be. A relative told us, "They get him to do the laundry, food shopping and clothes shopping for himself." Staff encouraged people to be involved in household chores such as laundry, cooking and cleaning their rooms, as much as possible. We observed one person cleaning their flat independently. In addition the person was employed by the organisation to do gardening at the service and the service provided the person with training in carrying out their role.

The provider gave staff the time, training and support they needed to provide care in a compassionate and

person-centred way. The registered manager ensured rotas were developed so there were enough staff to allow staff to interact with people meaningfully.

Is the service responsive?

Our findings

People were supported by a service which was responsive to their needs. People's care plans reflected people's current needs as the registered managers reviewed them regularly. This meant staff had access to accurate information about how to care for people and we observed staff delivered care in line with people's care plans. Care plans were focused on people as individuals and were 'person-centred' based on how the person themselves would like to receive care. They included people's personal histories, individual preferences, interests and aspirations and details about health conditions and the best ways to communicate with people. A relative confirmed the registered managers involved people and their relatives in reviewing their care, telling us they were due to attend an annual review with social services at the scheme shortly.

People were supported to participate in activities and holidays they were interested in. A relative told us how they had experienced difficulties taking their family member on holiday but the service supported them successfully and they, "had a fantastic time." Each person had an activity programme based on their own interests. Activities included attending a day centre, cycling, swimming and going for walks in the local area. We observed staff engaged people in activities they enjoyed in the house such as art, listening to music and dancing.

People were supported to keep in contact with people who were important to them. A relative told us staff facilitated phone calls to their family members as they called often, and staff also supported the person to call them when they indicated they wanted to do so. The relative said, "They ring me and update me." The relative also confirmed staff facilitated visits home for the person to enable them to spend quality time together.

People and their relatives were encouraged to feedback on the service. A relative told us the registered managers always listened to them and was readily available to discuss any issues. The provider sent annual surveys to people and their relatives to gather their views and we saw the feedback received was positive. The provider also invited relatives to meetings although most relatives preferred to provide feedback on an individual basis. Staff identified people who were able to provide verbal feedback also benefited from individual meetings and so their feedback was gathered during monthly keywork meetings. A keyworker is a person who works closely with a person to ensure their day to day needs are met.

People were supported to complain. A person told us they knew how to complain and would tell the registered manager if they had any concerns. Relatives told us they were confident the registered manager would resolve any concerns they raised. One relative said, "Any question I can voice and it would be taken seriously and investigated." A second relative told us, "[The registered manager] has a very problem solving approach." The service had a complaints policy in an easy read and pictorial format to make it more accessible to people. The registered manager told us no formal complaints had been made in the last 12 months although suitable processes were in place to investigate any that may arise.

Is the service well-led?

Our findings

The service was well-led by a registered manager who had managed the service for over six years. A relative told us, "I feel the service has strong leadership. [The registered manager and I] have a good relationship." A second relative told us, "I've nothing bad to say about the service. As far as I can see it's a good care home." A third relative told us how the service had experienced some setbacks in the past year but, "we never lost confidence in the service. It's a really good place and we're very, very happy." A professional told us this was one of the few services they never worried about due to the leadership of the registered manager. Our inspection findings and discussions confirmed the registered manager understood their roles and responsibilities well, as did staff.

Leadership was visible and capable at all levels. The registered manager shared their time between Beulah Road and another local service in the organisation. The registered manager was supported by a deputy and a regional director who visited the service often. The service ensured clear leadership on each shift with tasks delegated on each shift so each staff member knew what was expected of them. Staff told us they worked well together as a team which helped make the service an enjoyable place to work.

The provider was effective in monitoring, assessing and improving the service. The provider had a range of audits in place for all aspects of the service, including medicines management, infection control and health and safety. The regional director carried out audits of the service in line with CQC inspections and at their recent audit found no concerns. An electronic system was in place to track staff training. The registered manager ensured documentation was in place, accurate and regularly reviewed where necessary including people's care plans, risk assessments and other documents relating to the management of the home. The organisation also used relatives to check the quality of care provided to people across the organisation. Staff were supported to question their practice and they were aware of the provider's whistleblowing line which they could call to raise concerns anonymously at any time.

The registered manager encouraged open communication with people and staff. The registered manager gathered the views and experiences of the people who communicated verbally during monthly key work meetings. The registered manager worked closely with people and staff. Staff told us the registered manager was approachable and always listened to them. In addition, the registered manager held monthly team meetings during which staff were able to discuss any items of concern and receive feedback on organisational developments, which helped staff be involved in developing the service.

The provider celebrated success of staff and people using the service. The provider held an award ceremonies and staff and people were nominated for various awards. Staff were looking forward to the forthcoming ceremony.

The provider worked in partnership with key organisations in an open and transparent way. For example, when there had been an incident between two people the registered manager made a referral to the local authority safeguarding team for investigation. A social worker confirmed the provider worked openly with social services and informed them of any incidents relating to the person they reviewed.

