

Care Management Group Limited

Care Management Group - New Dawn

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

New Dawn is a residential care home that was providing care and support to 17 people who had learning disabilities, complex communication needs and physical disabilities.

People's experience of using this service:

The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. Risk assessments were thorough and personalised.

The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Records confirmed that robust recruitment procedures were followed.

Medicines were stored, managed and administered safely. Staff were trained, and their competency checked, in respect of administering and managing medicines.

People who used the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People enjoyed their meals and were supported to choose what they wanted from the menus and options available.

Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the importance of helping people to make their own choices regarding their care and support. People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff treated people with kindness, respect and compassion. People also received emotional support when needed. People were involved in planning the care and support they received and were supported to make choices and decisions and maintain their independence as much as possible. Information was provided to people in formats they could understand.

Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain and enhance their independence and what could help ensure they consistently had a good quality of life. People's comments and concerns were listened to and taken seriously. The service also used any comments or complaints to help drive improvement within the service.

People who used the service and staff spoke highly of the management team and told us they felt supported. The Care Quality Commission's (CQC) registration requirements were met and complied with and effective quality assurance procedures were in place.

Rating at last inspection:

At our last inspection (report published 4 August 2016) all the key questions were rated Good and the service was rated as Good overall. This rating has not changed and the service remains Good.

Why we inspected:

This was a planned inspection based on the date and the rating of the last inspection.

Follow up:

We will continue to monitor the service through the information that we receive.

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 remains safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains well-led

Details are in our Well-Led findings below.

Care Management Group - New Dawn

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 on 30 January 2019 by one inspector.

Service and service type:

New Dawn is a residential care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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:

We reviewed the information we had received about the service. This included notifications of events that had happened at the service such as deaths and serious injuries, which the provider is required to send to us by law. We looked at the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to tell us about what the service does well and any improvements they plan to make. This information helped us to plan our inspection.

During the inspection visit, we met and observed nine people who used the service. We also met and spoke with the registered manager, the deputy manager, the regional director, the chef, the activities coordinator and five members of care staff, including seniors. We reviewed four people's care records, three staff recruitment files and records relating to the management and operation of the service, such as quality assurance checks and audits.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- We saw that people were safe living in New Dawn.
- Systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff were trained and understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies.

Assessing risk, safety monitoring and management

- Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure people were supported to stay safe, whilst having their freedom respected.
- Staff knew the people who used the service well and understood people's behaviours. Staff received training in recognising and handling potentially challenging situations between people and supported people within agreed and legal guidelines.
- People who used the service were supported to be actively involved in discussions and make decisions regarding how any identified or potential risks to their safety were managed. This meant that people could continue to make choices and have control over their lives.
- Records we looked at with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.
- There were effective systems in place to promote and encourage concerns, to be shared appropriately. Thorough investigations were also carried out in respect of any issues or concerns such as whistleblowing, staff concerns, safeguarding, accidents and incidents. Regular and appropriate checks were also carried out to ensure the premises and equipment used in it was properly maintained and remained safe and fit for purpose.

Staffing and recruitment

- The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Staff were also appropriately deployed so that people received consistent support from

staff. Where people who used the service required one-to-one staff support, we saw that this was provided accordingly. One member of staff told us, "We're really lucky here because we also have domestic staff, which means we [care staff] can spend more quality time supporting people."

- We saw that robust recruitment procedures were followed. For example, all staff had references and DBS checks had been carried out. DBS is the Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process helps to ensure that only staff who are suitable to work in a care environment are employed.

Using medicines safely

- The service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews.
- We saw that the service had appropriate facilities to ensure the safe storage of medicines. Staff also adhered to robust procedures for ordering, disposing, administering and recording medicines for people in the service. We saw that regular medication audits were also carried out.
- We saw that only trained staff who had been assessed as competent supported people with their medicines.
- People who used the service had care plans and medication records that explained how their medicines needed to be given. Guidance and protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief.

Preventing and controlling infection

- We found the home to be clean and hygienic throughout.
- People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection.
- Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection.

Learning lessons when things go wrong

- The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong. For example, any safety incidents or 'near misses' were recorded and investigated thoroughly.
- Audits were undertaken and reviewed regularly to identify any negative trends and risks to people's safety.
- Staff demonstrated good knowledge and understanding of appropriately recording and reporting any incidents or concerns regarding people's safety.

Is the service effective?

Our findings

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

Good: 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 who used the service had their needs assessed and regularly reviewed, which helped ensure the service could continually meet people's needs.
- Staff told us that they read people's care plans to ensure they understood people's needs effectively.
- Staff meetings took place regularly, to help ensure staff were kept up to date with information about the people who used the service and the service as a whole.
- Staff took part in a handover before and after each shift, so that relevant and up to date information could be shared with staff to provide good outcomes for people.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and all staff received regular support, supervision and appraisals.
- Staff's competency in their work was checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff, such as the manager or deputy manager.
- Staff completed training that was relevant to their role as well as more specialised training in supporting people with complex needs and learning disabilities.
- Staff told us that the training they received was effective and said they felt confident in supporting the people effectively who used the service.

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

- People using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet.
- The people we observed during the lunch period enjoyed their meals. We heard one person say to staff and the chef, "Lovely, as always. It's always lovely."

- We saw that people were supported to make decisions regarding the menus and options and could choose what they wanted. We saw that the chef showed pictures of the meal options to people, to help them make more informed choices.

- Risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.

- People were assisted to eat and drink when needed and individual diets were catered for, such as pureed meals and thickened fluids.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw that the service worked well with other professionals and organisations who were also involved in providing people with care and support. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people who used this service consistently received effective care, support and treatment.

- People were supported to maintain good health and had regular access to healthcare services as needed such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists.

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

- The design and layout of New Dawn was suitable and appropriate to meet the needs of the people living there.

- The property was a spacious bungalow, with outdoor areas that were easy to access. People also used an adjacent building for activities and education. People had use of a well equipped sensory room, in which they could relax with subtle lighting and tactile objects.

- We saw that people's bedrooms had been personalised and reflected their individual interests, likes and hobbies.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. We found that it was.

- The registered manager understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.

- Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- We saw that staff were caring and consistently treated people with kindness, compassion, empathy and respect.

- The comfort and wellbeing of people who used the service was important to staff. Staff interacted positively with people, engaged in conversation with them and listened to them. This helped ensure that people who used the service knew they mattered and were cared about.

- We saw that staff responded quickly to people's needs. We also noted that staff recognised when people were in pain, discomfort or emotional distress and responded quickly and appropriately.

- The service had policies and procedures in place that gave guidance to staff in line with the Equality Act 2010. Staff had completed equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. This helped to ensure that staff demonstrated interactions that respected people's beliefs, values, culture and preferences. All our observations during this inspection confirmed that people were treated equally and their human rights were respected.

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

- People who used the service were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible.

- Information was provided to people in various formats, such as pictures or objects, to help them understand what was being asked of them or offered to them. This helped people to make informed decisions and choices for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. We saw that people who used the service had their privacy, dignity, independence and confidentiality consistently promoted and respected.

- People who used the service were supported to maintain relationships that were important to them and relatives and friends were welcome to visit without restrictions.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: 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 who used the service were provided with individualised care. Care and support was provided promptly when people needed it.
- People's health, care and support needs were regularly assessed and reviewed, with any updates and changes recorded clearly and accurately.
- Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain their independence and what could help ensure they consistently had a good quality of life. Staff told us that they used the care plans to help them provide person-centred care to people.
- The care plans we looked at were detailed, easy to follow and contained clear guidance and information for staff about how people wanted to be supported.
- Staff completed daily records of how people were supported and what people had done so that they could monitor people's welfare.
- People's views were respected and people were encouraged and supported to follow their individual interests, hobbies and activities. For example, we saw that people enjoyed taking part in activities such as swimming, bowling, theatre trips, holidays abroad, parties, meals and drinks out and shopping trips.
- Some activities supported people to be environmentally aware and to mix with people from the wider community. For example, we saw that people who used the service had developed a close relationship with the local vicar and congregation of the local church. Some people regularly helped to clean the church, as well as attending services or other community gatherings. We also saw that some people had been supported to overcome significant challenges and had achieved personal goals, such as having holidays abroad.
- People's individual communication needs were identified and met appropriately and staff supported people in line with the Accessible Information Standards (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- People's care plans included a 'communication' section which explained how they communicated and expressed themselves. For example, one person did not speak verbally but used vocal sounds, gestures,

body language and objects to communicate. The usual meanings for these gestures and sounds was also clearly explained.

Improving care quality in response to complaints or concerns

- People were supported to raise any concerns or complaints if they needed to.
- There was a complaints policy in place for people who used the service that was available in an easy to read format.
- The complaints procedure was designed to encourage improvements.
- The service had not received any formal complaints since the last inspection.

End of life care and support

- People could be assured that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached.
- Advice and input from palliative care professionals was consistently sought and people were provided promptly with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives.
- The service also offered care, support and reassurance to people's families and friends before and after their loved one died. We saw a letter from the local vicar which thanked staff and service users for assisting with and attending the funeral of a person who had no family. The vicar commented that the 'colourful celebration for someone who had no family had been outstanding'.
- When a person passed away, the service ensured their body was cared for in a culturally sensitive, dignified and respectful way. Some staff had attended training and funeral awareness seminars, provided by the local funeral directors. This further enhanced staff's ability and understanding of dealing with, as well as supporting others through, the death and bereavement process.

Is the service well-led?

Our findings

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

Good: 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; and how the provider understands and acts on duty of candour responsibility

- The service ensured CQC's registration requirements were met and complied with. There was a registered manager in post who told us they were fully supported by the provider and completely understood their responsibilities. The registered manager ensured they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.

- The service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people. We also found that the service promoted a positive culture that was person-centred, open, inclusive and empowering.

- Staff were fully aware of their responsibility to provide a high-quality, person-centred service.

- The registered manager promoted transparency and honesty. The management team and staff all said that they openly discussed issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager provided very strong leadership and everyone we spoke with said they liked and respected him.

- The management team and staff consistently supported people in ways that helped them achieve their goals of increased independence.

- All the staff we spoke with said they were happy and very proud to be working at New Dawn.

- The registered manager understood their legal duties and submitted notifications to CQC as required. The ratings of the service were displayed on their website and within the home.

- We saw that the service had effective systems and procedures in place to monitor and assess the quality of the service. Regular checks and audits were completed in respect of areas such as medication, care plans, environment and staffing levels.

- Appropriate remedial action was taken when any shortfalls were identified, which helped ensure a good quality service was maintained.

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

- Staff told us they could contribute to the way the service operated through staff meetings, supervisions and daily handovers.
- We saw that regular meetings took place with the people who used the service, during which they were supported to make suggestions for improvements. For example, we noted that one person had said that they were looking forward to the upcoming garden party and also liked it when the vicar visited.
- Quality assurance questionnaires had been sent out to people's relatives and all the responses we saw were very positive. We read many additional comments that extended praise for the staff and management of the service, such as 'great communication', 'being kept well-informed' and 'excellent management'.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. They told us that they discussed any issues with staff and put action plans in place to monitor and drive improvement.

Working in partnership with others

- We saw that the service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Appropriate information and assessments were shared with other relevant healthcare professionals and agencies. This helped ensure people using the service benefitted from 'joined up' and consistent care.
- The manager told us how the service had signed up to the STOMP initiative. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life. We saw that one person had benefitted greatly from the 'positive behavior support' provided by the staff at the service, together with collaborative working with the GP and other care professionals. As a result, we saw that the person's psychotropic medicine had been reduced and stopped. This had a positive impact on the person's life and had enabled them to be more active in their daily life.