

Care Management Group Limited

Masons Hill

Inspection report

111 Masons Hill
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Kent
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Tel: 02082900235

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

111, Masons Hill provides support and personal care for up to six people, some of whom have learning disabilities and or mental health needs in a supported living service. This service provides care and support to people so they can live in their own home as independently as possible. People's care and housing is provided under separate agreements. CQC does not regulate premises used for supported living and so this inspection looked at people's personal care and support. On the day of the inspection there were five people at the service and the sixth person living there was away on holiday.

At our last inspection of the service on 15 June 2015 the service was rated good overall and outstanding in well led. At this inspection on 7 September 2017 we found the service was now Outstanding in responsive and remained Outstanding in well led. It is now rated Outstanding overall. It continues to be rated Good in the other key question areas.

The same registered manager remained in post; 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.

At this inspection we found the service was outstanding in empowering people to have as much control over their lives as possible and achieve to the maximum potential. People's care was noticeably consistently personalised to their needs. Relatives told us they felt the service was highly personalised and that the staff team worked well to deliver an excellent level of care. Feedback from health and social care professionals commented on the very personalised care provided. We observed there was a strong culture of supporting and promoting people's strengths and diverse needs. The service had been nominated by the local authority for awards in successive years; including one of the provider's social inclusion awards.

People had a personalised, assessed and written plan of support which they were involved in making. There were regular key worker sessions to consider any changes to the support provided and to encourage people to set and work towards their goals and ambitions. This plan reflected their needs and was in a format that enabled them to understand the plan for their care more effectively. People were provided with a range of suitable activities to encourage social inclusion and develop life skills.

The leadership of the service remained rated outstanding. The feedback from people, health and social care professionals continued to be overwhelmingly positive and distinctive. The local authority had nominated the registered manager and the service for a manager's award. The staff team commented on how well the registered manager ran the service and was a positive role model and leader. The registered manager maintained a strong culture of respect, inclusion and empowerment for people at the service. The service had an open approach to feedback and sought the views of people, their relatives and professionals on a regular basis to consider any changes that needed to be made.

The Chief Executive took an active leadership role in encouraging and monitoring services to develop distinctive personalised care, promote choice and increase social inclusion. There were a number of initiatives to promote people's well-being which included running specific training courses, an annual sports event and annual awards ceremony. The provider held events to encourage closer working with families and encouraged a culture of continual learning and development for staff and families through events that involved professionals and experts in their field.

There were systems to monitor the quality of the service and identify any areas for action. Staff felt well supported in their roles. People, their relatives and professionals were regularly asked for their views in a number of different ways and the registered manager considered any improvements that could be made.

People and their relatives said the staff team remained very caring and kind, and, we observed warm and positive relationships. People were treated with respect and dignity and were involved in decisions about their care. People continued to be asked for their consent before care was provided and staff were aware of their responsibilities under the Mental Capacity Act (2005) and DoLS. Staff received a range of suitable training and support to carry out their roles.

People's dietary needs were met and their independence was encouraged. People had health care plans in a format they could understand. The service continued to work closely and proactively with health professionals to ensure people's changing health needs were addressed.

People and their relatives told us they remained safe and well supported at the service. Support workers had received training on safeguarding adults, so they could recognise the signs of possible abuse. Accidents and incidents were safely managed. There were robust arrangements to deal with a range of emergencies if needed. Possible risks to people were identified and guidance was in place to reduce risk. The service also maintained a positive attitude to risk taking to enhance the quality of people's lives. People continued to receive their medicines when they should and staff had received training on the safe administration of medicines. Adequate staffing levels were maintained to meet people's needs and the provider followed safe recruitment policies.

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 Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service is now rated Outstanding in this key question.

People told us they received consistently personalised care that responded to their needs.

Staff offered a distinctive personalised service to each person to find out the best way to empower people, promote their strengths and recognise their efforts towards their goals.

There was a culture of promoting social inclusion and people were supported in involvement in the community and in opportunities for stimulation and social interaction that reflected their interests.

There was a complaints procedure in a format that made it accessible and people told us they were confident staff would address any issues they needed to raise.

Is the service well-led?

Outstanding ☆

The service remains rated Outstanding.

Masons Hill

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 fresh rating for the service under the Care Act 2014.

This was an unannounced inspection carried out by a single inspector.

Before the inspection we looked at the information we held about the service including any notifications they had sent us. A notification is information about important events that the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We asked the local authority who commissions the service for their views about it. We also sent questionnaires to people, their relatives and health professionals. We used this information to inform our inspection planning.

At the inspection we spoke with three people using the service and asked them for their views about the support they received. We observed support workers and people interacting and checked the care and support provided met their needs. We spoke with two support workers, two senior support workers and the registered manager.

We looked at three care records of people who used the service and two staff records. We also looked at records related to the management of the service such as staff training records, minutes of meetings and audits. After the inspection we spoke with two relatives of people using the service. We also asked four health and social care professionals for their views about the service.

Is the service safe?

Our findings

People told us they continued to feel safe at the service. One person remarked, "Of course I am safe. The staff make me feel safe." A relative said, "I am very confident that [my family member] is safely cared for and have no concerns there."

The service remained proactive at helping people to remain as safe as possible. Information about keeping safe in a range of situations, such as while using social media, or out in the community, was readily available to people in a format that met their needs. Keeping safe was discussed regularly at tenants' and key worker meetings. Staff meetings included discussion about safeguarding adults to ensure any issues were identified. There were robust systems to support people manage their money and ensure it was kept safe.

The registered manager was the safeguarding lead for the service and they were aware of their responsibility to safeguard people and how to raise any alerts. The registered manager and staff were knowledgeable about safeguarding and the types of abuse, the signs they would look for and action they would take if they had any concerns. There had been no safeguarding alerts since the last inspection.

Risks to people continued to be consistently identified, assessed and guidance provided to reduce the risks. For example identified risks for people while they were in the community or possible risks to others had been explored. Support workers had information about possible triggers and how to respond effectively. The service worked closely with health professionals, such as the GP or community learning disability team, where needed to reduce risk. Where people had particular medical conditions there was detailed information provided about any possible risks or signs to consider and what to do in an emergency. Staff demonstrated knowledge and awareness of these issues when we spoke with them. The service had a culture of positive but carefully assessed risk taking for example one person had been supported to take up an activity of their choice with advice from health professionals. A relative said, "They do a good job at giving people independence but safely."

Possible risks in relation to equipment and the premises were reduced through regular checks and maintenance. People were enabled and supported to carry out checks on their fridge temperatures and on the fire safety equipment at the service. Support workers also made routine safety checks. The system to monitor accidents and incidents remained effective and was over seen by the registered manager to identify any learning.

The service maintained robust systems in relation to managing emergencies. People told us they took part in regular fire drills and knew what to do if there was a fire. Information about how to respond was displayed in a clear format. Support workers received regular training in first aid and fire safety and told us they participated in fire drills. We confirmed this from records. The provider had a business contingency plan in place to deal with a variety of emergencies. There was an on call system for support workers, if required, outside of office hours.

People told us the service maintained a good staffing level. One person said, "There are always staff around when you need them. I can just call them and they come." A relative commented, "There are no problems with staff being around. There are always staff available." Support workers told us the staffing levels were arranged to meet the differing needs of people at the service and this was reflected in the rota. The registered manager told us there had been some recent changes in staffing but they tried to keep consistency as much as possible.

Safe staff recruitment practices continued to be in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work.

Medicines remained safely stored, administered and managed. People's care plans recorded the medicines people were prescribed by health care professionals and information about any support people required. Medicines risk assessments were in place to detail any risks and support people may require to take their medicines safely and to ensure that identified risks were managed safely. Support workers received training on the safe administration of medicines and a competency check was completed. Medicines administration records were consistently completed and highlighted any allergies. There had been two medicines errors in the two years since the last inspection which had been promptly identified and procedures followed to check for possible risks. Learning had been identified and discussed with staff in relation to arrangements for social leave.

Is the service effective?

Our findings

People told us support workers knew how best to support them. One person said "The staff here know what they are doing." Relatives told us they thought support workers were competent and knowledgeable about their roles.

We found the service maintained good levels of staff training. A new support worker described their induction to the service as, "Really useful and the staff here are so helpful. I did lots of shadowing to get to know people here well. The manager checked I was happy and ready to start working to shift. I feel really well supported." The induction continued to follow the Care Certificate, the recognised programme for workers new to health and social care. Support workers told us they continued to receive a range of appropriate refresher training and we confirmed this from records. One support worker told us, "The manager is always encouraging you to do extra training and is keen we develop which is good." Support workers received regular supervision and an annual appraisal to help support them in their roles.

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 so that they can receive care and treatment when this is in their best interests and legally authorised. We checked whether the service continued to work within the principles of the MCA.

People's rights in respect of any decision making continued to be respected. People and their relatives told us that staff asked their permission before they supported them. Support workers understood the importance of gaining consent to the support they offered people and we observed that they did this. They also gave examples to demonstrate how they did this where people may lack capacity to express themselves; for example by offering choices and using gestures when people could not communicate easily.

Support workers had received training on the Mental Capacity Act 2005 (MCA). There was also information about MCA displayed in the service for people living there for staff to refer to. Support workers discussed during handover the ways they supported people to make their own choices and decisions and manage their lives as far as possible. We saw from records that the registered manager was involved in organising best interest meetings with relevant professionals, where these were appropriate. However, these had not always been fully recorded to include all agreed actions. We discussed this with the registered manager who agreed and sent more detailed records to us following the inspection. The registered manager was aware of their responsibilities and had made an appropriate referral to the local authority to authorise an application to the Court of Protection depriving a person of their liberty for their own safety.

People told us they were encouraged to be as independent as possible with their shopping, cooking and eating and drinking. Support plans included the details of people's nutritional requirements and any preferences they had about their food or any specific dietary requirements and any risks in relation to

choking were assessed. Support workers were aware of people's food preferences and any allergies or risks in relation to eating. There was a range of information about healthy eating available for people to use and refer to in a format that met their needs.

People told us they were supported appropriately with their health care needs. One person told us, "Staff do help me with making appointments." People's support records continued to include outcomes of health appointments, detailed health support plans and hospital passports in a format that could be easily understood. Health professionals gave positive feedback about the way the support workers and the registered manager worked with people to enable them to receive appropriate health care. A relative remarked; "We share health appointments with the service. This works well. The service has really detailed records when they support [my family member] at appointments."

Is the service caring?

Our findings

People told us that their support workers remained consistently kind and caring. One person said, "They are great. I like them all." Another person commented, "I can talk with staff about anything and they help me." One relative commented "The staff are really excellent, so kind and caring." Another relative remarked; "The care is excellent I can't fault it."

We observed that people continued to enjoy an easy relaxed relationship with the whole staff team. Support workers knew and understood them well. They were aware of their preferences and interests, as well as their health and support needs. There was a warm atmosphere at the service and support workers were focused throughout the day on empowering and supporting people with any tasks such as washing or shopping and any identified goals. The handover meeting detailed the support provided and demonstrated support workers awareness of people's characteristics and their needs. For example, following a loud noise support workers were aware of the need to reassure a person using the service. Feedback from health and social care professionals was consistent in the view that the staff team were caring and considerate. A relative told us that where there had been recent changes in the key worker for their family member the staff team had explained and prepared them for the change and, "worked hard to make this work as smoothly as possible."

People told us and we observed they were consistently involved in decisions about their day to day care. One person said, "I always talk with my key worker about what I am doing. If I get stuck they help me." They said regular key worker meetings were maintained where they could discuss their daily routines activities, or, any issues that they wanted to and that they felt their views were listened to and their wishes supported. For example where someone's regular planned activity had been cancelled we saw they were supported to consider how they wished to spend their time.

We observed at the handover that support workers and the registered manager considered each person's unique needs and how they were most appropriately supported throughout the day.

People said their privacy and dignity remained respected and we observed this was the case. They said support workers treated any information about them confidentially and that support workers knocked on their doors before entering. Support workers confirmed how they tried to promote people's privacy when they supported them through ensuring doors were shut during personal care.

Is the service responsive?

Our findings

People told us that the service responded to and supported their own individual needs. One person said; "It's perfect here. The staff are really excellent. They encourage you to do as much as you can yourself." Another person remarked, "It's good here. Staff know and understand me." We found the service was outstanding in the way it worked with each person to find out the best way to empower people, promote their strengths and support their efforts towards independence. Relatives said they found the service responded to the uniqueness of each person. One relative commented; "It is absolutely brilliant. I cannot praise it enough. [My family member] has made massive changes and is happy and more confident." Another relative remarked, "The staff do play to people's strengths within a clear structure."

People were supported to become fully involved and informed members of their community. For example, prior to the last general election the registered manager provided easy read manifestos to people and contacted all of the local candidates to see if they could visit and speak to those people who were interested. One of the candidates did visit and met with people to provide them with information and answer any questions.

The service worked towards positive outcomes for people based on their strengths and abilities. For one person who had a previous history of behaviour that required a response and could present risk to people in the community, they were now able to engage in a full programme of activities within the community through detailed risk assessment and consideration of their needs and preferences. Support workers had been supported and trained with the input from relevant health professionals and a detailed positive support plan. One support worker said; "There has been a huge improvement. They can now go shopping or to the cinema, bowling and cycling." The registered manager told us that people's assessed level of support had been reduced as they were able to manage more independently. Where people expressed an interest in an activity they were supported to research into it and work through the steps involved. The provider also supported people's strengths and achievements through an annual athletics day and annual awards ceremony.

The service had a strong sense of promoting social inclusion. People were supported to find employment or engage in adult education classes to improve their skills. One person was supported to maintain paid employment and other people were supported in work experience or adult education. Another person was involved in regular contributing to the community through volunteering at a charity which they spoke about with enthusiasm and pride. Someone else attended a local gym and had been supported to decide to use a personal trainer. Relatives confirmed this had achieved positive outcomes for their fitness, well-being and confidence. Other people were supported with activities of their choice such as photography, cookery, cycling, bowling and swimming. The service encouraged people to take part in a monthly meal out at a local restaurant to foster positive relationships at the service. People told us they enjoyed this and were fully involved in the planning and we saw people took it in turns to choose the venue.

People were supported through regular key worker sessions to identify particular goals in aspects of their lives. We saw some people were supported with these through visual aids to encourage them to see their

progress. Detailed key worker reports tracked the progress towards goals. Where people had achieved success this was celebrated at tenants' meetings and with a certificate of achievement, to promote people's self-esteem. For example one person had been successfully supported in a goal to lose weight through attendance at a community group and through support with healthy eating. Another person was supported to attend dance classes, and another a local sports centre.

A local authority quality monitoring service user group called 'Quality Checkers' had visited the service recently. Their report had commented on the way the staff team supported people to join with the local community and enjoy a range of activities. The local authority advised that it was as a result of the positive 'Quality Checkers' report they had nominated the service for one of the provider's social inclusion awards. People at the service told us they led busy fulfilled lives. One person remarked, "I am busy most days, it is really good. I do try to keep some chill time, just to relax in my flat." The staff team were nominated for and won the provider's team award in 2016 for the individualised support offered to people.

A social care professional had commented to the service in feedback, "As a care manager ...it has been a pleasure to review Masons Hill. Each client and parent have expressed satisfaction with the support they received and the clients have developed in their self-worth."

People's care records demonstrated how their individual needs with regard to their disability, race, sexual orientation, religion and gender were identified and addressed to ensure their needs and wishes were met. For example one person had been supported with their sensory needs through a referral to relevant professionals and a range of suitable equipment provided. This enabled them to continue to be as independent as possible. They told us how they had been supported by staff to consider all aspects of their environment in terms of support they required. Relatives confirmed they were involved in reviews of the support plans and consulted appropriately. One relative said "The staff team has responded willingly to whatever we have asked of them."

People were supported and encouraged to maintain their links with their families or other people who mattered to them. One person had been supported in a relationship with a partner. Two other people were supported in their friendship by visits to the local pub together. Support workers had received training in equality and diversity and person centred care. They understood their role in supporting and advocating for people to ensure people were empowered appropriately met in these areas. Feedback from a health professional to a survey we sent commented, "A positive and forward thinking team who have delivered. The manager works hands on. She has extensive knowledge of how to support clients in this field."

People's support needs continued to be detailed and recorded in an accessible way for them to understand and to ensure they were as involved as possible. People had detailed support and health plans which provided support workers with guidance on their needs and preferences. People were supported to build on their daily living skills such as cooking, cleaning, laundry and shopping through the use of goals to record progress.

Where people had wanted they had been supported to engage in consideration of their thoughts and wishes for an end of life care plan. We saw the topic had been approached sensitively at tenants meetings and one person was successfully supported with the support of an advocate expressing their needs and wishes in this area.

There were opportunities for people to express their views about the service. There was a complaints policy and this was available in an accessible format. The service regularly asked for feedback. People were also asked for their views at key workers meetings and tenants' meetings. We found no negative comments had

been made. People's views about group activities were listened to and suggestions taken on board. We looked at the complaints record and found no complaints had been raised since the last inspection. People told us they had not needed to complain but if they were unhappy about anything they would speak with their key worker or the manager. Relatives told us they had not needed to complain but would speak with the manager if there were any issues. One relative said, "I have not needed to complain about anything but have raised minor issues which have been listened to and quickly sorted."

Is the service well-led?

Our findings

At our last comprehensive inspection of this service in June 2015 the evidence we found for this key question supported an outstanding rating. At this inspection we found this continued to be the case.

People, their relatives and health professionals provided consistently positive feedback about the service and the leadership of the registered manager. One person said, "She is really really good, you can talk to her about anything." Another person remarked, "The manager is doing an excellent job of helping me." People commented on the small things she did that made the difference, for example suggestions that helped someone manage their pain more effectively, helping them manage their emotions or promoted their self-esteem through different activities. Relatives were complimentary about the way the service ran and the registered manager. One relative said, "She is very thorough, keeps the place ship shape and is really approachable." Another relative commented, "We have a good relationship. I speak with her regularly. She is a very good manager."

The registered manager had been in post for three years. 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.

Support workers continued to be positive about the way the registered manager continued to lead the service and it was evident that the leadership had a positive effect on the service. One support worker said "She is great. She leads by example. I have genuinely never had a manager like that and I want to be like her." Another staff member told us. "She is a good role model and sometimes works on the floor. She has a strong set of values. She promotes the best quality care and standards of good practice and will not tolerate anything less." This meant good practice was promoted within the service as we observed support workers understood how to empower people and provide safe and personalised care. We also observed a staff member's awareness in identifying some concerns about possible poor practice outside of the service and the actions they took to raise this appropriately.

Feedback from health professionals also continued to be exceptional. One comment we saw in feedback to the service stated, "I have reviewed many services in many local authorities throughout a lengthy career in care. It is a rare experience for me to come across such a well-managed service." The local authority had nominated the registered manager for one of the provider's awards as manager of the year in 2016. Another professional commented; "111 is my favourite service to visit, I always walk out of there feeling happy! It is really well managed." A third professional remarked on, "A skilled and dedicated manager." The local authority who commissions the service told us that they had no recommendations for improvement to make following their visit to the service. Another professional commented positively on "the manager's knowledge of the clients and trust she holds with the families."

Regular handover meetings and a see and sign book helped to foster good communication about people and their needs. Staff meetings continued to be used to share learning for example about people's

individual health conditions or from the provider around any safeguarding or best practice issues. The registered manager put support workers forward for relevant training to promote individual support worker's development.

The service continued to have a strong emphasis on fostering ways to empower people to be involved in the running of the service. For example, people using the service were included in the interview process for new staff where they wished to. They told us their views were listened to as part of the process. They were also involved in health and safety checks for example in relation to fire equipment and window safety at the service. This meant that they understood more about what might help to keep them safe.

Regular tenants' meetings were held to encourage the participation of people in the running of the service. We saw minutes from tenants' meetings were attractively produced and in a format that was easy to understand. People took it in turns to chair the meetings and this encouraged their confidence in contributing at meetings. We saw the agenda included space to acknowledge and celebrate any recent achievements by people at the service as well as ask if there was anything that the staff team could do better or had done well.

The provider continued to encourage a culture which aimed for everyone to fulfil their potential and promote choice. There were a variety of service user forums, events and annual achievement awards held throughout the year. New training opportunities for people using services on topics such as health and safety were being developed. People were therefore being offered a range of opportunities to increase their self esteem, skills and confidence. We saw three people from Masons Hill had signed up for the new training and one person proudly showed us their medals from a recent athletics event.

There was a provider service users' parliament and service user forums continued to be held in different locations as well as a provider staff forum. These offered opportunities for people and staff to feed in their ideas for improvement and ensure people's voices were heard. The registered manager had discussed the parliament and the role of MP at a tenants' meeting to ensure people were aware of the opportunity to put themselves forward if they wanted to.

The Chief Executive encouraged a culture of continual learning and improvement. They actively sought people's views directly through visits to their services and they carried out social inclusion audits speaking with staff and people at the service. We saw Masons Hill had scored in the top four of the provider's services on their social inclusion scale. A range of events were held by the provider to increase staff, families and professionals knowledge and share their experiences. These included a positive behaviour support festival which was being organised for later in the month with a range of professional speakers to increase understanding and awareness about this approach.

Family conferences were regularly held and relatives were invited to volunteer as quality checkers to make unannounced visits to services to monitor quality. The provider had remained signed up to the 'Driving Up Quality Code'; a government launched idea aimed at encouraging providers to improve quality in services. This had involved a self-assessment day across all services involving service users, relatives, staff and commissioners of service. The registered manager told us that a staff member and a service user had attended to share their experiences and contributed to the group.

The views of people, their families and professionals were also sought through an annual survey. We saw that all the comments received for this service were positive. People and their relatives said they could not suggest any areas to improve. One relative said, "I cannot think of anything they could do better at all."

The system to monitor the quality of the service through a range of audits and the provider's own internal quarterly monitoring visits remained effective. These included, for example, medicines audits, health and safety and activities audits. Any issues identified in audits were shared with the staff team for learning. For example a recent medicines audit had identified that the date of opening medicinal creams had not always been entered. We saw this was discussed at a staff meeting. The registered manager had also worked proactively with the landlord to ensure that maintenance issues were dealt with promptly which had they informed been a previous problem. They had oversight to ensure that any work following external maintenance checks was completed. For example electrical safety work following an external electrical installation check. The registered manager told us she felt very well supported by the organisation to do her job and had regular support from her regional manager.