

Care Management Group Limited

# Care Management Group - Meesons Lodge

## 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

Meesons Lodge is one of a number of services owned by Care Management Group Limited. The service provides accommodation and support for up to 12 people who have a learning disability, physical disability or sensory impairment. There were 11 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed, recorded and followed by staff. Suitable arrangements were in place to ensure people received their medication as they should. Enough numbers of staff were available to support people living at Meesons Lodge and to meet their needs. Recruitment practices and procedures were safe. People were protected by the prevention and control of infection. Findings from this inspection showed lessons were learned and improvements made when things went wrong.

Suitable arrangements were in place to ensure staff were appropriately trained and newly appointed staff received an induction. Staff felt valued and supported by the registered manager and received formal supervision. The dining experience for people using the service was good. People received enough food and drink to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated what people told us. Staff understood people's different communication needs.

People's care and support needs were documented, and staff had a good understanding and knowledge of these and the care to be delivered. No-one was requiring end of life care. Suitable arrangements were in place to enable people to participate in meaningful social activities to meet their needs. The service had not received any complaints since our last inspection and a record of compliments was available to capture the service's achievements.

People told us the service was well-led and managed. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided and staff performance.

#### Rating at last inspection

The rating at last inspection was good (published July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Care Management Group - Meesons Lodge

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was completed by one inspector.

### Service and service type

Meesons Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

### During the inspection

We spoke with one person using the service and observed people's interactions with staff as most people

were unable to verbally communicate with us. We spoke with two relatives, two members of staff, the registered manager, deputy manager and regional manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training and supervision records, complaint and compliment records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they had no concerns about their family member's safety. One relative told us, "I can honestly say X is safe, we feel she is well looked after." A second relative told us the quality of care provided for their loved one was safe, and they were assured the service did all they could to maintain their safety and wellbeing at all times.
- Staff had a good understanding of how to keep people safe and to ensure people's safety was always maintained. Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse, including contacting the regional manager.
- There was a low incidence of safeguarding concerns at Meesons Lodge. The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- Risk assessments were in place and information recorded within people's care plans identified the risks associated with people's care and support needs and how to mitigate them. These related to people's moving and handling needs and more specific risks, for example, the risks involved in enabling people to access the community safely, undertaking social activities and risks related to specific healthcare conditions.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP) for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.

Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Eight out of 11 people living at Meesons Lodge received between five and 23 one-to-one support hours each day, for their care and support needs to be met safely.
- Appropriate arrangements were in place to ensure the right staff were employed at the service. Staff recruitment records showed the provider had operated a thorough recruitment procedure in line with their

policy and procedure to keep people safe. These included the obtaining of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], and conducting employment interviews. Additionally, prospective employees' equality and human rights characteristics were recorded and considered when recruiting staff.

#### Using medicines safely

- We looked at the Medication Administration Records [MAR] forms for each person using the service. These showed each person had received their medication at the times they needed them, and records were kept in good order. There was no evidence to suggest people's behaviour was being controlled by excessive or inappropriate use of medicines.
- Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely and to an acceptable standard.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

#### Learning lessons when things go wrong

- Procedures were in place for the reporting of incidents and accidents.
- Prior to our inspection, an incident occurred which had resulted in one person sustaining an injury. Although there was a missed opportunity to undertake an internal investigation, the incident had been investigated by the Local Authority and the registered manager had been open and transparent in assisting them with their enquiries. Recommendations were cited by the registered manager and introduced by the service to reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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's physical, mental health and social care needs were assessed prior to their admission to the service and regularly reviewed. One relative confirmed their involvement with their family member's admission to Meesons Lodge. This included attending meetings to discuss the person's transition to the service. Records showed prior to admission the person visited the service for lunch and experienced an overnight stay to make sure they liked Meesons Lodge.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' introduction to the organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Staff were also required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme.
- Suitable arrangements were in place to ensure staff received training at regular intervals, so they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed staff had received mandatory training in line with the provider's expectations in key areas. Staff told us the training provided was good and very informative, providing opportunities for personal development. One member of staff confirmed the provider had supported them to undertake a national vocational qualification.
- Supervisions were completed at regular intervals allowing staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development. Staff employed longer than 12 months had received an annual appraisal of their overall performance in 2019.

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

- People received enough food and drink of their choice. Meals times were a sociable experience with a good ratio of staff available to ensure people received the support they needed to eat their meal.
- Staff were aware of people's dietary needs, including those who needed a soft diet due to the risk of choking and aspiration.
- The nutritional needs of people were identified and where people who used the service were at nutritional

risk, referrals to a healthcare professional, such as dietician or Speech and Language Therapy [SALT] team, had been made and guidance followed by staff.

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

- Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support.
- Staff were aware of people's specific health needs, and they attended routine appointments with people to ensure their health was being monitored.
- Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments. Each person had a hospital passport. If people are admitted to hospital this is used to provide hospital staff with important information about the person.
- Relatives told us they were kept up to date and informed about their loved one's healthcare appointments and outcomes. One relative told us, "The staff are always sharing information and where possible we attend as many healthcare appointments as possible."

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

- People lived in a safe, well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences.
- People had access to comfortable communal facilities, comprising of a large lounge and separate dining area. Adaptations and equipment were in place to meet peoples assessed needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff were observed during the inspection to uphold people's rights to make decisions and choices.
- Information available showed that each person who used the service had had their capacity to make decisions assessed.
- Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the registered manager had notified the Care Quality Commission.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives confirmed they were very happy with the care and support their member of family received at Meesons Lodge. Comments included, "X is happy living at Meesons Lodge. One indicator is, X is always happy to return there after they have had time with the family. X never refuses to go back or is reluctant to return" and, "The staff are kind and caring, X looks well looked after."
- Observations showed people received person-centred care and they had a good rapport and relationship with the staff who supported them. Relatives told us they had confidence in the staff who provided support to their family member.
- People and staff were relaxed in each other's company and it was clear that staff knew people very well.

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

- The registered manager confirmed people's relatives advocated on their behalf and currently two people had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.
- People and those acting on their behalf were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided.
- People and their relatives were given the opportunity to provide feedback about the service through the completion of an annual questionnaire.

Respecting and promoting people's privacy, dignity and independence

- Care and support were provided in the least intrusive way and people were treated with dignity and respect. People received support with their personal care in private and staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance and to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and preferences. Staff were noted to speak to people respectfully and to listen to what they had to say.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, the person's strengths, what was important to them and their personal preferences. Information available showed people's care plans were reviewed and updated to reflect where their needs had changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs and staff knew how to support people.
- Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. For example, people who could verbally communicate and those who only communicated using non-verbal cues, such as body language, facial expression and objects of reference. The latter is where staff use an object to communicate a meaning in the same way as words and pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Suitable arrangements were in place to ensure people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community.
- Each person had a weekly activity planner. One relative told us they had had input to ensure activities planned met their family member's needs.
- Suitable arrangements were in place to ensure people had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. On the day of inspection several people were observed to listen to music during the morning, others had gone bowling and this was followed by a pub lunch. During the late afternoon people enjoyed music therapy. The registered manager told us one person had recently joined a choir and the service was currently looking to explore a drama course for one person at college.

Improving care quality in response to complaints or concerns

- The registered manager confirmed there had been no complaints raised about the service since our

inspection in 2017.

- A record of compliments was maintained to evidence the service's achievements.

#### End of life care and support

- The service does not currently have anyone approaching end of life. The registered manager provided an assurance people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death, including support from the local palliative care team.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were complimentary about the management team and told us they liked working at Meesons Lodge. Comments included, "I absolutely love it here, there's a real family atmosphere" and, "I really look forward to coming to work."
- Staff told us the registered and deputy managers were supportive, approachable and willing to listen to what they had to say and their ideas. For example, staff told us an idea was raised with the registered manager which would enable people using the service to have a sensory experience involving horses. Staff confirmed the management team were receptive to this and following further planning this was now arranged.
- Relatives were also complimentary regarding the registered manager and said the service was well managed and led.
- The registered manager and deputy manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring continued compliance with regulatory requirements was maintained.
- The registered manager told us they were supported by the provider and felt valued.
- The quality assurance arrangements monitored the experience of people being supported and risks to the quality of the service were managed. This information was used to help the registered manager drive improvement and monitor performance to ensure lessons were learned. Where areas for improvement were required, evidence of actions completed were recorded.
- Audits were robust and evidenced where the service was compliant and where corrective actions were required. Action plans were completed to demonstrate where improvements were required and when these had been addressed.

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

- Effective arrangements were in place for gathering people's and relative's views of the service. The registered manager confirmed the process was unfinished and they were still waiting for people's responses

before collating the results and actioning areas for improvement. Where comments were already received, these were positive and told us people's relatives were very happy with the quality of service provided.

- The results from the staff survey were not yet known. Comments from visiting professionals were also positive, confirming care provided to people using the service was person-centred and they received good quality care.
- The first edition of the 'Achieve Together' newsletter was issued Winter 2019, and this was for people using the service, relatives and staff. This provided key information, for example, events completed and upcoming, the outcome of the staff awards, the organisations values and purpose and other information.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.

#### Continuous learning and improving care

- The registered manager attended meetings with other managers to share information and best practice.
- A new initiative and campaign were launched in March 2019, 'Wheel of Engagement.' This looks at how the organisation enables and supports people to engage in meaningful activities and relationships, both at home and within the community. One news story reported on related to Meesons Lodge. This referred specifically to people living at Meesons Lodge enjoying an introduction to the festive season, through a sensory tactile Christmas book, which enabled people to enjoy the multi-sensory experience.

#### Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.