Care Management Group Limited

Care Management Group - 42 Twyford Gardens

Inspection report

42 Twyford Gardens
Worthing
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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

The inspection took place on the 6 February 2018.

42 Twyford Gardens 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. Care and support is provided for up to four people with a learning disability, autism and/or other complex needs. At the time of our inspection, there were three people living at the service. The service is a modern, detached bungalow within a quiet residential area in Worthing. The accommodation comprises a large, communal, open-plan sitting, dining and kitchen area with access to a rear garden. People have their own spacious bedrooms with en-suite facilities.

At the last inspection on 3 September 2015 the service was rated overall Good. At this inspection we found the service remained overall Good. At the last inspection we found robust staff supervision procedures had not been in place. We asked the provider to make improvements in supervision procedures and at this inspection this had been addressed. One member of staff told us, "I have had supervision, appraisal and a mid-year review."

Systems had been maintained to keep people safe. One person told us how they felt safe with the care provided. They knew who they could talk with if they had any worries. They felt they could raise concerns and they would be listened to. People remained protected from the risk of abuse because staff understood how to identify and report it. Assessments of risks to people had continued to be developed. Staff told us they had been supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively.

People's individual care and support needs continued to be identified before they received a service. Care and support provided was personalised and based on the identified needs of each person. Comprehensive and detailed care plans provided staff with information about how people wished to be cared for in a person-centred way. People met with their keyworkers monthly to discuss the care to be provided. One person told us how they felt listened to, supported to be independent and they were involved in decisions about their care. Staff had a good understanding of consent.

One person and a relative told us they were happy with the care provided. People continued to be

supported by kind and caring staff who knew them well and treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. A relative told us, "The staff here are great." Staff told us it was a good team. One member of staff told us, "It's a good team. Friendly and our service users make it a good team. If they are happy, everyone else is happy. We all pitch in."

The provider continued to have arrangements in place for the safe administration of medicines. People were supported to get their medicine safely when they needed it. People continued to be supported to maintain good health and eat a healthy diet.

Staff and visiting health and social care professionals told us the service continued to be well led. Staff told us the registered manager was always approachable and had an open door policy if they required some advice or needed to discuss something. The registered manager carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided through reviews or by using quality assurance questionnaires.

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 is now Good

This is because Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge. They had received regular supervision and appraisal.

Staff were aware of their responsibilities from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) Where people lacked capacity to make decisions about their care and treatment this had been considered in their best interests.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals when they needed them.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

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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 rating for the service under the Care Act 2014.

This inspection took place on 6 February 2018 and was announced. We told the registered manager twenty-four hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection.

We previously carried out a comprehensive inspection on 3 September 2015.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted and received feedback from the local authority commissioning team about their experiences of the service provided. We also contacted by Email one person's relatives for their experiences of the service provided and two health and social care professionals. We received one response.

We used a number of different methods to help us understand the views and experiences of people, as not all were able to tell us about their experiences. On the day of our inspection, we met with the three people living at the service and spoke individually with one person. We also spoke with the registered manager, three care staff, a visiting relative, and a visiting health care professional. We observed the care and support

provided in the communal areas. We spent time looking at records, including two people's care and support records, five staff files, the recruitment records for two new staff and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Our findings

People were relaxed with each other, happy and responsive with staff and very comfortable in their surroundings. One person and visiting health and social care professionals told us they felt the service was safe. A visiting healthcare professional told us, It's a really nice service and safe."

Systems had been maintained to identify risks and protect people from potential harm. To support people to be independent risk assessments were undertaken to assess any risks for individual activities people were involved in. Each person's care plan had a number of risk assessments completed for example, to support people to participate in their preferred activities, such as swimming. Staff described how they had contributed to the risk assessments by providing feedback to registered manager when they identified additional risks or if things had changed. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

The premises continued to be well maintained. The equipment and services were checked by internal checks undertaken by the staff and by external contractors, for example for the fire equipment. People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these on induction. Regular auditing of infection control procedures had been maintained. Contingency plans were in place to respond to any emergencies, flood or fire.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. The provider also kept an oversight of any incidents to analyse this information for any trends.

People continued to receive their medicines safely. Where one person had received support with their medicines they told us this had continued to work well. Care staff were trained in the administration of medicines. Regular auditing of medicine procedures had been maintained, including checks on accurately

recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

Appropriate checks had continued to be completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Sufficient staff had been maintained on duty to meet people's needs. The registered manager looked at the staff skills mix needed on each shift, the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. Staff told us there were adequate numbers of staff on duty to meet people's care needs. Agency staff were not used in the service. Care staff worked extra shifts or the registered manager covered the rota when necessary. One member of staff told us, "Staffing depends on the activities and appointments during the day. We have that extra staff member if people want to go out for a walk, we can accommodate that." Another member of staff told us, "Staffing works well. There is always staff who can cover shifts at short notice."

Good

Our findings

At the last inspection on 3 September 2015 we found staff supervision meetings did not take place regularly in line with the provider's policy. At this inspection we found this had been addressed.

When new staff commenced employment they continued to undertake an induction, and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff continued to undertake essential training to ensure they could meet people's care and support needs. One member of staff told us, "There are always opportunities for training. (Registered manager's name) keeps us informed when we need to update." Another member of staff told us, CMG is really good for training." Care staff had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF) in health and social care. Staff told us that the team continued to work well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. Staff all confirmed they felt very well supported by the registered manager. They had attended regular supervision meetings throughout the year and had completed a planned annual appraisal. One member of staff told us, "(Registered manager's name) is on the ball for supervision."

Staff were skilled to meet their needs and continued to provide effective care. One person told us they felt the care and support was good, and their preferences and choices for care and support were met. We observed care staff interacting with the people and taking the time to meet their needs. One member of staff told us, "It's a good team. We all work towards the common goal. I have seen massive strides with the guys."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. They were able to tell us about any DoLS applications which had been made. We observed people were asked for their consent before any care or support was provided. One member of staff told us, "It's about the right time and the right place. Taking time and don't rush them. Go away and come back and ask 'are you ready.' Giving them the time to make their choice in their own time." Another member

of staff told us, "We always make sure we ask people what their preferences are. We ask them how we like things to be done."

One person told us how they enjoyed the food provided. From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. Staff had continued to support people to maintain a healthy diet. Staff told us they continued to monitor what people ate and if there were concerns they would refer to appropriate services if required. People care plans detailed the support people needed. For example, for one person their care plan detailed, '(Person's name) requires full assistance when eating and drinking. (Person's name) food is cut up into bite size pieces (No larger than two cm big (Mash where possible) and kept moist. For another person there care plan detailed their dietary needs in relation to their religious observance. Staff were able to tell us how this had also been considered in their menu planning.

People continued to be supported to maintain good health and had on-going healthcare support. Care staff monitored people's health and recorded their observations. They had liaised with health and social care professionals involved in their care if their health or support needs changed.

People's needs had continued to be holistically assessed and care plans were based upon assessments of their needs and wishes. One person told us how they had been involved in developing their care plan. Records showed that care plans were regularly reviewed and updated to reflect care delivery.

The environment was clean and spacious which allowed people to move around freely without risk of harm. The registered manager told us there continued to be ongoing plans for the maintenance, redecoration and refurbishment of the service. All the rooms had been refurbished and new flooring was due to be laid. Where possible people had been involved in any of the changes made. They told us that there were no plans to change the current number of places available for people, "Staying at four it works well."

We recommend the provider consults with CQC, 'Registering the right support' document to ensure any planned or future alterations are in line with current guidance.

Good

Our findings

People continued to benefit from staff who were kind and caring in their approach. One member of staff told us, "It's really friendly. You fall in love with the guys. They have their own routines to fit the guys." A visiting healthcare professional told us, "The care and compassion is impeccable. It's a pleasure to come here. " When asked what the service did well they told us, "Care and compassion and to make the residents lives more accessible. They seem to take people out a lot."

A relaxed and homely feel had been maintained. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia.

Staff spoke warmly about the people they supported and provided care for. Staff demonstrated they continued to have a very good level of knowledge of the care needs of people and told us how people had continued to be encouraged to influence their care and support plans. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. One person told us they were happy with the arrangements of their care and support. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain and develop their independence. They told us their privacy was respected and had been consistently maintained. One member of staff told us, "We always ask and make sure. We ask them how they like things to be done." Another member of staff told us, "Covering people up whilst being transferred form the bed to the shower." Another member of staff told us, "Doors are closed and we cover up the services users. If there is anything they are not happy with. For example, we have changed the staff member."

Peoples' equality and diversity continued to be respected. Staff were observed to adapt their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling care staff to support people in a personalised way that was specific to their needs and preferences. People had been supported to maintain their religion if they wanted to. One member of staff told us, "(Person's name) had liked to go to church on a Sunday." Another person had been supported to go to their local place of worship. One member of staff told us, "We accommodate the way she wants to dress. She sometimes likes to wear Hindu clothes." They also told us how the staff and family had also managed to access a further group locally where they could also

regularly meet with people of a similar faith.

People had been supported to maintain links with their family and friends. Staff were able to tell us how they regularly supported one person to regularly visit their family in another part of the country. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The registered manager was aware of who they could contact if people needed this support

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff.

Good

Our findings

People continued to be involved in making decisions about their care wherever possible. Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. When asked what the service did well one member of staff told us, "It's very person centred, to be as individual as they want to be." Another member of staff told us, "There is a person centred approach. The guys are treated like family. We will go the extra mile so they can go to places they need to go." One compliment received in the service detailed, 'Thank you for making (Person's name) last year's happy, enjoyable and often exciting."

A detailed assessment had continued to be completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. The registered manager undertook the initial assessment, and discussions then took place about the person's individual care and support needs. Work had continued in order to maintain the detail within people's individual care plans, which were comprehensive and gave detailed information on people's likes, dislikes, preferences and care and support needs, which had been regularly updated and reviewed. Staff told us communication was good in the service and when changes had occurred and they received information about any changes in people's care and support needs.

No one at the time of the inspection required end of life care. The registered manager told us peoples' end of life care would be discussed and planned and their wishes respected. Staff had been working with people at a time to suit them to document their end of life wishes. People were able to remain at the service and were supported until the end of their lives. Records we looked at confirmed this. However, this care had been provided since the last inspection and care staff were able to describe what had been put in place to support people coming to the end of their life. A visiting healthcare professional was able to confirm care staff had worked well with them to provide this care. They told us, "They came in extra to sit with (Person's name) even though it was not their shift." A compliment received in the service detailed, 'We just wanted to express real gratitude for all that you did for (Person's name) especially in their last days. It was clear you went above and beyond your duties, which shows your genuine commitment and care. It's a comfort to know they had some wonderful friends and memories at Twyford Gardens."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had ensured people's communication needs had been

identified and met. Staff told us this was looked at as part of the comprehensive initial assessment completed. People's care plans contained details of the best way to communicate with them. For example, for one person when asked 'Is there anything important people should know about how they should communicate with you,' their care plan detailed, 'Give me time to explain what I am saying. Give me eye contact and reassurance.' Although people were mainly communicated with verbally information if required were created in a way to meet their needs in accessible formats to help them understand the care available to them, for example in a pictorial format and some use of Makaton. One member of staff told us, "You have to know their body language and you have to learn their way of communicating." Another member of staff told us, (Person's name) has a pictorial chart for food and he picks out what he would like to eat."

People continued to be actively encouraged to take part in daily activities around the service such as cleaning their own bedroom. We were shown individual activity plans for people, which were created to promote independence. One member of staff told us, "We support them and try to persuade to be independent, and be there in the wings if people need help." People were supported to attend a range of social activities in the community for example horse riding, swimming, arts and crafts and aromatherapy. For one person who liked listening to music, the radio channel of their choice was on and the person was observed sitting listening to the music during the inspection.

Individual monthly meetings with people continued to be held regularly. This enabled people to find out what was going on in the service and discuss the care provided, any concerns and proposed activities for the next month. We saw evidence of meeting minutes detailing what had been discussed. People and their relatives were asked to give their feedback on the care through reviews of the care provided or through quality assurance questionnaires which were sent out. We found the provider had maintained a process for people to give compliments and complaints. One person told us they felt comfortable in raising any concerns and knew who to speak to. The procedure was also available in a pictorial format. No concerns had been raided since the last inspection of the service.

Good

Our findings

The senior staff continued to promote an open and inclusive culture. One person, a relative and care staff all told us that they were happy with the way the service was managed and stated that the registered manager remained approachable and professional. When asked why the service was well led one member of staff told us there was, "Great friendship between service users, staff and manager. We feel comfortable and at home. Comfortable to raise anything. (Registered manager's name) is supportive to residents and staff. You know you can go to him and it will be done. His door is always open." Another member of staff told us, "(Registered manager's name is always approachable and will help when needed. It's one of the best services I have worked in."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a clear management structure with identified leadership roles. The registered manager was supported by a lead member of care staff. Care staff told us they continued to be well supported. Comments in relation to the registered manager, included, "(Registered manager's name) is always approachable and will help when needed," "He tries to do everything he can to support the team," and "(Registered manager's name) is approachable and a nice guy. He has always been there. We have all needed that support and you can't pay for that. We are just like a family."

Policies and procedures continued to be in place for staff to follow. The registered manager were able to show us how them provider had sourced current information and good practice guidance.

Staff had maintained systems to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held regularly and had been used to keep care staff up-to-date with developments in the service. One member of staff told us, "I feel very well informed about everything."

Feedback for visiting health and social care staff was that the staff at 42 Twyford Gardens continued to work well with them. A visiting healthcare professional told us, "The staff are always helpful. Their great they will

give us a call if they have any concerns. We have provided training to staff and they have taken on board any guidance." The registered manager and care staff were able to tell of how they had maintained a good working relationship with health professionals such as the local GP's and health specialists when required, to ensure people received the correct care and treatment required.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.