

Care Management Group Limited

Care Management Group - 78 Stubbington Lane

Inspection report

78 Stubbington Lane
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

78 Stubbington Lane is a small residential care home providing personal care to six people, living with a learning disability, at the time of the inspection. The care home accommodates six people in one adapted building.

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

There were enough staff to meet people's needs. People were supported by staff who were kind, compassionate and caring and who understood their likes, dislikes and preferences. Staff were trained to a good standard and could request additional training. People's care, and support plans were person centred and detailed.

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; the policies and systems in the service supported this practice.

People were protected against the employment of unsuitable staff, staff were recruited safely. Where one person had a gap in their recruitment record, this was rectified immediately by the registered manager.

The provider had a robust complaints policy in place that was accessible to people, their relatives and staff. The provider and the registered manager had effective governance systems in place to identify concerns in the service and drive improvement.

The service applied the principles and values consistently of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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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

This inspection was carried out by one inspector.

Service and service type

78 Stubbington Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with four members of staff including the registered manager, and care staff. We could not always directly communicate with people to ask them about their experience of care and support. However, we observed staff interactions with people and the care and support provided within the communal areas of the home.

We reviewed a range of records. This included two people's care records and six people's medication records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, mental capacity assessments and best interest meetings. We spoke with three relatives by telephone about their experience of the care provided.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Family members consistently told us they felt their relative was safe from abuse. One relative told us, "They encourage [person] to speak about anything that is worrying them, they can be private in their own room, if they feel uncomfortable or threatened they can ask for private space."
- The provider had effective systems in place to safeguard people from abuse. All staff spoken with had a good understanding of what to do to safeguard people from harm.
- The registered manager told us they had a responsibility to liaise with the local authority if safeguarding concerns were raised and records viewed supported this.
- Staff had confidence their concerns would be listened and responded to. One staff member told us, "The registered manager would go down route of disciplinary, it would be reported to external agencies." Staff told us, and records confirmed that they had safeguarding training, and this was repeated yearly.

Using medicines safely

- People's medicines were, stored, administered and disposed of safely. Staff received medicines training and had their competency checked to ensure their practice was safe. During the inspection we observed good practice and staff demonstrated they had good knowledge of people needs.
- Some people were prescribed 'as required' medicines. There were protocols in places which described when people should be administered these medicines, the dose required and how often it could be given. Staff knew people well and were able to describe how people presented when they needed 'as required' medicines.
- The registered manager was passionate about STOMP. STOMP is a national NHS England campaign which is aimed at stopping the over medicating of people with learning disabilities and autism. The registered manager had received an award for his contribution and dedication to STOMP and the positive impact it has had on all of the people living in the home.

Assessing risk, safety monitoring and management

- People's risks were identified, and risk assessment reviews were carried out to reduce risks for people. For example, risk assessments were in place for safe moving and handling, falls management, food and fluid intake and medicines management.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments contained explanations of the control measures staff should follow to keep people safe. People's records were checked monthly to ensure the information was accurate and up to date.
- The provider had quality assurance procedures in place to check the safety and effectiveness of the service. Audits were undertaken such as health and safety, fire safety, medicines management and

environment audits. These enabled the registered manager to monitor and identify any risks.

- Risk management considered people's physical and mental health needs. Measures were in place to manage risk in the least restrictive way possible.

Staffing and recruitment

- Staff were recruited safely, and all the required checks were carried out to protect people from the employment of unsuitable staff. For example, disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment were completed prior to staff starting work in the service. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Where one person had a gap in their recruitment record this was rectified immediately by the registered manager.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs.
- We reviewed the staff rota and made observations during the inspection. There were enough staff to support people safely and ensure people's needs could be met. This included staff support for participating in activities and outings. Staffing levels were calculated according to people's needs.
- To ensure consistency during staff absence the registered manager told us, "Staff sickness is covered by our own staff, we have not used agency for four years. Staff are all good at covering."

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- The provider had effective systems for prevention and control of infection in place.
- Staff were provided with personal protective equipment including disposable gloves and aprons and were observed using them where necessary throughout the inspection.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents. They understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents and accidents to prevent reoccurrence.
- Staff made accurate records of incidents, accidents and near misses, which were analysed and acted upon.
- The registered manager told us, "The company regularly sends information of lessons learnt regarding data protection, quality and safeguarding information as well as health and safety." They told us information was also cascaded by senior managers and then further shared during staff meetings by the registered manager. Documents showed that these were read and signed by staff.

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.

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.

- People's consent had been sought for their care needs. Where people lacked capacity to consent to care, the principles of MCA were followed, and best interest decisions made. However, additional decision specific MCA assessments were needed for people. For example, people who lacked capacity to consent to their medicines being managed by staff, did not have decision specific MCA assessments and best interest decisions recorded. The provider had already identified this as an issue which they had already implemented actions to address this.
- We were shown an action plan they had put in place which confirmed this. Good progress had been made to ensure capacity was formally assessed for each person and best interest meetings were planned to be undertaken with a quick completion date for these actions. .
- Following the inspection, we received confirmation that relevant mental capacity assessments and best interest meetings had been undertaken for all people and would continue to be undertaken where required going forward.
- Staff understood people's rights to make decisions. One staff member told us, "The MCA is there to make sure people you support have a choice and to ensure their best interests are met."
- DoLS authorisations were in place for people who required them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their

relatives.

- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed, in line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff received regular one-to-one supervision meetings. These provided an opportunity for a manager to meet with staff, discuss their training needs, identify any concerns, and offer support. Staff told us they felt supported by the management team and were able to gain support from them at any time. One staff member told us, "We have supervision every month, it is useful, it gives you time to sit down and talk about any worries or how to improve. It allows you to accept your weaknesses and build on them and address any team issues."
- Staff received a variety of training including, medicines management, whistleblowing, safeguarding, MCA and manual handling. The registered manager told us, "Staff can book on additional training themselves. monitor the mandatory training." All staff had completed additional training to meet the needs of the people they supported; For example, autism, awareness of learning disability, mental health and dementia, and epilepsy training.
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector. The registered manager told us the length of induction depended on how staff were doing. He told us, "They [staff] complete the induction book, read files and complete two weeks of coaching from a mentor." A mentor shares their knowledge, skills and experience to assist others to progress in their own careers.

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

- People were supported at meal times to access food and drink of their choice. A person told us, "The food is good, my favourite is beef stew. My favourite is cake, I get cake sometimes." Relatives comments included, "[Person] enjoys the food she chooses what she wants," and "He has a very varied healthy diet, he can have a choice if he doesn't like what is on the menu."
- The support people received varied depending on their individual needs. There was a menu in place and pictures of food were used to help people choose. The registered manager told us, "People are involved in writing the menus." They told us two people enjoyed going shopping.

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

- The home was warm and welcoming. The registered manager told us, "New flooring was acquired for the lounge, hallway, stairs, landing, as well as two for two people's bedrooms...making the service appear cleaner and brighter and better for the people living here."
- People were able to personalise their rooms as they wished. We saw rooms were individual to people's tastes and contained items personal to them.
- People had access to the garden which was accessible to them.

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

- People were supported to access services to maintain and improve their health.
- Any changes in people's health were recognised promptly and support was sought from external healthcare workers, when necessary. We saw clear documentation of all contact with healthcare professionals. A staff member told us, "We support people to the dentist, GP's, opticians, hearing appointments, nurse visits, hospital, chiropody and reflexology."
- Staff told us they worked well as a team. One staff member told us, "The culture is really good here." We

observed staff working well with each other and with people. Staff took part in daily documented handovers and communicated well with each other to ensure good outcomes for people. The registered manager told us, "I monitor healthcare needs are being met through notes, records, handovers and communication."

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.

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

- People's relatives told us they were involved in decisions about their care, where relevant. One relative told us, "They phone or text to include us." Another relative told us, "She can do what she wants, she went to Alton towers." Records demonstrated, and the registered manager confirmed that people and their relatives were initially involved in the implementation of their care plans and ongoing reviews. The registered manager told us, "We hold one to one meeting's, we have meetings every month. We listen to their [people's] opinions."
- We observed people being supported to make choices throughout the inspection.

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

- People appeared to be happy and their relatives spoke positively about the support people received from the staff. One relative told us, "They [staff] are very caring, I would have something to say if they weren't, they truly are very caring, they [staff] love them [people]all."
- We observed staff interactions with people which showed people were treated with kindness, compassion, dignity and respect. Staff knew people well and understood their likes, dislikes and preferences.
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. The care planning process recorded information divulged by people with regards to their protected characteristics, for example their marital status, disability and religion. Care plans demonstrated that people were treated with respect and were able to make choices in a variety of ways and their diverse needs were understood and met.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors before entering people's rooms. One relative told us, "They [staff] close curtains, and knock on her door before going in."
- Staff had a good understanding and were enthusiastic in supporting people to maintain their dignity and independence. The registered manager told us how people's independence had improved through the reduction of medicines. For example, one person now accesses a variety of activities that they felt unable to prior to the reduction of prescribed medicines.
- We saw the promotion of independence in care plans, which were person centred. We saw examples of people being given choice and being involved in their care. For example, we observed staff offering people choices in relation to where they would like to go, what books they would like to read as well as different

food options.

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 outstanding. At this inspection this key question has changed to good. 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 were up to date, they were reviewed monthly by care staff and quarterly by the registered manager or when people's needs changed. Documents demonstrated that people had been involved in this process. Care plans were detailed and contained person centred information.
- Staff had good understanding and awareness of people's needs and could explain how they supported them in line with this knowledge. One staff member told us, "We always give people their own choices." If a person lacked capacity the staff member told us, "We make sure decisions are in their best interest."
- A relative told us, "I think they do an amazing job. In the last 18 months he has turned around, it is amazing he wouldn't leave the house before and now he has holidays and a football season ticket. I think the house is just great."

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.

- The registered manager and staff had good knowledge about the AIS and we saw information was provided in an accessible way for people. For example, meal choices were available as pictures, photographs were used to aid choice and some policies were available in an accessible format.
- The registered manager told us, "We use pictures in policies and photographs. We check with each resident to see what their needs are." We saw the hospital passport used pictures and the complaints policy was accessible. The hospital passport is a document designed to give hospital staff helpful information about the person, so staff know how to support them and meet their assessed needs.
- We saw people being supported using their preferred method of communication and staff demonstrated an awareness and understanding of people's needs. We saw positive communication interactions between people and staff. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication. For example, staff were observed using Makaton and giving people plenty time to respond.

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

- People were provided with an excellent range of activities, both within their home and externally. Activities available to people included going bowling, visiting the cinema or cafes, playing ping pong, going to the library, having 'movie nights' and walking. Relatives told us about various activities their family members

were involved in and were consistently positive about what was on offer. Their comments included, "They [staff] are fantastic, they set up horse riding, got to the theatre and are always on holiday, always doing something," and "[Person] volunteers in the library and has an activity day, he chooses bowling, lunch or swimming, whatever he fancies doing."

- People who had previously been unable to go out were now going on holiday and were season ticket holders to local football clubs. Holidays included destinations such as Disneyland Paris, Blackpool and Alton Towers. People had also been supported to meet their famous idols such as pop stars and football players

Improving care quality in response to complaints or concerns

- People and their families knew how to complain. However, there had been no complaints received in recent months. Relatives consistently told us they did not have cause to complain but felt confident that the registered manager would deal with any complaints received quickly and efficiently.
- There was a robust complaints policy in place and this was accessible to people, their relatives and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them.
- The registered manager could detail the complaints process and there was a file in place for documenting, monitoring and learning from complaints.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place where possible, with people and their relatives and their wishes were clearly recorded. Some people had chosen not to have this conversation, and this was documented in their care plans.
- Staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. There was an end of life policy in place.

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

- People's relatives told us their family member received personalised care and were happy with the service. One relative told us, "He gets to make choices," Another relative told us, "It is a very happy house and very relaxed. They have worked wonders with [my son] they will always do their best for him and you can't ask for more than that as a mum." The culture of the home was positive.
- Staff said they enjoyed working at 78 Stubbington Lane and felt supported by the registered manager. Comments included, "I am definitely supported in every way with the management here. I could go to them for anything," and, "[registered manager] is really amazing, he is really, really good, this is why the place runs so well."

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

- The previous inspection ratings were displayed in a prominent position as well as on the provider's website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

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

- Quality assurance systems were in place to enable the provider to monitor and identify any shortfalls in the quality of the service people received. Audits carried out included, health and safety, medication, infection control, care plans and supervision. The registered manager told us, "The company completes quality assurance audits every three months. These are completed by the regional manager, with the registered manager in attendance. Once a year the area manager completes an audit as well as an annual audit by the quality assessor representative in the area. These are effective as they generate action plans to help reach a higher standard of quality and support in the service."
- An action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This demonstrated action was taken in response to the findings and monitored for completion.

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

characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering the views of people and their relatives on the service. The feedback gathered was consistently positive and the outcome was shared with people and their relatives.
- Staff were encouraged to contribute to the development of the service through supervision, meetings and surveys. Staff told us they felt valued and listened to.
- Appropriate and up to date policies were in place to ensure people's diverse needs were considered and supported.
- The staff team worked closely with other professionals to ensure people received effective, joined up care. This was confirmed in care plans and by documentation of external healthcare and social care professional's visits.

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments by keeping up to date with CQC emails and reading the provider's emails about any changes to policy or best practice. The registered manager told us, "The company [provider] cascades the information via the registered manager and they are discussed in house meetings to ensure that all managers and services are aware and actioning [any changes]."
- It had been identified, at a previous inspection at one of the Providers other homes, MCA and best interest decisions were not always recorded. The provider had already taken reasonable action and had a tight deadline in place to meet the requirements of the action plan. The provider had contacted all their other services and met with managers to ensure measures were in place to prevent this happening again. This demonstrated that feedback was acted on swiftly and positively.
- The registered manager responded and acted during and after our inspection to rectify any shortfalls found during the inspection.
- There was a clear action plan in place to address concerns found in audits and from feedback and this demonstrated continuous improvement.