

Care Management Group Limited

Care Management Group - 374 St Helier Avenue

Inspection report

374 St Helier Avenue
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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

374, St Helier Avenue provides care and accommodation for up to eight people living with learning disabilities, some with communication difficulties.

At our last inspection in July 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

Relatives told us they felt their family members were safe living at the home and spoke positively about the care provided and the commitment of staff. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage identified hazards to help keep people safe from harm or injury.

Appropriate staff recruitment processes helped to ensure people were protected. We saw there were enough properly trained and well supported staff to meet people's needs and staff confirmed they were happy with the training and support they received.

People received their medicines as prescribed and staff knew how to manage medicines safely.

Relatives told us people received effective care. Staff had access to a wide range of training and they were supported with regular and structured supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible. Policies and systems in the service supported this practice.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. The service ensured local authorities had carried out the appropriate assessments for people who might have been deprived of their liberty. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People were supported to have a varied and balanced diet and food that they enjoyed, were consulted about their choice of meals and were enabled to eat and drink well and stay healthy.

Staff supported people to keep healthy and well through regular monitoring of their health and wellbeing.

Relatives told us staff were kind and caring. We saw that staff treated people with dignity, respect and compassion. Staff understood people's needs and helped them to express their views and wishes wherever

possible.

People were encouraged to maintain relationships that were important to them. Relatives told us they were made to feel welcome when they visited the home and that the staff were supportive in enabling people to visit relatives.

Care plans were in place which reflected people's specific needs and their individual choices. Relatives of people were involved in reviewing their relations' care plans and we saw people were supported to make decisions about their care and support.

People had access to their local community and could choose to participate in a variety of in-house and community based social activities. Staff encouraged and supported people to be as independent as they could and wanted to be.

People and their relatives were encouraged to give feedback on the service and there was an effective complaints system in place.

People told us they liked the staff and registered manager. Staff told us they felt supported by the good leadership of the senior staff and relatives told us that the registered manager encouraged feedback and sought to develop and improve the service for people.

Staff told us they enjoyed working in a home which encouraged openness and teamwork. Staff were clear about their roles and responsibilities and they had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service and to gather the views of people about the quality of the service. These measures of monitoring the service has helped to make improvements were necessary.

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

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

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Detailed findings

Background to this inspection

This unannounced inspection took place on 4 February 2019 and was carried out by one adult social care inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. 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, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with four people living at the home, some of whom had limited verbal communication. Where people were not able to tell us directly, we used a range of observational methods to help us understand how well people related to staff and how they experienced their care.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day. We spoke with the registered manager, deputy manager, and two care staff.

We reviewed the care records of four people and the records of four staff. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We looked at the provider's policies and procedures and other records relating to the management of the service, including medicines records, quality assurance audits and staff rotas. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit, we spoke with four relatives of people who used the service. We wrote to 13 external professionals, including advocates for people, asking for their feedback on the service but received no responses.

Is the service safe?

Our findings

At our last inspection in July 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

The service continued to provide care to people in a safe way. Staff told us they received training to do with safeguarding adults and could describe the signs of potential abuse and the various types of abuse they might encounter in the home. They were aware of how to report any concerns for people who might be abused. We looked at training records that confirmed safeguarding training was provided and updated regularly.

The provider had a safeguarding policy and procedure that was drawn up in line with national guidance and was available to staff for reference. Relatives were happy that people were cared for safely. One relative told us, "I can tell if [my relative] is happy or not. It is good to see them looking so well looked after." Another relative said, "[My relative] always looks well and happy."

Staff told us they worked as a team to look after the safety and welfare of people. One care worker told us, "We work together to make sure we keep people safe and would raise any issues with the manager."

We saw the provider had other appropriate policies and procedures to help safeguard people which included staff whistle blowing, how to make a complaint, and reporting accidents and incidents.

People had individualised risk assessments and risk management plans on their care files which identified the hazards people faced with their activities, care and support. Risks to individuals and the service were managed so that people were protected whilst maintaining their autonomy and freedom. Risk assessments were thorough and focussed on people's needs. They were reviewed to ensure people could lead meaningful lives whilst keeping them as safe as possible.

The service ensured that there were sufficient numbers of suitable staff to keep people safe and meet their needs, with planned staff rotas and clear descriptions of staff duties each day. Photos of the staff who were on duty were clearly displayed for people and visitors.

Staff recruitment was robust. It included reference checks, checks with the Disclosure and Barring Service (DBS) and formal interview. Staffing levels enabled people to receive sufficient support in a safe way whilst enabling them to maintain their personal choices of activity within the home.

People's medicines were managed so they received them safely. We found there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely. Medicines were stored in the person's own room in a locked medicines cabinet. We looked at a sample of medicine administration record (MAR) sheets and saw that these were accurately maintained.

There were effective systems in place to maintain appropriate standards of cleanliness and hygiene. Staff received training in infection control and knew about how to minimise the risk of infection. The care plans of people contained guidance for infection control.

Is the service effective?

Our findings

At our last inspection in July 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People continued to be cared for by staff who had the necessary skills and training to do their job. People's relatives told us they were happy with the support that staff provided to people. One relative told us, "The staff are lovely and there is always plenty for people to do."

Staff had access to good levels of support that helped to ensure they had the skills to meet people's needs. One care worker told us, "We are always doing training and we are told if there are any refreshers." Another said, "I've had lots of training and enjoyed learning more about the work and the people."

Staff received training in core areas such as keeping people safe from harm, first aid, medicine administration, infection control, the Mental Capacity Act 2005, safeguarding, food hygiene and equality and diversity. A comprehensive induction process was in place for newly appointed staff.

Staff told us and records confirmed that staff received support through regular supervision. This included one to one meetings and team meetings.

These measures ensured staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they received regular opportunities to discuss their work with their manager and to develop their career through further training, for example in gaining the skills and experience required to become team leaders or managers.

People continued to receive and be involved in the development of individual care plans, with the support of staff, relatives and a range of external professionals including health care and advocacy services.

Where people had specific needs in relation to their eating and drinking, this was clearly recorded in their care plans, and staff had the information and guidance from dietitians and speech and language therapists where this was appropriate. Menus were planned with the involvement of people, with people's preferences being incorporated into the overall menu for each week. One relative told us, "[My relative] has been helped by staff to lose a couple of stone by eating healthier and exercising more. Now they are looking great – fit and strong."

Staff assisted people to attend health appointments and managed their healthcare effectively. Relatives told us staff enabled people to access healthcare services. They said their family members were up to date with regular health checks such as going to the dentist, optician or to the GP for an annual health check. One relative described how staff were aware of one person's difficulties with engaging with health services and commented positively on how their relative was supported by staff.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Where people's needs assessments included information that suggested they may lack capacity to consent the provider sought appropriate assessments of capacity from qualified professionals. Where people were found to lack capacity to consent, records showed the service applied best interest's decision-making principles and involved people's relatives, social workers and advocacy services to consider the best decision for the person.

Each person had their own key worker who supported them with all aspects of their day to day living and who ensured that support plans with associated risks were implemented and reviewed with support from the manager. The service did not practice any restraint or form of physical restriction.

Is the service caring?

Our findings

At our last inspection in July 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

Staff and managers continued to demonstrate strong, positive and caring relationships with people using the service. People told us with nods of agreement that they liked staff and the home. Relatives spoke positively about the service and the kind attitude of staff. One relative told us, "[My relative] is happy. The staff are really very caring. I would be able to tell if [my relative] was unhappy, but they love the place."

During our inspection we saw that people interacted with staff in a very positive way and that staff used a variety of techniques to ensure that people felt secure and at ease, as well as making sure people knew what was happening at any time. Techniques included speaking with people, guiding and prompting and physically demonstrating things to them to support them understand.

People received care and support from staff who knew and understand their history, likes, preferences, needs, hopes and goals. The relationships between staff and people receiving support demonstrated dignity and respect at all times. For example, one person was very excitable after just returning from a trip out. Staff took the time to allow the person to let off steam and gently encouraged the person to become involved in the ordinary routines of the home, speaking kindly and guiding them towards an activity they enjoyed. This helped maintain a calm home environment for everyone whilst still respecting the individuality of the person.

People's privacy and dignity was respected and promoted through the provision of personalised activity plans and flexible staffing in the home. For example, people's care plans outlined the level of support people needed with regard to personal care and the level of independence they could exercise for various activities. This enabled staff to appreciate and respect people's privacy when appropriate and safe to do so. Relatives and other visitors were welcome because of an open visiting policy.

The service continued to ensure that care plans and care records accurately reflected the support needs that people had together with a personalised support plan. A profile for each person had been developed and we saw that care records also recorded the input of relatives and health care workers where appropriate.

People were proactively supported to express their views and staff were skilled at giving people the information and explanations they need and the time to make decisions. In addition, the staff maintained a keyworker system which matched a person with a named staff member. This enabled staff to provide people with an added sense of care and security.

People's religious, cultural and other needs and preferences were recorded by the service and taken into account when planning and delivering care. The service encouraged the involvement of families as much as possible in these issues to ensure people's rights were respected.

Is the service responsive?

Our findings

At our last inspection in July 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People continued to receive exceptionally personalised care that was responsive to their needs. All the relatives we spoke with spoke highly of the commitment by staff to understand and respond to people's needs. One relative told us, "There have been positive changes in the last 12 months. [My relative] does more of what they enjoy and goes out a lot more." Another said, "[My relative] really enjoys going to the resource centre and mixing with people and staff understand when they need help, or when they are thirsty."

The personalised approach to care meant that the service could respond to people's needs in a way that maintained positive relationships with their community and families. For example, one relative told us how the staff supported their relative to travel to the family home, despite it being a great distance, because the relative was unable to make the journey to the home. Another relative told us how their relation was supported in playing pool in the same pub as their father, so that they could enjoy a game together, and so that the person could make a wider group of friends.

The care and support plans we inspected detailed people's physical, mental, emotional and social needs and integrated these needs into an outcome based plan of support structured to ensure these needs were met effectively. The support plan outcomes for people were drawn up together with them, their relatives and health and social care professionals where appropriate and were signed off by all parties involved in the process.

People were supported to pursue social interests and activities that were important to them. These included day centres, trips out, shopping, time with relatives and group activities such as barbecues, birthday celebrations and parties.

These activities had a positive impact on people's presence in the community. However, in the ordinary day to day life of the home and in their routines around housekeeping, laundry, cooking and socialising, staff continued to ensure that people's preferences were respected with regard to their private time, the amount of participation they had in the home's routines and supported people individually to enjoy a stable home life.

Staff told us it was because they worked closely as a team. One care worker told us, "We work as a team, and the manager is very interested in everything that happens. We talk about things together."

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We saw information was provided in a variety of formats for people, including information written in plain English and using pictures.

Relatives were aware of the complaints procedure and how to raise issues. Although the home had a formal complaints system, everyone we spoke with told us that issues were easy to raise and were resolved informally. These included examples such as their relatives' diet, clothing, the décor of the home. Relatives felt satisfied with the way the manager responded to any issues raised.

At the time of the inspection, nobody was receiving end of life care. However, the service had appropriate policies on this issue and discussed people's preferences where people were willing to talk about them.

Is the service well-led?

Our findings

At our last inspection in July 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

There was a registered manager in post at this service. 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.'

We saw the registered manager was fully involved in the day to day management of the service. This helped them to be fully aware of how care and support was being provided to people, and helped them deliver good quality care.

Staff said they felt comfortable to approach the registered manager and the deputy manager about anything they might want to discuss with them. Relatives told us that the registered manager was approachable and that the staff as a team helped create a welcoming and open atmosphere.

We saw effective supervision practices, staff appraisals and regular team meetings provided staff with the information that had helped to ensure they understood their responsibilities. Staff were clear about the expected levels of quality standards when delivering care and support to people. Their performance was regularly reviewed, risks and regulatory requirements were understood such as staff responsibilities to ensure people's best interests were met.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The culture of the home encouraged managers, team leaders and care staff to work together but with clear and distinct roles and responsibilities. Quality audits were carried out monthly by the home and quarterly audits were carried out by external senior managers.

Feedback from people and their relatives was gathered and the findings helped to inform the service's overall vision statement for the coming year, and we saw that one had been completed for the period 2018/2019.

Records showed that the home's responsibilities covered by policies and procedures were translated into holistic care packages for people, with the aim of improving people's quality of life, including areas such as mental capacity, safeguarding, medicines, speech and language therapy, health and nutrition. Records and care plans were up to date.