

Care Management Group Limited

Care Management Group - 57 Bury Road

Inspection report

57 Bury Road
Gosport
Hampshire
PO12 3UE

Tel: 02392588756
Website: www.cmg.co.uk

Date of inspection visit:
25 November 2016

Date of publication:
08 February 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 25 November 2016. The home is registered to provide accommodation and personal care for up to six people who have learning disabilities or autistic spectrum disorder. At the time of our inspection five people lived in the service. At the previous inspection in October 2015 we had identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding staffing, recruitment and personalised care. At this inspection we found the provider had taken appropriate action to ensure two of the breaches had been met. However the breach regarding personalised activities will be repeated and there is a new breach regarding quality assurance and records.

The service did not have 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. The provider has kept us informed of the situation around the management of the home. A new manager was in post and told us they were applying to become the registered manager. Throughout this report they will be referred to as the manager.

Staff were aware of what constituted abuse and what action they would take if they had any concerns over people's safety. Risks associated with people's care were identified and plans had been developed to reduce any risks. In a few areas of people's care plans, risk assessments had not been regularly reviewed. Medicines were stored safely and administered as prescribed; however there was an error with recording of medicines on the day of the inspection. Procedures in relation to recruitment of staff had been followed ensuring the safety of people.

Staffing levels were planned to meet the needs of people. Staff received appropriate training and support to meet people's needs. People had developed good relationships with staff who were caring and knowledgeable in their approach. People were treated with dignity and respect. Staff had tried to include people in the development of their care plans. Relatives told us their family members were well looked after and safe at the home.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager and staff had a good understanding of DoLS and the action they needed to take. Applications had been made to the local authority. Staff demonstrated a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005. The manager and staff knew how to undertake assessments of capacity and when these may need to be completed.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People's physical and emotional health was monitored and appropriate referrals to health professionals had been made.

People had care, support and health plans in place. Some activities were taking place but these were not personalised and did not always include what people had identified they liked to be involved with.

Details of the complaints procedure were displayed around the home in a pictorial format. The manager operated an open door policy and encouraged staff to make suggestions or discuss any issues of concerns. There were some quality assurance taking place, but this needed to improve to ensure all information was analysed and lessons could be learnt from the information. The recording of information relating to people needed to be improved.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff understood the principle of keeping people safe. Appropriate risk assessments had been completed although some had not been reviewed. Staff were aware of the risks facing people and how to minimise these risks.

Staffing levels met the needs of people and recruitment checks had been completed before all permanent staff started work.

Medicines were administered and stored safely by competent staff, although the recording of medicines were not correct on the day of the inspection.

Is the service effective?

Good 

The service was effective.

Staff received training to ensure they had the skills to meet the needs of people. Staff felt supported and a programme of supervision had been started.

People were protected from inadequate nutrition and hydration.

Staff understood the need for consent and the principles of the Mental Capacity Act 2005.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and privacy and their independence was promoted.

Staff demonstrated a good understanding of people's needs and knew them well.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People had personalised care plans but attention was needed to ensure the records were reviewed regularly. Activities needed to be matched to people's individual preferences.

There had been no recent complaints and the procedure was displayed in the home.

Is the service well-led?

The service was not always well led.

There was no registered manager in post at the time of the inspection. A new manager had been recruited and had started to work in the home and was being supported. The manager was available and provided a positive and open culture. Staff felt listened to and supported.

The quality assurance system needed to improve and people's records needed to be accurately maintained.

Requires Improvement 

Care Management Group - 57 Bury Road

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 was 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 25 November 2016 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection we reviewed previous inspection reports and looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law.

People living at 57 Bury Road were unable to tell us in words how they felt about the home. We tried to ascertain their views by observing their behaviour and looking at records of how staff gathered this information. We spoke to two relatives to gain their views on the service their relative received whilst living at 57 Bury Road. During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at three people's records, including support plans, medicines records and risk assessments. We viewed accident and incident records, staff recruitment, training and supervision records. We reviewed a range of records relating to the management of the service such as complaints, records, quality audits, policies and procedures. We spoke with the manager and five staff members gave us feedback following the inspection.

Is the service safe?

Our findings

At the inspection in October 2015 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found people's needs were not always met by consistent numbers of competent, skilled and experienced staff.

During this inspection we found action had been taken and the provider was now compliant with this regulation.

Staffing levels were planned and sufficient to meet the needs of people and duty rotas reflected this. Staff told us there were always enough staff on duty to meet people's needs. They advised us they supported each other and worked well as a team. The manager told us the service was nearly fully staffed and agency workers were rarely used. The home had recently recruited a large amount of new staff who were working as part of the team. They told us they were being well supported and worked with more experienced team members when on shift.

At the inspection in October 2015 we found the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the lack of recruitment checks did not ensure all staff were fit and proper to be employed to ensure the safety of people. During this inspection we found action had been taken and the provider was now compliant with this regulation.

Recruitment records showed relevant checks had been followed to keep people safe. Checks with the Disclosure and Barring Service (DBS) were made before staff started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Application forms had been completed and where available staff's qualifications and employment history including their last employer had been recorded. Photographic evidence had been obtained ensuring staff were safe to work with people. New staff confirmed they had been through a good recruitment process before they had started working in the home.

The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Records showed the amount of medicines received into the home were recorded. People were prescribed medicines to be given when required (PRN) and there were clear protocols in place for their use. Medicine administration records (MAR) showed these were recorded so staff could monitor their use. All staff involved with medicines completed training in the safe administration of medicines. Staff were required to undertake an annual competency assessment to ensure they were safe to administer medicines. We found two errors which had happened on the morning of the inspection. In the recording of one stock of medicine the wrong record had been signed which made the total of the medicine incorrect, but this was only due to the recording being in the wrong place. This had no impact on any person. It was also noted a member of staff had administered one person's medicines but not signed the medical administration records before they started to administer the next person's medicines. When we spoke to the manager about this they were already aware and advised the member of staff would be taken off doing medicines until they had refreshed their training.

Risk assessments had been completed. These clearly identified who had been involved in the decision making and considered the person's happiness over the risk. They identified the risk and the consequences of the risk. Any action to reduce the risk was recorded and they included the person's views, when these were known. Whilst risk assessments were still appropriate to the risks facing the person, it was clear some had not been reviewed on a regular basis. Staff were aware of the risks relating to people and signed people's risk assessments to demonstrate they were aware of these.

Risk assessments had been carried out on the home. There were procedures in place in case of emergency situations in the home including fire, flood or loss of power.

Relatives told us they believed people living in the home were safe. The home had a policy relating to safeguarding and detailed the procedure staff should follow if they suspected abuse was taking place. Staff had a good knowledge of the types of abuse and what action they should take. Staff had received training to support this knowledge. Staff also told us people were safe. A staff member did comment they felt the service had become risk averse in order to keep people safe. They felt the new staff team would be able to offer consistent care where risk taking would become more supported.

Is the service effective?

Our findings

At the inspection in October 2015 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not received training to ensure they could meet people's needs. During this inspection we found action had been taken and the provider was now compliant with this regulation.

A training matrix was used to record the training staff had undertaken, when the training was due for renewal and when it had expired. This recorded training was in-date for all staff, except new staff who were working on their induction. A range of training methods were used, from on-line to more practical face to face training. A separate training matrix was available for the five separate training sessions which were required for medicines management. This was up to date and it was possible to establish staff working night duties had received all the necessary training to ensure people were safe. Staff told us they found the training to be good and equipped them to do their job safely and effectively. New staff underwent an induction programme, which worked towards the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a record which displayed when staff had their supervision dates for a six month period. Records showed these sessions went ahead and staff felt supported by the new manager.

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. Staff had a good knowledge of The Mental Capacity Act and confirmed they had received training on this subject. People had mental capacity assessments regarding specific decisions throughout their care plans with best interests decisions made where necessary with the relevant people being involved.

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 Mental Capacity Act 2005. The application 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 were being met. Staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had appropriately been made to the local authority responsible for authorising them. Details of these were included in people's records. The provider had made efforts to chase these applications up with the local authority.

People were supported to have a sufficient amount to eat and drink and received a balanced diet. People's preferences regarding their meals had been recorded and were available in pictorial format. Staff were aware of people's preferences with food choices and these were incorporated into people's meals. Records of people's nutritional intake were recorded on a daily basis as good practice. People had risks identified in

relation to their nutritional intake in their support plans and support from staff was provided to minimise these risks. Staff were aware of people's choices, when people refused their food, staff accepted this and would offer the meal later. Where appropriate, referrals had been made to the speech and language therapist team and their advice had been added to support plans. Meal times were relaxed and not rushed and people who enjoyed eating out were supported to do this on a regular basis.

People had health support plans which detailed all health and social professionals who supported them. Details of any referrals and appointments were maintained in people's records. Records of on-going appointments and advice were recorded and where necessary the advice was written into the care plan. Relatives told us they were kept informed of all health appointments.

Is the service caring?

Our findings

Relatives told us the staff were caring, kind and considerate. However it was noted there had been a high turnover of staff and concern was expressed that as a relative you would be talking to a complete stranger about the care of your relative and then you would never speak to that member of staff again.

The home had been through a high percentage of staff changes including the manager and regional director in the last twelve months. Long standing staff told us this had an effect on the morale of the staff in the home and they had needed to work hard to ensure people were well cared for and provided with consistent care. All staff reported the morale in the home was now good and the staff were working as a team. The home was nearly fully staffed with agency being used on a much reduced capacity. Staff were cheerful and people seemed contented and happy. We observed positive and caring interactions between people and members of staff. Staff spoke to people in a kind, calm and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance or space and provided this in a positive manner. People were treated well and were not discriminated against with regards to their age, abilities and religion. Special attention was made to ensure a specific food was only available when one person was out of the home to respect their wishes.

Efforts had been made to ensure people had been involved with making decisions about the care and support they received from staff. Examples of people's preferences and goals were included in their care plans. All the people living at the home had family who were also involved in the on-going care of their relatives. They were invited to reviews of their relatives care. Some parts of people's records were pictorial to help people understand and be part of them. During the inspection staff listened to people who expressed a choice of who they wanted to support them. Staff respected and supported people with these choices.

People's privacy and dignity was respected and promoted. Each person had their own bedroom which had been personalised. Staff always knocked on people's doors before they entered their room. Care was taken to ensure people's care plans and daily records were held securely to maintain people's privacy. Staff confirmed they understood and valued the need to respect people's privacy and dignity. They described the methods they used when supporting people with personal care.

Is the service responsive?

Our findings

At the inspection in October 2015 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of personalised activities to meet individual's needs. During this inspection we found there had been little progress in this area and this will be a repeated breach of this regulation.

People had extensive information recorded about their needs, wishes, aspirations and how they should be supported to ensure these were met. Records included information on people's preferences, choices likes and dislikes. For example records recorded the time people liked to go to bed and get up in the morning. Staff were aware of these wishes and reported people were supported in these choices. Daily records were maintained which included information on what people had eaten and what activities they had been involved in. Where appropriate, records were maintained of people's mood and behaviour in order to determine if there were any emerging patterns which were triggering behaviours. It was noted some parts of the care and support plans had not been reviewed for some time. The manager was aware of this and had already made a note of this and had an action plan to ensure they were reviewed in the near future.

At the last inspection it had been reported activities were taking place but these were not personalised to reflect people's choices were upheld. We noted again peoples records included information on the activities people liked to take part in. However, when looking at their daily activities it was noted these did not reflect people had taken part in these activities. A relative advised us they had been informed there was a lack of staff who could drive the home's transport, which had limited their relative's outings. The manager accepted people had not been involved in as many activities as their care plans indicated. They advised this had been a consequence of the high staff turnover. The manger did advise staff are already looking into activities in the local area for people to participate in and try. Several people in the home had recently been on a holiday.

The lack of personalised activities was a repeated breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

The home had a complaints procedure and this was available in pictorial format. There was also a comments book by the front door, so people could feedback of both a positive and negative nature. Relatives told us they felt comfortable if they made a compliant it would be looked into by the manager.

Is the service well-led?

Our findings

It was clear from discussions with staff the home had been through a difficult year, where relationships between staff, and between staff and the manager had been tense. We were advised by staff this was why there had been a high turnover of staff. It was of concern the high turnover of staff and tensions between staff had been identified by the provider but these concerns had not been shared with the staffing group and relatives. Following the inspection we were told by the manager there had been regular visits by the regional director, operations manager and the chief executive. The manager advised extra monitoring visits had been made due to concerns regarding the high turnover of staff. However there was no evidence this had been communicated with staff or relatives who raised concerns regarding the high turnover of staff. However all staff confirmed the home now had a much better feel and they had confidence in the new manager. Staff told us, "Communication has improved," and, "I go to work really happy". Staff had a lot of respect and belief in the new manager to ensure the improvements in place were continued. The manager was aware of the past difficulties and advised she had an open door policy and encouraged staff to discuss any issues with them. They were also aware of the need to ensure there was effective communication with people's relatives and friends and were planning to start a newsletter in the new year.

The manager told us they were going to apply to the Commission to become the registered manager. They advised they were feeling well supported by another registered manager and the regional director, who called in on a regular basis. We were shown copies of regular meeting notes between the manager and regional director where there were agreed priorities. Staff were clear these were shared with them. Staff felt clear in their roles and the ethos of the home.

There was a lot of information regarding quality assurance processes to ensure the service was meeting people's needs. However, in some cases this could have been improved. For example, people had incidents and accidents recorded on an individual basis. Two people were having their behavioural incidents looked at within house by the positive behaviour support team to look for patterns and triggers so that appropriate anticipatory care plans could be developed. However, there was a lack of looking at patterns of all incidents and accidents at the home as a whole to see if there could be any learning from these events. For example, in one person's records it recorded in the month of the inspection there had been three repeated incidents of the same incident from one person. Whilst these were detailed in the persons daily notes they had not been recorded as incidents. This also meant these incidents had not been included in any overall analysis, to see what was going on in the home at that time; any chance of any learning was lost. For example, it was not possible to establish if these could have been prevented in the future by different routines or different staff.

Records in the home needed to be improved. For example everyone had risk assessments, but in a few circumstances these had not been updated to ensure people were aware of the current risk. As the home had a lot of new staff it was vitally important risk assessments were up to date. Records in some people's care plans had not been reviewed on a regular basis. In the safe domain it was noted there were errors on the day with the recording of medicines.

The failure to ensure there was an effective quality assurance programme and maintain accurate records, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a lack of personalised activities for people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to ensure there was an effective quality assurance programme and maintain accurate records,