

Care Management Group Limited

Care Management Group- 283 Dyke Road

Inspection report

283 Dyke Road
Hove
East Sussex
BN3 6PD

Tel: 01273504547

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28 March 2017

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 28 March 2017 and was announced.

Care Management Group - 283 Dyke Road provides support for up to eight young adults who have learning disabilities. This is a supported living scheme where people live in a shared house under a tenancy agreement. Each person has their own room and shared communal facilities. People receive personal care or social support in order to promote their independence. The support provided is tailored to meet people's individual needs and enables the person to be as autonomous and independent as possible. There were eight people living at the service at the time of our inspection. Not all received support with the regulated activity of personal care.

At the last inspection on 12 August 2014, the service was rated Good overall. At this inspection we found the service remained Good overall.

Care and support provided was exceptionally personalised and based on the identified needs of each individual. People's care and support plans and risk assessments had been maintained and reviewed regularly. Staff were outstanding and went the extra mile to ensure people were supported to live a full and active life. They had found creative ways to enable people to live life to the full and continued to do things they enjoyed. One member of staff told us, "We try to get people to help and do as much as they can." People told us they had felt involved and listened to. One relative told us, "They have quite a full life. They are always doing things. They are teaching them skills to move onto more independent living."

People and their relatives told us they felt people continued to be safe in the service. They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and they would be listened to. Systems in place to assess and manage risks had been maintained to provide safe and effective care. People continued to be supported by staff who had been through robust recruitment procedures.

Sufficient numbers of suitable staff had been maintained to keep people safe and meet their care and support needs. One relative told us, "It has improved a lot. There were a lot of changes of staff and now there is good continuity of staff. There is a deputy manager now and there is always someone there and good leadership." One member of staff told us, "There is no problem with staffing there is a rota and the key worker for the tenant will carry out the activity plan and the shift leader will check if we are off." Staff told us they received supervision and they were well supported. One member of staff told us supervision, "Works well, they ask how good we've done and what I need to do in the future with the service users and the goals for the year." They had received training to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. One member of staff told us, "We have a really brilliant team, with a low staff turnover. People stay and progress. The creativity of the team brings the best for service users." Another member of staff told us, "The colleagues and the service users are good. This is a good environment it's like a family here we support each other and if stuck we can ask a colleague with

more experience."

Where people were unable to make decisions for themselves this had been considered under the Mental Capacity Act 2005, and appropriate actions continued to be followed to arrange meetings to make a decision within their best interests.

People continued to live in a service with a relaxed and homely feel. People were supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. One member of staff told us, "The culture is of openness and putting people first. Supporting people to achieve their best. Going over and above. There is a good feel to the house and people enjoy living here." One person told us, "It's good here they let me paint my room green my favourite colour. My keyworker is nice and I'm going on holiday to Disneyland. I've got a library for my DVDs. My favourite day is Friday because I go to the library and Starbucks and to Brighton with staff for a haircut and beard trim." Another person told us, "I like my flat and I go to college and to get food at the shop."

People told us the food was good and plentiful. Staff told us that an individual's dietary requirements had been considered and people were regularly consulted about their food preferences. One person told us, "I do shopping and cooking a fry up. I'm going today to get a meal deal." Healthcare professionals had been consulted with as required.

Relatives told us communication remained good. One relative told us, "Anytime there is a problem they ring up. They ask if they can do things, and if they are unwell." People had regular opportunities to comment on the care they received. They were aware who to speak with if they had any concerns.

Staff told us that communication throughout the service continued to be good and included comprehensive handovers at the beginning of each shift and staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable. One member of staff told us, "The manager is really accessible. At staff meetings we can discuss different ways of working. It's really working well here and really good communication." Another member of staff told us, "She (The registered manager) is very honest and give back feedback and keeps people motivated. She is a very hands on manager. If activities change, for example if the group is going to the cinema she will help." The registered manager told us that senior staff had maintained a range of internal audits, and records confirmed this. They operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have. One member of staff told us, "There is an open door policy and a really good team and you can ask anyone for anything."

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Outstanding ☆

The service becomes outstanding.

The service was extremely responsive.

People's care plans were personalised with their individual preferences and wishes taken into account.

People were supported to attend and participate in a wide range of educational, occupational and leisure activities of their choosing. There were broad and varied approaches to building on people's aspirations and exceptional examples of community engagement

People and their relatives were able to raise any complaints or concerns they had about the service.

Is the service well-led?

Good ●

The service remains good.

Care Management Group- 283 Dyke 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 checked 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 28 March 2017 and was announced. This was so that key people could be available to participate in the inspection, and for people living in the service to be made aware we would be visiting their home. Two inspectors undertook the inspection.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete 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 received feedback from the local authority commissioning team who have responsibility for monitoring the quality and safety of the service.

We spoke with four people using the service, the registered manager, the deputy manager, one senior member of care staff, and three care staff. After the inspection we spoke with two relatives of people using the service.

We sat in on a staff handover and observed the administration of medicines, and the care and support provided in the communal areas. We spent time reviewing the records of the service, including policies and procedures, four people's care and support plans, the recruitment records for three new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

Is the service safe?

Our findings

People and their relatives told us people were safe in the service. One relative told us their relative was, "Safe as they could be anywhere."

Robust risk assessments remained in place for people, which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. One member of staff told us, "We are all responsible for safety and we tell them how to cross the road in a safe place we have an eye on them, small accidents can happen and we can't protect them every time, but we look out and do risk assessments. If someone is new we watch for example when taking them swimming we alert the life guard if we can't get in the water with them and sit on the bench. We read the risk assessments and look at the files and care plans in the office." Special consideration was given to individual risk assessments for each risk for example, for one person it detailed, swimming in community pools, must not take part in races or swimming lengths, vigorous play whilst in the changing rooms. Staff will be aware of whereabouts and keep contact verbally when he cannot be seen.' There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

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 were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been 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 adults. 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.

People and their relatives felt there was enough staff had been maintained to meet people's care and support needs. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. One member of staff told us, "They have their own activity plan they agree in advance. So we know in advance how many staff we are going to need." Another member of staff told us, "There is no problem with staffing there is a rota and the key worker for the tenant will carry out the activity plan and the shift leader will check if we are off." Staff told us that they rarely used agency staff and only on nights. The day

shift usually covered any gaps in day staff so ensured good consistency of staff. One member of staff told us, "This house is really lovely. It's the best team we have had. We all pull together and work well together."

People continued to receive their medicines safely. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Is the service effective?

Our findings

People felt staff were skilled to meet their needs and continued to provide effective care.

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 continued to be given choices in the way they wanted to be cared for. Staff were able to tell us about a best interest meeting for one person to help support them in accessing the community. One member of staff told us, "We assume they have capacity. They have the same rights as everyone. We prompt and use different ways. We try to be original and try to manage the situation, we can normally work around it. Give them space and a different way to approach or different staff." Another member of staff told us, "There are times when they say no and we have to respect that."

People continued to be supported by staff that had the knowledge and skills to carry out their role and meet individual people's care and support needs. When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff confirmed they had received induction training, a period of shadowing with essential training. One member of staff told us, "The colleagues and the service users are good. This is a good environment it's like a family here we support each other and if stuck we can ask a colleague with more experience." Staff had access to essential training and regular updates of their training to ensure they could meet people's care and support needs. One member of staff told us the registered manager, "Will let us know and there is a rota with the staff name and when it's due and the place." Staff had also completed training to help them understand learning disabilities and autism. One member of staff told us the recent autism training they had attended, "It was the most helpful one to help understand and work with the tenants." Another member of staff told us, "CMG is really, really good with training. We have constant refresher training. They will provide any specialist training we need." A third member of staff told us, "The training at CMG is really brilliant."

Staff confirmed they felt they continued to be very well supported and received individual supervision and team meetings which had been maintained. One member of staff told us supervision, "Works well, they ask how good we've done and what I need to do in the future with the service users and the goals for the year." Another member of staff told us, "We check the last supervision that everything has been completed before starting the new supervision. I think it works really well." Staff told us an annual appraisal took place. A senior member of staff told us, "It takes time for people to build up a culture of trust, transparency and an open door policy. People can feel supported and discuss how they see their career progressing. People come up with really brilliant ideas to support people. I had really brilliant training on supervision and it helped me to do appraisals which I had not done before."

We found people were supported to access a varied and nutritious diet and to follow any dietary requirements. People shopped and prepared their own meals and snacks with support from staff. Menu plans were displayed and people told us what was on their plan. One person told us, "Eggy bread is my

favourite." Staff told us, "We need to encourage good food and let them have bad food from time to time but if they need to lose weight we do a weekly check and the key worker will do a diet plan with healthy food. At the tenants meeting they ask for take away and fish and chips and we advise them on smaller portions and if they refuse we encourage re weight loss. One of the tenants goals is to lose weight and we explain what is good and bad food and let them make the decision." One relative told us, "They are really good with healthy eating. They do healthy things with them."

People's physical and general health needs continued to be monitored by staff and advice was sought promptly for any health care concerns. People had been supported to attend an annual health check and review of their medicines. Staff supported people to book GP appointments and they could attend these with staff. There was a record that people had been supported to attend regular eye tests and dental check-ups.

Is the service caring?

Our findings

Staff demonstrated a caring, compassionate and fun approach to their work with people with whom they had developed caring relationships. Everyone we spoke with thought people were well cared for, treated with respect and dignity, and had their independence promoted. One person told us, "Lovely staff, I am very appreciative." One relative told us, "They seem to pick really nice people. They put a lot of thought into everything. A compliment received in the service detailed, 'Thank you for all your wonderful care with (Person's name) and (Person's name) and everything you do for our family. We appreciate all your help and smiles.' One member of staff told us, "The culture is of openness and putting people first. Supporting people to achieve their best. Going over and above. There is a good feel to the house and people enjoy living here."

The service continued to have a relaxed and homely feel. People helped the senior staff to run interviews for new staff and be part of the selection process. They were also involved in inducting new staff to the service, showing them around their home. People had their own keyworker and were given the opportunity to choose which staff member they wanted for their keyworker, with who they liked to share interests and passions. To help them in their choice of key, a pictorial 'Matching tool' had been developed which people could use. Staff told us it was important that people were proactive in this process, because it was essential people developed a good working relationship with their keyworker who would be working closely with them to develop the opportunities for them to participate in. The keyworker met with their allocated individual monthly to talk about their support and their goals for the future which they helped them to plan for. The provider ran an awards scheme across all their services in the country where people and their relatives were able to choose to nominate staff for an award for the exceptional work they had undertaken with people. Staff had been nominated from the service and had been either runners up or a winner of this award. One member of staff told us, "All then families, residents and staff vote for the winner. We had a big celebration in London. It was great to have this award and to have something to say thank you for the job completed."

Staff encouraged and supported people to try new experiences and activities. For example, two people had recently gone out with friends for a sushi meal. For another person their goals for 2016 included, 'To go on a holiday to Rome, to go and see an Aladdin musical, and work in my favourite café.' Staff were in the process of evaluating people's progress towards their goals and aspirations and were discussing with people their goals for the next year. One member of staff told us, "We look after their wellbeing, health family and community. We sit together and discuss and use pictures for easy read." Birthdays were celebrated usually with a themed birthday party to which family and friends were invited. It was evident a lot of thought and effort had gone into the planning of these events. For example, one person had chosen a cowboy and western birthday party. Another person had a 90's themed birthday party.

People told us they remained involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved people when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice,

explore choices and options and defend and promote their rights. For example, one person who was moving to be nearer their relative was to be supported by an advocate through this process.

Peoples' privacy continued to be respected and consistently maintained. Each person had their own room which had been personalised to reflect their personality. For example, one person showed us a sound system which had been built in their room. Care staff told us they ensured people had privacy when receiving care. For example, one member of staff told us, "The door is always closed unless they are with family or away and then it's locked. We don't enter without knocking and waiting." Another member of staff told us for one person they ensured this by, "Asking her if they mind and not assuming. We give (Person's name) a choice of the member of staff on shift. After the hair wash we leave them to do as much as they can for them self."

Is the service responsive?

Our findings

Staff and relatives consistently told us how the service was exceptionally personalised to meet people's individual needs. People were supported to be as involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. People were supported by staff with individual packages of care and support to develop their skills and increase their independence with the agreed goal that people were working towards. One relative told us how much they enjoyed reading the monthly newsletters. This had pictures and details of what people had done during the month. They told us they really enjoyed reading this and keeping in touch with what their relative had achieved during the month. Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. One member of staff told us for one person, "I am trying to get to get him to do as much as he can do, to try to get the best for him."

Staff were outstanding and went the extra mile to ensure people were supported to live a full and active life. They found creative ways to enable people to live life to the full and continued to do things they enjoyed. Staff continued to be flexible in their approach and put time and effort into ensuring support was provided at a time that suited people and achieved the best outcome for them. The arrangements for social activities were developed in partnership with people to meet their individual needs. People were fully involved in choosing the activities that took place and pursuing their interests. Staff worked to enhance people's social lives and the quality of their personal relationships as much as possible. One member of staff told us, "We have a really brilliant team, with a low staff turnover. People stay and progress. The creativity of the team brings the best for service users." When asked what the service did well one member of staff told us, "To get them closer in the community, involved and part of the community and not just for people with learning disabilities. They are part of activities, for example, (Person's name) wanted to try Zumba and he is really proud of himself. It's what they are looking for." For another person one staff member had supported them to sign up to a modelling and acting agency which created opportunities for actors, presenters and models with disabilities. People valued their relationships with the care staff and felt that they often went 'the extra mile' for them, when providing care and support. Staff had been creative in the activities they had supported people to participate in. One member of staff told us about a colleague, "(Staff member's name) makes even the smallest and most boring tasks fun. He arranged the 'House award ceremony,' He did this with the tenants by himself without the knowledge of other staff. He worked with the people on all the arrangements. (Staff member's name) supported the tenants to make invitations, plan what to eat make the awards and decide who should win. The evening itself was a great success and included service users presenting the awards and giving speeches. This is a great way for tenants feeling they are giving something back in terms of recognising the support they get from staff."

People had benefited from a staff team who took into account their communication preferences and needs, and that celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. For example, Makaton, a specific visual signing technique was used, as was pictorial representations. People were supported to achieve their goals for 2016. Their goals for 2017 were documented pictorially on the lounge wall and some of these goals had already been achieved. A 'Wall of Fame' had been created in which staff acknowledged and celebrated people's progress and achievements

and people were also congratulated at their monthly meetings. Birthdays were celebrated usually with a themed birthday party to which family and friends were invited. It was evident a lot of thought and effort had gone into the planning of these events. For example, one person had chosen a cowboy and western birthday party. Another person had a 90's themed birthday party.

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were very detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required.

Staff knew people incredibly well and demonstrated a thorough understanding of their preferences and personalities. People continued to be supported to achieve life skills and progress towards these were recorded and regularly. They were actively encouraged and supported to carry out daily activities around the service such as cleaning their own room, laundry and ironing, meal planning and cooking. People were encouraged to personalise their own rooms. One person proudly showed us their room which had been themed according to their wishes. There were numerous very creative and supportive approaches to enabling and empowering people to live valued lives of their choosing in the community. People living at the service engaged in a range of activities to suit their preferences, as well as being supported to undertake educational and employment opportunities. One member of staff told us, "They all go to college and attend a variety of courses for example, cooking, fitness and pottery. The provision of meaningful activities remained good and staff undertook activities with people both at the service and in the community. Activities people attended included, kick boxing, visiting the library and attending local clubs. People also accessed local colleges. One member of staff told us, "They all go to college and attend a variety of courses for example, cooking, fitness and pottery. Meetings with people were held to gather their ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw people engaging in pastimes they enjoyed. For example, one person was in their room listening to music. One person told us, "I've got a library for my DVDs. My favourite day is Friday because I go to the library and Starbucks and to Brighton with staff for a haircut and beard trim." A member of staff told us, "We keep prompting them for example; it's a nice day we could go out for a small walk or ask them to help in the house for example go and buy some detergent for the house, it's their home and they are adults. If they say no we can't force them but in half an hour we can come up with something else such as 'join me for lunch.'

Staff went over and above in their encouragement and support with people to try new experiences and activities. For example, two people had recently gone out with friends for a sushi meal. For another person their goals for 2016 included, 'To go on a holiday to Rome, to go and see an Aladdin musical, and work in my favourite café.' Staff were in the process of evaluating people's progress towards their goals and aspirations and were discussing with people their goals for the next year. One member of staff told us, "We look after their wellbeing, health family and community. We sit together and discuss and use pictures for easy read."

Staff were very enthusiastic about the opportunities which had been arranged for people to join in, and told us about themed nights which they had run where a country was picked and food cooked from that country. It was also looked as an opportunity to work with people and look at the country and its characteristics. A quiz was developed and staff worked with people to develop their knowledge of the country. Also a recent activity of 'Come dine with me' had been run in the service. People were supported to actively participate in

their local community. For example, one member of staff told us, "The tenants joined in the best dressed Christmas tree award run by a local church. They spent a few weekends making their own personalised decorations of things they like."

People told us they were routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service in easy read format. Complaints made were recorded and addressed in line with the policy with a detailed response.

Is the service well-led?

Our findings

People, relatives and staff all told us that they were happy with the care and support provided at the service and the way it was managed and found the management team approachable and professional. One member of staff told us, "The management is good." Another member of staff told us, "(Registered manager's name) is very good at keeping us on track. She is a very good manager and is always there if you need her." People looked happy and relaxed throughout our time in the service. Staff said that they thought the culture of the service was one of a homely, relaxed and caring environment.

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. The registered manager was supported by a deputy manager and senior care staff. One member of staff told us, "The manager is very accessible. At staff meetings we can discuss different ways of working. It's really working well here and there is really good communication."

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. People were asked to complete a quality assurance questionnaire each year. The information was then collated and analysed and action plans drawn up to address any issues raised. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the 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.