

Care Management Group Limited

Care Management Group - Telegraph Road

Inspection report

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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

Telegraph Road provides accommodation and personal care for up to four people living with a learning disability, physical disability, autism and/or mental health needs. The home is set back off a main road within walking distance of local shops and amenities. The accommodation comprises a large lounge overlooking the garden, a kitchen/diner and a smaller lounge which provides a cosy, quiet space. Bedrooms are split across the ground and first floor which are accessed by a central staircase. At the time of our inspection four people were living at the home.

The inspection was unannounced and was carried out on 30 October 2017 by one inspector.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Relatives, staff and healthcare professionals told us they felt the home was safe. Staff had received safeguarding training and understood their responsibilities to report any concerns.

Robust recruitment procedures ensured only suitable staff were employed. Sufficient staff were deployed to meet people's needs, including one to one and two to one support in the community.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Contingency plans were in place to manage emergencies.

People's rights were protected because staff understood and followed the Mental Capacity Act 2005. Deprivation of liberty safeguards had been submitted to the local authority for authorisation when required.

Staff empowered people to make choices and take control of their lives. People were encouraged to take part in a wide range of activities, both at home and in the community, which increased their skills and independence.

Staff communicated with people in a way that met their needs, such as signs, pictures and symbols which

helped them to make informed choices.

Staff were kind and caring, treated people with dignity and respect and ensured their privacy was maintained. People were encouraged to maintain family relationships and visitors were welcome at any time.

People had access to health care when required and were supported to maintain their health and well-being. People were provided with sufficient food and drink to meet their specific dietary needs.

People had detailed support plans which provided guidance for staff, who knew people well.

There was a positive, supportive and open culture within the home. Staff felt supported and listened to by the registered manager and were involved in the development of the service.

Complaints procedures were available although the home had not received any complaints.

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.

People were protected from harm and improper treatment by staff who understood how to identify and report any concerns if needed.

Individual and environmental risks were assessed and measures put in place to minimise any risks. Safe systems were in place to ensure people received their medicines as prescribed.

Robust recruitment procedures ensured only suitable staff were employed. There were sufficient staff who were flexibly deployed to meet people's needs and keep them safe.

Is the service effective?

Good ●

The service was effective.

People's rights were protected because staff understood the principles of the MCA 2005 and DoLS.

Staff had received appropriate training and supervision to support them in their roles.

People were supported to eat and drink a varied diet that met their dietary needs and preferences. People had access to health care services to support them to maintain their health and emotional wellbeing.

Is the service caring?

Good ●

The service is caring.

There was a calm and relaxed atmosphere in the home. Staff were kind and respectful towards people and encouraged them to take control of their daily lives.

Staff provided opportunities and support to enable people and families to maintain their relationships.

Staff knew how to communicate with people in different ways which met their individual needs. □

Is the service responsive?

Good ●

The service is responsive.

People had person centred support plans which had been developed with them, their relatives and other people involved in their care.

People were encouraged and supported to follow their interests and hobbies and had access to a wide range of activities which met their preferences and choices.

People had access to an easy read complaints procedure, which included pictures and photos, and relatives knew how to make a complaint. The home had not received any complaints.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the safety and quality of the service to help drive improvement.

People, their relatives and other stakeholders had opportunities to share their views about the service.

There was a positive and open culture within the home. Staff felt supported by the registered manager.

Care Management Group - Telegraph 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.

The inspection was carried out on 30 October 2017 by one inspector. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about law. We also reviewed the most recent 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.

Three people were engaged in community activities during our inspection although we did speak briefly with one person when they returned home at tea time. We also observed one person, who was unable to tell us their views, being supported during the day to help us understand their experiences. During the inspection we spoke with two members of care staff and the registered manager. Following the inspection we received feedback about the service from two people's relatives and two healthcare professionals.

We looked at three people's care records and pathway tracked two people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the running of the home, including incident and accident records, medicines records, three staff recruitment, training and appraisal records and systems for monitoring the quality of the service

provided.

This was the first comprehensive inspection for the service since it registered with the commission in January 2017.



Our findings

Relatives told us they thought their family members were safe at Telegraph Road. One relative told us, "[Care Management Group] took it over. They're very good. I'm not worried now." Another relative said "I have absolutely no concerns about the home." A healthcare professional told us, "I have no concerns about the home and feel that they are one of the better homes that I visit." A second healthcare professional also confirmed they did not have any concerns about people living at Telegraph Road.

People were protected from abuse and improper treatment. Staff had received training in safeguarding people and knew how to identify abuse and how to report any concerns, including to outside agencies such as the local authority and the Care Quality Commission. A safeguarding policy was in place to provide additional guidance for staff, which they had read and signed to confirm they had understood their responsibilities. Staff told us they would not hesitate to raise concerns if they needed to.

Robust recruitment processes were in place which ensured only staff suitable to work in a social care setting were employed. Each staff member provided an application form detailing their employment history. They had provided proof of identity and had attended an interview to check their suitability and competency for the role. The registered manager told us they invited prospective candidates in to visit the home and observed their interactions with people as part of the process. Satisfactory employment references and a Disclosure and Barring Service (DBS) check had also been obtained before staff started work. DBS checks help employers to make safer recruitment decisions.

There were sufficient numbers of staff, with suitable skills and experience, who were effectively deployed to meet people's needs and keep them safe both in the home and in the community. Each person received one to one support or two to one support from staff and this was reflected in the staff rotas. On the day of the inspection we noted that the rota matched people's assessed needs and scheduled activities and we observed people received the level of support required. Staffing was reviewed on an on-going basis and staff were rostered flexibly, for example for two hours to support with a specific activity, as well as cover full shifts. One staff member told us one person was at risk of seizures and said, "If [the person] is ill we would have extra staff at night." Staff confirmed they thought there were sufficient staff to support people safely and meet their needs.

Systems were in place to manage medicines safely. People received their medicines from staff who were appropriately trained and assessed for their competency before being signed off to do so without supervision. People's medicines records included information about each medicine, including 'as and when'

medicines such as pain relief, stating what it was for, when it should be taken and any adverse side effects to look out for. Each person had a medicine administration chart (MAR) which was checked by staff before administering each medicine and completed and signed by staff when each medicine had been given. We reviewed each person's MAR and found all medicines had been signed for appropriately. No one received their medicines covertly although two people liked to have their medicines in a drink or a jelly. Staff told us this was always with their knowledge and consent. One person's medicine's risk assessment confirmed this and stated that staff must say "Here is your medicine" and show the person the medicine before they put it in their drink.

Arrangements were in place for the ordering, storage and disposal of medicines. People's medicines were ordered in a timely way which ensured they were always available. Two staff were required to check and sign medicines in from the pharmacy. Monthly audits were carried out to check that medicines were managed safely, that people received their medicines as prescribed and that no administration errors had occurred. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. Temperatures were taken twice daily to ensure medicines were stored in line with the manufacturer's instructions and remained effective. We carried out a spot check of medicines and found stocks of medicines were correct and were not used after their expiry date.

Individual risks relating to people's daily lives had been assessed and measures were in place to mitigate the risks. For people who had a specific health condition which put them at risk of harm, such as choking or epilepsy, the risks had been assessed and detailed guidance provided for staff to follow. For example, the registered manager explained that one person had epilepsy. The bath plug was kept in a locked cabinet to eliminate the risk of the person filling the bath with water without supervision and putting themselves at risk of drowning. Where people displayed behaviours that could challenge others, this had been assessed and measures incorporated into their behaviour support plans. This provided guidance for staff in how to identify triggers to behaviour and how to use a range of approaches to try to de-escalate each situation. Staff were knowledgeable about the risks to people and what they should do to minimise the risks.

Systems were in place to manage the safety of the environment. Risk assessments had been completed to identify any hazards such as the management of legionella, fire and electrical equipment. Appropriate guidance was in place for staff in how to mitigate these risks. Fire alarm systems were tested regularly by staff and periodically serviced by external contractors. Staff carried out a range of daily, weekly and monthly checks to ensure the environment remained safe and well managed. For example; checks of fridge and freezer temperatures; cleanliness of the home and sharps [kitchen knives]; flushing of water outlets, condition of wheelchairs and water temperatures.

The home had an emergency plan which covered both day and night emergency evacuations. The plan gave detailed guidance to staff and contained useful phone numbers of key people who would need to be contacted in the event of an unforeseen emergency. Individual emergency evacuation plans were in place for each person which detailed the support they would require in the event of leaving the home in an emergency situation.



Our findings

Relatives told us they were satisfied with the health care support their family members received and were kept informed of any changes in their health. One relative told us, "The care is brilliant." They went on to say that staff had contacted them for information about their family's medical history to help manage their family member's health condition. Another relative said "They [staff] manage his health really well. They keep us informed." A healthcare professional told us, "They are proactive. People are thriving. They have richly changed [one person's] life in terms of health outcomes."

People were supported to maintain their health and emotional wellbeing. Clear guidance was available to staff in how to meet people's individual healthcare needs. Each person had a 'health action plan' which included information about their health needs, health management plans and details of health professionals who were involved in their care. Details of telephone calls and appointments with relevant specialists, such as psychiatrists, learning disability nurses and occupational therapists, were recorded in detail and any recommendations were followed through. Preventative healthcare was also accessed, for example dentists, opticians and chiropodists. Social stories were written for people to help them understand the choices about their healthcare. A social story is a story written in simple words alongside pictures and symbols explaining an event. For example, what a flu vaccination or a blood test was, what would happen and who would be involved. A healthcare professional told us they were very satisfied with the way staff managed people's health and wellbeing. They told us, "They ask us for appropriate visits. They are proactive and know what should be happening."

People's rights were protected because staff worked within the principles of the Mental Capacity Act 2005. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager understood how to apply the Act. Mental capacity assessments had been completed when required and best interest decisions were made as necessary. The registered manager kept a checklist of potentially restrictive practices for each person and these were risk assessed and reviewed regularly to ensure they remained current. The registered manager explained how one person's dentist was leading the best interest decision making process with the person's relative to decide how best to carry out the required treatment next year. A healthcare professional confirmed that the registered manager understood best interest decisions and had gone through the appropriate process to arrange joint assessments when required.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). Appropriate applications had been submitted to the local authority for authorisation where required although these had not yet been approved. The registered manager told us they had discussed the delays with their manager and had decided to re-submit the applications which they would keep under review.

Staff received regular supervision and appraisal to support them in their roles. Supervision and appraisals are formal opportunities for staff to meet with their line manager and discuss their performance as well as any issues, concerns or training needs they may have. The registered manager told us supervisions were held regularly and their computer system would flag up if supervision was overdue. Staff told us they felt well supported by the registered manager who provided advice and guidance when needed.

Staff received training in key topics such as food safety, moving and handling, MCA and emergency first aid and we noted most staff were up to date with their training programme. Training was delivered in a variety of ways including on-line and face to face in a classroom setting. Additional training was provided to help staff understand more about people's specific health conditions so they would be better qualified to meet their support needs. A community nurse had provided some specific training for staff to help them support one person who had developed dementia and whose mobility had deteriorated. Other specific training included autism, mental health and epilepsy. New staff received an in house induction, which included shadowing experienced staff, attending training and completing a probation period, during which their performance was reviewed and any additional learning needs addressed.

People were offered a choice of food and drink which met their preferences and dietary needs. Photographs and pictures of different foods were shown to people to help them choose. One staff member told us "We will sit down with them and look at the pictures but it's mostly knowing each service user." People's daily records described what they had to eat and drink. Breakfast choices included; bananas; cereals and toast. Dinner choices included; jacket potatoes; chicken; salads; and vegetables. We saw that supplies of fresh fruit were readily available in the kitchen. People's food preferences were recorded in their care plans. Staff were knowledgeable about people's likes and dislikes, and how they required their food to be prepared. People with specific dietary needs, such as weight management, were supported to manage their diets in accordance with these requirements. A relative told us their family member liked plain foods but staff had encouraged him to expand his diet which now included soups and casseroles. This was confirmed by a healthcare professional who told us, "[The person] is eating much better, a more balanced diet. He was very underweight. He has put on weight and is quite relaxed." Where another person was trying to lose weight we saw that guidance was provided for staff, such as offering smaller portions. Another person required a dairy free diet and we noted food items, such as soya milk, had been purchased for them.



Our findings

Relatives told us the staff were caring. One relative told us about a difficult time their family member had gone through and said, "They [The staff] were brilliant all through that. They have supported us as well. Very much so." Another relative told us, "They [staff] are amazing. They always put his emotional wellbeing first."

Relatives told us they had a very good relationship with the registered manager and staff and this was also confirmed by messages in the compliments book. For example; "Thank you so much for the photos. It made my day to see him smiling again" and " Thank you so much for your reassuring message about going on holiday. It has made me feel so much better about leaving the country."

Staff knew people extremely well. They understood people's body language and responded appropriately to reassure them if they were anxious. We observed one person wanted to go out and was getting a little agitated. A staff member said, "Yes we'll go for a drive. You first, I'll follow. Yes I'm coming. Let's get you in the car darling. Be careful." Staff knew when people may become upset and planned support accordingly, for example, after making phone calls to their family members. One person's support plan stated, 'Staff to be outside his room as he does get upset after calls.' A relative told us, "[Our family member] has had a sad time recently. A year ago staff could have expected high levels of anxiousness and door slamming. Now, he trusts them and demonstrates his emotions. He asks to talk to staff and says how he feels. He even draws pictures and they take time to sit with him and to understand. They [staff] are amazing. They go above and beyond." A health professional told us, "They have worked really hard to get a good routine. They realised the importance of structure and boundaries. He's calmer."

A range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference, pictures and a communication board. When saying to the person they were going out for a drive, the staff member also showed them the car keys to re-enforce their verbal communication. Other methods were used by staff to help find ways to ensure people had the information they wanted. For example, another person wanted to know when it would be Christmas so staff helped them to count how many 'sleeps' were left as they did not understand the concept of time. Some staff knew how to communicate using Makaton, a type of sign language. Communication support plans included information on 'How I communicate, do's and don'ts' which provided guidance to staff in how best to communicate with people. For example to, 'use short simple sentences' and 'repeat back to me' approaches.

The atmosphere in the home was calm and relaxed. Staff interactions with people who were at home were

kind and respectful. There was a strong, person centred culture within the home and people's wishes and choices were respected by staff. Staff empowered people to take control of their daily lives, make decisions and maintain their independence as much as possible. In one person's night-time records, for example, night staff had noted that the person had been awake and got up, 'Walked in the kitchen, served themselves a drink and went back to his room.'

Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. For example, one person's support plans explained that visits with their parents and grandparents were important to them. Relatives and friends were welcome to visit at any time and people were also supported by staff to visit their relatives at their family home. One family had spent Christmas day with their loved one at Telegraph Road. People helped their family members celebrate their birthdays with the support of staff. We noted in one person's care records that they had gone for a drive with a member of staff to buy a birthday card for their dad. A relative told us staff supported their family member to attend a family wedding. They said, "They sent him with a carer. They took him out for the bits that he found stressful then brought him back in again. He attends other family events too. They want him to have a good time."

Staff respected people's privacy and dignity. For example, a staff member explained about one person who liked their privacy when using the bathroom. They told us, "We may be asked by [the person] to go out of the bathroom but we must remain outside the bathroom door," [in case they needed support]. A relative told us the staff helped their family member maintain their personal dignity, for example, by ensuring they were appropriately dressed and the toilet door was closed when they used it. People chose if they wanted to sit in communal areas, go out with others, or spend time in their rooms. One person did not like being with others and preferred to spend their time alone. The registered manager had created a downstairs space for the person to have some quiet time without having to shut themselves away in their own room to achieve that. Other people in the home understood this and the arrangement worked well. Their relative told us, "He's really lucky to have his own room."

People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests. One person told us about their favourite celebrity and showed us their pictures and posters on the walls in their room.



Our findings

Relatives told us they were satisfied with the support provided to their loved ones, which was tailored to their personal needs and wishes. One relative told us that staff tried to encourage their family member to engage in community activities although they chose not to most of the time. They said, "He [my family member] is very unsociable. At least one day a week he'll go swimming, which he absolutely loves and one day a week he'll go out for a pub lunch. He decides." They went on to say that he mostly liked to be at home, "He has a little room he can use and has his music and sensory toys. That's what he loves to do."

People's support was planned with them and with people who knew them well, such as their relatives, staff and relevant health and care professionals. Each person had a keyworker who took a lead role in supporting them and liaising with their family members and advocates when necessary. People's support plans included information about all areas of their life and the support they required. For example, their communication, eating and drinking, work and leisure needs, their health and wellbeing and their goals and aspirations. Support plans provided detailed guidance for staff in how to support people to ensure their needs were met. We observed staff understood people very well and supported them in line with their plans. A relative told us the staff understood the need for clear boundaries whilst enabling their family member to retain his independence. They said, "I don't think he would be where he is now, learning at college, his wellbeing and independence."

People's support was reviewed regularly and their families were fully involved in this and were encouraged to share their views. This was confirmed by a relative we spoke with who told us, "They [The registered manager] will email me or send a text first to check it's convenient to talk and then phone me. We have an open line of communication. We can talk freely at any time." They went on to say their family member had experienced some changes at college and said, "They [staff] raised a concern and we all went to a meeting. We all came up with a strategy."

People were supported by staff to maintain their interests and hobbies and on the day of our inspection we noted that most people were out and about taking part in their activities in the community. People's activities varied according to their personal preferences and needs. One person enjoyed going to a club to meet up with friends and watching TV and another person was happy listening to music and playing with sensory toys. Staff had organised a Halloween party and one person had carved out a pumpkin which we saw on display in the lounge. Other activities included swimming, attending a church group, going to a dance club, going for a walk and a take-away, going boating and a visiting the theatre. A staff member told us, "They are always out; swimming, a pub lunch, walks, cinema or bowling. It's lovely." A healthcare

professional told us the home had purchased a football goal for the back garden and said it had been especially beneficial for one person's fitness and wellbeing.

The home had a complaints procedure and there was an easy read version in the hallway for people to see, which included pictures and photographs of who they could speak to. Relatives told us they would speak to the registered manager if they had any concerns and said they would be listened to. One relative told us they knew who to escalate a complaint to if they ever needed to and said, "I was given some information, the people I could contact [at head office]. I have the phone number." The home had not received any formal complaints.



Our findings

People and relatives had a good relationship with the registered manager and staff. One relative told us, "They're very inclusive. I can't say enough." Another relative said, "I get sent surveys periodically. They want to hear if you're pleased or not pleased. I can't fault it."

The home had a registered manager who had worked at the home previously and had then left for a period of time before returning in 2016. The registered manager was well respected by staff and relatives. There were numerous messages in the compliments book which confirmed this. For example, "We are so pleased you are back as manager again." Relatives who spoke with us confirmed that communication and the management of the home had much improved since the registered manager had returned. A relative told us, "They deserve a gold medal. They've made such a difference in such a short time. They keep to process and plans. They keep us informed. I give them 100%."

There was an open, transparent and supportive culture within the home. Staff felt supported and able to raise issues with the registered manager at any time. One staff member told us, "She is approachable and fair. She listens. I feel valued." Another staff member said, "I've settled in here. I've learnt a lot from [the registered manager]. They [staff] are all lovely." Healthcare professionals agreed and their comments included, "They have an experienced manager in [the registered manager]" and "We have a good relationship with them. They have been engaged [with us]."

There were systems in place to monitor the quality and safety of the home. Monthly audits were carried out to check the quality and relevance of people's support and health plans and risk management plans. Regular audits were completed by a regional director which were aligned to the key areas inspected by the commission. This gave the registered manager a benchmark of how well they were providing services and areas for improvement.

Incidents and accidents were recorded by staff. All incidents and accidents were reviewed by the registered manager to try to identify any patterns and learning opportunities to reduce the likelihood of the incidents happening again.

People, their relatives and other stakeholders had opportunities to share their views about the quality of the service and drive improvement. The most recent feedback received from relatives and stakeholders showed they were very satisfied. One community professional had commented, "The service for this young man is, in my opinion, excellent." Service user meetings took place which provided additional opportunities for people

to have their say about how the home was run. Notes from the meeting in September showed people had discussed activities, and outings. People had drawn pictures of their outings to bowling and the cinema, which were kept with the notes of the meeting. Staff told us they also sat down with people on a one to one basis to obtain their feedback about the home.

Staff meetings took place which provided opportunities for staff to share information and good practice. Minutes of recent meetings showed staff discussed issues such as the service user conference, training, safeguarding, activities and health and safety. Staff told us that communication in the team was very effective. We noted the registered manager kept themselves updated when they first arrived in the morning and read the handover book to check what had happened overnight. Information for staff was available in the office and a newsletter was pinned up in the hallway highlighting events and success stories within the provider organisation.

Records were well maintained and securely stored in the office. The office door was closed and locked when staff were not present. A healthcare professional told us, "Their documentation is very good." Notifications were submitted to the Commission when required.