Care Management Group Limited

# Rugby Avenue

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 28 June 2018. We gave the provider notice of our intention to visit so that they could prepare people with complex needs whose routines might be disrupted by our inspection process.

Rugby Avenue is a supported living service for people with a learning disability. It provides personal care for people who live in their own accommodation. At the time of this inspection the service provided care for two people.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission [CQC] does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

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There was a registered manager in post. 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.'

There were effective systems and processes in place to minimise risks to people. There were safeguarding and whistleblowing policies in place and care workers were aware of how to raise concerns. Care workers had been recruited safely. They underwent appropriate recruitment checks before they could commence working at the service to ensure they were suitable to provide people's care. There were also effective systems and processes in place to minimise risks to people. Care plans contained risk assessments which identified the risks to the person and how these should be managed. Equally, there were robust arrangements around the management of accidents and incidents, medicines and risks associated with poor infection control.

People gave us positive feedback about how the service was meeting their needs. They told us they were supported to have sufficient amounts to eat and drink. Their needs had been assessed by the service before they started to use the service. Care plans included guidance about meeting these needs. The service also involved a range of health and social care professionals. People's capacity to make choices had been considered in line with the Mental Capacity Act 2005 (MCA). We observed that care workers asked for permission before proceeding with care. Care workers had received regular training and support.

People told us care workers treated them with respect and maintained their privacy. People's individual preferences were respected. Their care plans contained detailed information so that care workers could

understand their preferences. Care workers had a good understanding of protecting and respecting people's human rights. As a result, they treated people's values, beliefs and cultures with respect.

People received person centred care. They were involved in the development of their care plans. People's diversity and human rights were highlighted in their care plans. This ensured care workers were aware if they needed to make reasonable adjustments to meet people's needs. People and their relatives confirmed that they could complain if needed to. There was a complaints procedure which they were aware of. People's communication needs were considered, in relation to the requirements of Accessible Information Standard.

There were effective quality assurance processes in place to monitor care and safety and plan on-going improvements. The registered manager had a clear sense of responsibility and had led a management team to monitor and improve the quality of the service.

## 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.

Support plans contained risk assessments which identified the risks to the person and how these should be managed.

Care workers had been recruited safely. They underwent appropriate recruitment checks before they could commence working at the service.

People were supported with their medicines in a safe way by care workers who had been appropriately trained.

### Is the service effective?

Good

The service was effective.

People's needs were met. This is because their needs had been assessed by the service before they started to use the service. Support plans included guidance about meeting these needs.

Care workers received regular training to help ensure they had up to date information to undertake their roles.

The service worked alongside a range of health and social care professionals.

People's capacity to make choices had been considered in line with the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good

The service was caring.

People told us care workers were caring and kind.

People told us that care workers treated them with respect and maintained their privacy.

People's individual preferences were respected. Their support plans contained detailed information so that care workers were

able to understand their preferences.

The service treated people's values, beliefs and cultures with respect.

## Is the service responsive?

Good

The service was responsive.

People received person centred care.

People's support plans detailed people's needs and actions required to support them.

People's diversity and human rights were highlighted in their support plans.

People's communication needs had been considered, in relation to Accessible Information Standard.

## Is the service well-led?

Good

The service was well-led.

People's relatives and care workers were complimentary about the leadership of the service.

A range of quality assurance processes had been used continuously to drive improvement.

There was a clear management structure in place. Care workers understood their roles and responsibilities.

The service sought people's views on the service to monitor quality.

# Rugby Avenue

**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 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 June 2018 and was announced. The provider was given notice because the service provides care at home and we wanted to make sure the manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During the inspection we spoke with two people using the service to obtain feedback about their experiences of the service. We spoke with the registered manager, and two care workers. We examined two people's care records. We also looked at personnel records of five care workers, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run.

Good

# Is the service safe?

## Our findings

We asked people if they felt safe in the care of staff. One person said, "I am happy with the care that I receive here."

There were systems in place to ensure people were safe and protected from abuse. There was a safeguarding policy and procedure in place. Care workers had been provided with training. They understood the procedures they needed to follow to ensure people were safe. They described to us the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They were also aware they could notify other agencies such as the local authority, the Commission and the police if management had taken no action in response to relevant information.

There were safe recruitment procedures. Pre-employment checks had been carried out prior to care workers commencing work. This included a minimum of two references to ascertain care workers were suitable and of good character, permission to work in the UK, and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with people receiving care. People using the service also participated in the recruitment process, which meant that they could have an influence on the selection of staff. The registered manager told us, "Involving people using the service in recruitment gives control to people to choose who should support them."

There were sufficient numbers of care workers to support people to stay safe. The staffing levels consisted of the registered manager and two staff during the day shift and one during the night shifts. Care workers informed us that the staffing levels were adequate. If needed, one to one care and support was provided, which we evidenced from the rotas was generally the case to escort people on outings or appointments, for example. People felt there were sufficient staffing levels to ensure they received care when they needed it.

There were measures to minimise risk to people's safety and welfare. There were assessments for potential risks related to areas such as nutrition, medical conditions, including diabetes, behaviours that challenged the service and those associated with going out into the community. For example, a positive behaviour support (PBS) approach was used to support people who displayed or were at risk of displaying behaviours which challenged. The PBS approach identifies early warning signs that challenging behaviour may occur and suggests de-escalation and distraction techniques prior to crisis management. Care workers understood the strategies which had been agreed to protect people from harm.

We saw that care workers and the management were able to manage people's risks thoughtfully, taking into consideration the least restrictive approaches and interventions. They were aware that a balance needed to be struck between protecting people from risk and protecting their rights. As an example, even though one person was at risk from taking their own medicines, including accidental overdose, reasonable safeguards were put in place to enable the person to take control of their own medicines with minimal support from care workers.

There was a record of essential maintenance carried out at the supported living accommodation. The

service carried out regular safety checks to ensure the premises and equipment were safe for people. There was regular testing and monitoring of water temperatures and electrical installations. The service had a contract with external contractors who undertook safety checks on equipment and the premises to ensure this was safe. The registered manager was aware they had a duty of identifying and reporting concerns about the safety of the supported living accommodation where they provided care.

The service had a business continuity plan in place to ensure people would continue to receive care following an emergency. Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the care home. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.

People received their medicines as prescribed. There was a medicines policy and procedure, which the home followed. The care workers underwent competency assessments to make sure they had the correct skills to support people with medicines. There were suitable arrangements for the recording, administration and disposal of medicines. We looked at medicines administration records (MAR) charts and found that these were clear and accurate. We found no gaps in the recording of medicines administered. There were PRN (as required) medicine guidelines for staff with details of what signs the person may show should they need medicines to manage behaviours or pain.

Good

# Is the service effective?

## Our findings

Care workers had been trained to meet people's care and support needs. Training records showed they had received essential training in areas such as awareness of learning disability, mental health and dementia, autism, fluids and nutrition, person centred active support, positive behaviour support, safeguarding, Mental Capacity Act 2005, medicines management and health and safety. The training was provided through a mixture of E-Learning and face to face taught courses. Some of the courses were bespoke, specific to the needs of people who lived at the home. Care workers confirmed that they had access to the training they required to meet people's individual needs. Their competency was assessed to ensure they carried out their roles effectively.

Newly recruited care workers completed an induction programme in accordance with the Care Certificate to prepare them for their responsibilities. The Care Certificate sets out the learning competencies and standards of behaviour expected of care workers new to care. New care workers also worked with experienced care workers until they were confident they could work independently with people. Care workers were happy with the quality and frequency of the training made available to them. They also confirmed having regular supervision and a yearly appraisal of their performance, which we evidenced from records.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for people living in their own homes are through Court of Protection orders.

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. We examined people's records, which confirmed people's mental capacity to make decisions was consistently considered. We saw that decisions had been made in their best interests and by whom. Care workers had received training in the MCA 2005. They could tell us about the key aspects of the legislation. Where appropriate the service had involved family and professional representatives to ensure decisions made were in people's best interests. For example, we saw that a service user was offered treatment, which they refused. An alternative intervention then offered, which was agreed by the person.

People's needs had been assessed in areas such as, physical health and wellbeing, psychological support, mental health needs, daily living skills, communication skills, and financial matters. Support plans included guidance about meeting these needs. As part of meeting people's needs, the service worked with a range health and social care professionals. People were supported to attend regular health appointments. There was a Health Action Plans (HAP) for all people with learning disabilities. A HAP is a personal plan about what a person with learning disabilities can do to be healthy. Each HAP listed details of people's needs and

professionals involved. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP.

There were arrangements to ensure that people's nutritional needs were met. People's support plans covered cultural needs and religious preferences in relation to food. The registered manager told us, "[People] cannot leave their background just because they live here." We saw that their dietary requirements, likes and dislikes were assessed and known to care workers. People had a variety of healthy foods to choose from.

Good

# Is the service caring?

## Our findings

People were treated with kindness, respect and compassion by staff. Care workers were described as kind and caring. One person told us, "Staff treat me well."

People's individual needs were understood by care workers and met in a caring way. They were treated with dignity and respect. Their rooms were clean and personalised with their belongings and family photographs. Care workers spoke with people in an appropriate way throughout the inspection.

People told us that care workers respected their privacy. They told us care workers knocked on doors before entering their rooms. We observed throughout this inspection that care workers knocked and waited for a response before they entered people's rooms. The service also recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the new General Data Protection Regulation (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive. We saw that care workers had received GDPR training.

Care workers understood the need to protect and respect people's human rights. All care workers had received training in equality and diversity. There was a policy and procedure to guide care workers around ensuring people were not discriminated against on the grounds of diversity. Their spiritual or cultural wishes were respected. People support plans covered their spiritual and cultural needs, including social needs, hobbies and significant celebration days.

People were supported to maintain their independence. The philosophy of care was rooted in person centred values, which aimed to increase the quality of life by providing people with the necessary support to develop skills for increasing independence to meet their life goals. Their support plan contained information about their choices and independence. Care workers knew each person's ability to undertake tasks related to their daily living. For example, the support plan of one person described how the person preferred to be supported with minimal staff input. Their 'daily living care plan' stated, 'I can look after my own personal care. I like to choose the clothes I wear and need minimal staff support. I can do my own washing but may need to be prompted and supported to sort colours'. This shows people's independence was encouraged.

People's individual preferences were respected. Their care plans contained detailed information so that care workers could understand their preferences. As a result, the service could match care workers according to people's interests. The matching tool covered areas such as, 'what people like and admire about me', 'how best to support me' and 'what's important to me'. The registered manager told us, "It is about matching up the personalities of the person we support and the staff member. If you have joint interests, you are more likely to see creativity and enthusiasm around activities." Consequently, rotas were organised so that people received care, as much as possible, from regular care workers. We saw examples where care workers were matched according to hobbies.

Good

# Is the service responsive?

## Our findings

We asked people if the care they received was personalised and met their needs. One person said, "I am happy with the care I receive."

A positive behaviour support (PBS) approach was used to support people who displayed or were at risk of displaying behaviours which challenged. We saw that people's care needs had been fully assessed and documented before they started receiving care. The service continually carried out functional assessments to ensure they understood the function of the behaviours people displayed to inform function based interventions. For example, one person displayed a range of behaviours that challenged, including physical and verbal aggression. These behaviours served different functions, and care workers were aware of appropriate responses. The behavioural plans detailed a step by step approach to reducing the early warning signs of agitation, through de-escalation and other distraction techniques prior to crisis management. We saw from people's medicines records, that PRN medicines were infrequently used to manage behaviours that challenged the service.

People were involved in developing their support plans. Information in support plans identified their personal and healthcare needs. Support plans were personalised and reflected how people wanted to be supported. All the information that care workers would need to know about people's care and support needs was available in easy to follow step by step format. For example, a diabetes risk management plan for one person gave detailed guidance around diabetes care. It highlighted the times to test blood sugar levels, action to take if blood sugar levels were not within safe limits, updating of health action plan, and escalation procedures for medical emergencies. People's support plans were regularly reviewed by care workers. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage.

We looked at how the service was protecting people from discrimination in relation to communication. In particular, we looked at how the service was meeting the requirements of Accessible Information Standard (AIS). As of 1 August 2016, providers of publicly-funded adult social care must follow the AIS in full. Services are required meet people's information and communication needs. There was evidence that each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered. People receiving care were verbal and able to express their needs by speaking. However, there were instructions for visual prompts to assist one person to process and sequence information. Support plans contained clear communication guidelines explaining how each person communicated. This ensured care workers were aware of the communication aids people needed to help them stay involved.

People's support plans reflected their social needs. They were supported to take part in meaningful activities that were socially relevant and appropriate to them. People attended a variety of activities and spent time in the local community. They visited local aquarium, museums, gym, restaurants, shopping centres, and other reactional facilities. This gave people an opportunity to mix with others socially and reduce the risk of social isolation. One person received 1:1 support to attend horticulture class and art class.

People were also supported to carry out house chores, including meal preparations and food shopping.

The service had a complaints procedure which people and their relatives were aware of. The procedure explained the process for reporting a complaint. The service had not received any complaint. People told us they were aware they could call the office or speak with care workers if they had any concerns. They felt they would be listened to if they needed to complain or raise concerns.

Good

# Is the service well-led?

## Our findings

People and their relatives thought the service was well-led. People and relatives were regularly asked for their views on the quality of the service being provided. The service regularly sought feedback from people and their relatives to help them monitor the quality of care provided. We saw the results of the survey from 2017 were positive. Feedback from a relative included, 'The present manager and keyworker are excellent' and 'The new manager is [knowledgeable] about autism'.

Care workers told us that the leadership of the service was good. All care workers spoken with confirmed that the registered manager was approachable and they could contact her at any time for support. A care worker staff said, "The manager is very supportive. She is always there for us." Another care worker said, "The manager makes us feel part of the team." We spoke with the registered manager during the inspection and found her to be up-to-date with people's needs. She could tell us about the support people were receiving and was familiar with important operational aspects of the service.

There was a clear management structure in the home with senior staff allocated lead roles. Throughout the organisation staff understood their lines of responsibility and accountability for decision making about the operation and direction of the service. The management team demonstrated a strong commitment to providing people with a safe care and to continually improve.
The registered manager understood her role and responsibilities. She had ensured CQC was kept informed of all accident and incidents. We saw that accidents and incidents were documented and had been regularly monitored to ensure any patterns and trends were identified and addressed. The results of this analysis were shared with staff to raise awareness of any emerging areas of risk within the service. This meant the management team could keep track of any emerging trends and themes and help keep people safe.

There was an open and inclusive approach to the running of the service. Regular staff meetings took place. We looked at a sample of staff minutes and saw that they covered numerous topics for discussions, including service user updates, health and safety and staff updates. Care workers were asked for their views and opinions and were confident of raising concerns and making suggestions. A staff member told us, "My views are taken on board. The meetings are a platform to express yourself." Care workers told us further opportunities to provide feedback were provided via staff supervisions and appraisals.

There were effective quality assurance systems to monitor the quality of service being delivered. The service had a range of audits to review people's care records. We looked at the audit that was carried out in January 2018. This checked areas such as, health and safety, fire safety, people's care records, staff training, supervision and appraisal, safeguarding, infection control, people's finances and medicines. Where issues were identified, we saw that actions were taken to address these. For example, we saw that the contractor was contacted where there were safety concerns.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs, psychologists and district nurses.