Care Management Group Limited

Care Management Group - Tamarisk House

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

The inspection took place on 8 November 2016 and was announced.

The service provides a home and support for a maximum of five people with a learning disability. At the time of our inspection, five people were living there. The home is a bungalow in keeping with others in the local community.

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.

Staff promoted people's safety. They knew they had to report any concerns that people might be at risk of harm or abuse, and how to go about this. There were enough staff to meet people's needs and they were recruited in a way that contributed to promoting people's safety.

Risks to people's safety were assessed and staff followed guidance about managing these. Staff knew how to respond in an emergency such as a fire or accident so they could help people to stay safe. The safety of the home and the way that people were supported, including with their medicines, was checked regularly so that any problems could be picked up quickly.

People received support from trained and competent staff. The management team had plans to improve the way that care records focused on individual needs and preferences. However, staff had a good understanding of each person, their needs, wishes and preferences so that they could support people as they wanted.

Staff were aware that any action they took to ensure people's safety and welfare should not restrict them unreasonably. Staff understood the importance of the law about gaining people's consent to receiving care and ensuring they acted in people's best interests. Staff involved family members who knew people well in planning how people's needs could be met.

People received support to eat and drink enough to keep them well and healthy. Staff ensured they sought guidance from professionals and acted on advice from them to promote people's physical and mental wellbeing. They understood the signs that people might show if they were becoming unwell or in pain so that they could respond promptly.

Staff treated people with regard to their dignity, privacy and independence. They took action to intervene if people were upset, anxious or distressed and understood how people might express this. They made efforts to involve people in the day-to-day running of their home and to promote a warm, family atmosphere.

There had been changes in the overall management of the service, but a deputy manager had provided support and guidance to staff. This contributed staff clarity about their roles and responsibility. The new registered manager had been in post for only five weeks at the point of this inspection, but had gained the confidence of staff and family members. They had also identified priorities for further improvement.

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 the risk of harm and abuse and staff knew they needed to report any concerns.

There were enough staff to support people safely and recruitment processes contributed to protecting people from abuse.

Medicines were managed safely.

Risks to people's safety and welfare were assessed and staff understood how to minimise these.

Is the service effective?

Good

The service was effective.

Staff were skilled in meeting people's specific needs and had completed relevant training to do this competently.

Staff understood their obligations to consider people's best interests if they were not able to make decisions about their care for themselves.

People were supported to have enough to eat and drink to ensure their health.

Staff supported people to seek advice from health professionals when they needed it.

Is the service caring?

Good

The service was caring.

Staff treated people with warmth and respect for their dignity, privacy and independence.

Staff took prompt action to provide comfort and reassurance if this was needed.

People's relatives were involved in helping to support people express their views about their care.

Is the service responsive?

Good

Staff understood people's individual needs and preferences and how to meet them. Further review was taking place to make sure that care records were more detailed in the information they provided about individual needs.

There was a process for dealing with complaints and people's representatives had confidence their concerns would be addressed.

Is the service well-led?

Good

The service was well-led.

After some changes, there was a registered manager in post who was working with a deputy manager, to provide consistent and stable leadership for the staff team.

The registered manager was open to the views of people using the service, their representatives and staff and took these into account.

There was a system for checking and monitoring the quality and safety of the service and identifying improvements that could be made.

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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.

The inspection and took place on 8 November 2016 and was announced. We gave the provider 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. It was completed by one inspector.

Before the inspection, the previous registered manager completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They returned the information promptly as we requested. We reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or manager must tell us about by law. We sought feedback from the local authority's quality assurance team.

During our inspection, we spoke with everyone living in the home. One person was able to tell us clearly about their views. We observed interactions between people living in the home and staff. We spoke with the registered manager, deputy manager and two care staff. We reviewed records relating to the care of three people and medicines records for two people. We reviewed training records for the staff team and a sample of records relating to the quality and safety of the service.

Because some people living in the home found it difficult to tell us verbally what they thought, we contacted the relatives of three people to gather their views. We also asked for some additional information from the regional director about monitoring and auditing processes. They supplied this promptly.

Good

Is the service safe?

Our findings

One person using the service told us how they felt safe living in the home. They were able to describe how they reported anything that made them feel uneasy or anxious. People's relatives told us that they felt their family members were safe at the service. One relative said, "I believe [person] is safe and happy." Another told us they felt there family member was, "…safe and well treated."

Staff were clear about their obligations to report any concerns that someone might be at risk of harm or abuse. For example, one staff member interviewed was able to give a comprehensive explanation of what might be abusive practice and how they would report it. Our discussions with the registered manager showed that she was aware of the reporting and referral process for concerns about possible abuse. She was able to describe the disciplinary process that was used if there were any concerns about the way staff treated people.

Care records we reviewed contained comprehensive assessments of risk to which people were exposed relating to their health, activities or when they were in the home. This included for example, risks relating to the use of the kitchen, choking, mobility or when bathing. These provided clear guidance for staff on how best to manage these risks. The information staff gave us was consistent with what we had found in these assessments.

There were arrangements in place to help promote people's safety in the event of an emergency. There were regular tests on fire detection equipment to ensure this would work properly to raise the alarm in the event of a fire. Staff were aware how they should support people to evacuate the home in an emergency. Staff had access to training in the use of first aid and resuscitation techniques so they could respond to an emergency affecting someone's health.

Medicines were managed safely. People's relatives told us that they felt staff dealt with their family member's medicines appropriately. Staff, who were responsible for administering medicines, said they had received relevant training to do this safely and we confirmed this from records.

We saw that staff kept medicines safely to prevent any unauthorised access to them. Each person had their own, locked cupboard for their medicines and staff checked medicines regularly to ensure they were recorded and accounted for. Care staff were able to explain how two people participated in some degree with the administration of their medicines. They were clear about what people could manage safely. We saw that staff reminded one person when it was time for them to have their medicines and asked if they were ready for staff to get them.

Medicine administration record (MAR) charts showed when medicines were administered. We noted that there was some lack of consistency in the recording of creams or lotions for application to two people's skin. One person's charts contained entries that were not in sequence and so made it more difficult to audit quickly whether they had their creams applied. We were subsequently able to establish that staff had applied them as intended. The management team undertook to explore how these could be better

recorded.

For another person, they had cream due for application three times daily but it was not used as often as it was prescribed. The deputy manager was able to confirm that the person did not agree to application of the creams in the middle of the day but their refusal was not clearly shown. The management team undertook to seek further advice about this. This was to see whether twice daily administration would be acceptable to the person's GP or whether they needed to reschedule the times for application. They said the person had shown no adverse effects from the missed applications.

There were enough staff to support people safely and staffing levels were flexible according to people's needs. Staff felt that there were enough of them to support people safely with their needs and chosen activities. On the day of our inspection, we noted that additional staffing was arranged to allow for support with a group activity and an individual hospital appointment.

Recruitment processes contributed to protecting people from staff who may not be suitable to work in care services. The registered manager gave us a clear account of processes and the checks that were made. This included seeking references and enhanced checks to ensure that people were protected from applicants who may not be suitable to work in care. The registered manager explained that, if enhanced checks revealed concerns that did not necessarily make applicants unsuitable for care work, their appointment needed confirmation from more senior staff within the organisation.

Good

Is the service effective?

Our findings

People received support from a competent and skilled staff team. One person said that, "They [staff] know what they're doing." Relatives were satisfied that staff knew how to support people. For example, one relative commented to us, "I couldn't have asked for better care for [person]." They gave us an example of how the person had additional needs temporarily following an operation. They told us, "Staff coped well, they had training and [deputy manager] ensured they were all trained up." Another relative said, "They [staff] know how to do things and how to support [person]."

Staff told us they had good access to training and support and opportunities to update it regularly. One staff member said of their training, "I can't fault it. We have to have training to keep our job role. The rotas are sorted so staff can attend, including night staff." They told us that a lot of their learning was on the computer but they could normally find a quiet time on shift to fit it in and staff worked this out between them. Another staff member commented that they did not think there were any gaps in their training. They said they had received training in dementia awareness some time ago, because of specific needs and this was useful. They suggested that a 'refresher' might benefit staff and we made the registered manager aware of this view.

Staff said that they felt well supported by the deputy manager and new registered manager. They confirmed that they had access to supervision. One told us that, following management changes, that, "Supervision is back on track." Staff need supervision so that they have the opportunity to discuss their performance and any support or development needs. Staff told us they felt able to seek support from the registered manager or deputy manager outside of formal supervision sessions if they needed it.

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 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 authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the importance of seeking consent from people and offering choices about their care. They were able to give us examples of how they involved others, for example their doctor, dentist or optician as well as family members, in trying to seek people's consent and agreement. They had also been creative in how they supported one person to receive medical treatment in a way that was less likely to distress or concern them. Our discussions showed that they were aware of the need to ensure any decisions made on behalf of someone who could not give informed consent, were made in their best interests.

The registered manager was aware of the requirements of the MCA and understood their obligations to promote people's rights and freedoms under the MCA and DoLS. Applications for authorisation under the DoLS had been made where it was appropriate. Pending the outcomes of these, they were aware of the importance of ensuring that people's safety was promoted by the least restrictive options to protect their rights.

People's care plans showed where staff needed to support each person in a way that might be restrictive, to ensure their safety. For example, this included balancing one person's right to privacy with the need for some monitoring to ensure their welfare because of their epilepsy.

People had a choice of enough to eat and drink to meet their needs. They told us they liked their food and could help plan menus. We saw that one person was encouraged to join in preparation of the evening meal. Another person told us how they made their own breakfast and lunch. They said that they liked to eat their main meal after others had finished and staff made sure they could do this.

We saw that people were encouraged to make their own drinks if they were able to do so and on occasions, to make them for others. Where people were not able to do so, we saw that staff offered them regular drinks of their choice.

Staff monitored people's intake of food and drink if this was needed to ensure their welfare. They also checked people's weights so that they could follow up any unexplained or unintended change with dietary advice if necessary. A relative told us how staff were encouraging one person with a healthy diet and said, "They [staff] are trying to help [person] lose a little weight."

Staff took action to promote people's health and wellbeing and to ensure people could access professional advice about their health. One person told us how staff helped them with appointments with the doctor or other health professionals if they needed it. They were aware of issues affecting their health and of the importance of managing these.

A relative told us how staff had supported one person with a hospital appointment, going with the person down to the operating theatre and being with them when they woke up. They were very satisfied with the way staff supported the person with their health and welfare.

Relatives were aware that people had appointments with health professionals such as their doctor, dentist or optician when it was needed. Records confirmed this. We noted that information about people's health and wellbeing was clearly set down in their health action books. Staff took those books with them to health appointments so that they had access to any specific information they might need about people's health.

Good

Is the service caring?

Our findings

Staff treated people with warmth and respect. A person gave us an example of how staff treated them. They were confident that they could raise issues if staff were disrespectful or rude. Relatives spoke positively about the approach of staff to their family members and felt that staff were polite and respectful. One relative commented, "There's a nice team of carers, a nice atmosphere and they all get on well together. I can't fault them."

We saw that staff respected and promoted people's privacy and dignity. We noted that staff sought a person's permission before entering their room to ask them a question. They also asked people's permission for us to go into people's rooms to check their medicines.

We observed that there was a warm and friendly atmosphere in the home. We saw that people smiled and laughed with staff. Staff chatted easily with one person about a holiday, what they did, and about their family. We saw that staff took prompt action when one person became distressed, offering them reassurance and distraction.

The deputy manager identified that a person was distressed and that the attention of two staff was not appropriate in reducing the person's anxiety. They intervened to ensure that staff gave the person more space and time to respond and did not crowd them. This encouraged the person to be able to settle and be receptive to reassurance and comfort.

People could make choices and decisions about their care and their family members could be involved if people wanted this to happen. Staff told us how they offered people choices in their daily care and routine. One person confirmed that they could choose how they spent their time. They also told us how they had been able to have a choice about which staff member would be their key worker. They said, "I had a change at my request." They said they were comfortable with the new arrangement. They also told us that staff, "… do talk to me about my care plan and ask what I want to do." They described how staff were supporting them with a particular course of treatment action they had chosen.

Relatives also told us how they were involved in discussions about people's care. They confirmed that they had regular updates about what their family member had been doing kept informed and aware of issues. They told us how the service supported people to be in touch with them, arranging and taking people for visits if necessary. The service did not impose restrictions on when they could visit unless people stated that they did not wish to have contact with their family.

We also found that staff encouraged people with their independence and autonomy as far as they were able. We heard staff asking people where they wanted to spend their time and what they wanted to do. We observed that staff offered guidance or prompts when these were needed but encouraged people with their independence. People were encouraged with routine household tasks to promote or maintain their skills. For example, staff encouraged and promoted one person to assemble the vegetables needed for the evening meal. They remained with the staff member and helped to put the vegetables in a saucepan after

staff had prepared them. A relative told us how one person was encouraged to unpack their bag and put things away if they had been to stay with their family.

One person told us how they were able to lock their bedroom door and had a key to the front door so that they did not need to rely on staff to let them in. They told us how they were able to make decisions about how they spent their own money but staff supported them with this if they needed to save for, "…something big."

Staff were mindful of the whereabouts of others when they shared information about people's care with colleagues or with us. This contributed to protecting people's confidential information.

Good

Is the service responsive?

Our findings

People received support from staff who had a good knowledge of people's wishes and preferences and took these into account in the way they delivered care. Relatives told us that they felt staff understood people's individual needs. For example, one relative told us, "I can't praise them up enough. I am quite satisfied that [person] is well looked after." Another relative told us that staff always gave their family member choices as much as possible and involved the person in their care.

Relatives told us that they were invited to reviews of their family member's care. Two commented that they felt routine reviews may be overdue. For example, one said, "I get involved in reviews. I don't think there has been one yet and it may be overdue as I would usually go and they are normally around October time." However, all of the relatives we spoke with said that they were able to discuss their family member's care at any time. They also confirmed that they received an update every month about what people had been doing and how they had been. One family member described how all staff had a good knowledge of the person and that the person's keyworker was particularly good at keeping them informed and involved. Another told us, "They always involve me and let me know, even if it is just that [person] has a cold."

The registered manager and regional director had identified that work was needed to ensure people's written care plans were more personalised and focused on each individual. We agreed with this view. Staff were able to give us detailed information about what was important to people, their needs and preferences but this was not consistently reflected in the detail within people's records.

One person told us that they had opportunities to do many different things if they wanted to. One told us how they had been to college but were not following courses at this time and might look for something in the spring. They enjoyed going into Norwich on the bus and occasional trips to the pub.

A relative told us about opportunities for their family member to lead a fulfilling life. They said, "I think [person] gets out and about a lot. [Person] likes shopping, the pub and has been to a racecourse. There are lots of opportunities." Another relative commented that they felt their family member had aged and was not as active an energetic as they used to be. They felt that staff were aware of this and offered opportunities for recreation and social activities which were appropriate and interesting for their family member.

During our inspection visit, three people returned from a sports day, which they said they had enjoyed. One person showed us that they had raced in a wheelchair. Another person was wearing the medal they received and showed us this. Later in the day, we saw that staff spent time with people chatting. Staff knew that one person liked to assist with the front door when visitors were leaving and supported the person to do that when we left.

There was a system for receiving and responding to complaints. One person told us about an issue they had raised with the deputy manager. They said they were very satisfied with the way this was being addressed.

Although most people may find it difficult to raise concerns, efforts had been made to enable them to

understand the process. The organisation providing the service had developed guidance for them using simple words and pictures.

In practice, most people using the service would need the support of staff and relatives to express their concerns and to make a complaint. Relatives were all confident that, if they raised any issues with the new registered manager or the owners of the service, they would receive a response. One gave us an example of how quickly they a replacement was obtained when they complained about the state of a piece of furniture. However, they went on to say that they felt, "Staff do so much correctly that I don't have to complain about care."

Good

Is the service well-led?

Our findings

The service had a recent history of management changes, which potentially compromised stable and consistent leadership. The previous registered manager had left the service in July 2016, after which there were temporary arrangements. A manager who was registered in respect of another, nearby service provided support but had additional demands upon their time. However, there was an experienced deputy manager in post to provide stability and guidance for the staff team. Staff said that they felt they all worked well together as a team.

Our discussions with the new registered manager, staff and relatives, showed that they recognised stability as important. The current registered manager took up their role about five weeks before our inspection visit and had considerable experience as a registered manager in another of the organisation's services. Our discussions with the registered manager showed that they were aware of their legal obligations for meeting standards. They were aware of the events that they needed to inform the Care Quality Commission about. They also understood the regulations they needed to meet in the way the service was operated.

Staff told us they felt the registered manager was building up a good relationship with staff and people living in the home. We noted that staff on duty interacted freely with the registered manager about people's welfare. Relatives told us that knew about the management changes and who was now in charge of the service. They felt that the registered manager would listen to their views and was approachable if they needed to discuss anything.

The regional director confirmed that surveys asking people for their views about the service were due to be sent out by the end of November. This indicated that the service considered the views of people or their representatives in the way the service was developed and improved. Relatives confirmed that they felt they were consulted. For example, one relative told us, "There's a survey annually where we can give our views." They said that they did not feel constrained in raising their views at other times.

Staff also told us how they could express their views. For example, one staff member told us that as soon as the manager came in they asked about something they felt was needed and the manager arranged it. They were also confident that the regional director understood the service well and they could speak to them if they needed to.

As a part of the process to drive improvements, the regional director completed quarterly audits of the service. They told us that there would be a further audit in the near future involving the new registered manager. These checks resulted in an action plan that the regional director could follow up in the registered manager's supervision meeting.

Staff completed a range of other checks within the home to ensure that it was as safe as possible. This included checks on the fire alarm, maintenance and medicines so that staff could take action quickly if any faults or problems needed addressing.

The organisation running the service had signed up to the "Driving Up Quality" code of practice for services supporting people with a learning disability. This represented a commitment to evaluating the quality of support people received against the code and nationally agreed standards of best practice. The regional director confirmed to us that an audit based on the code would be completed in the near future to assess where the service could improve further against the standards.