

Care Management Group Limited

# Care Management Group - 32 Mays Lane

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 25 and 29 January 2016.

32 Mays Lane provides support and accommodation for up to five people who live with a learning disability or autistic spectrum disorder.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager had also been managing another service for a period of time. This had resulted in them spending less time at this service. The service now has a new manager, working in the home on a full time basis who is going to apply to register with the Commission.

Risks associated with people's care had been identified, but these had not always been updated or new ones created as people's needs and risks changed. Incidents and accidents were being logged, but it was not possible to establish there was always learning from the incidents. Medicines were checked on a regular basis, but some errors were still occurring.

Staffing levels were variable with bank and agency staff being used whilst permanent staff were being recruited and working through an induction period. A training programme was available but staff had not renewed their training before it expired and new staff had not always accessed training before working in areas where they would have needed to undertake the training. Procedures in relation to recruitment of staff were followed ensuring people were kept safe.

People had developed good relationships with staff who were kind and caring in their approach. People were treated with dignity and respect. Paperwork associated with people's care was extensive but not always up to date. Staff told us they had tried to include people in the development of the care plans but it was difficult to evidence this. People were provided with activities but these were not always matched to meet individual preferences.

There were clear procedures in place for safeguarding people at risk and staff were aware of their responsibilities and the procedures to follow in keeping people safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications had been made to the local authority. Staff demonstrated an understanding of the need for consent and an understanding of the Mental Capacity Act 2005. However, there were times when decisions had been made regarding people's capacity without recording this. Possible restraint was not always recognised.

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

Details of the complaints procedure were displayed around the home in a pictorial format. The recording of how complaints were responded to and of any learning from complaints needed to be improved.

The ethos of the provider is to have an open door policy and encourage staff to make suggestions or discuss any issues of concerns. A system of audit was in place and used to identify where improvements could be made. Action plans were developed to ensure identified improvements were taken forward.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Staffing levels were not always planned to take into account staff skills to ensure they could meet the needs of people.

The management of medicines was not always safe and potentially put people at risk.

Staff had been trained in the safeguarding of adults and incidents had been reported appropriately.

Risk assessments were included in care plans but these were not always amended as people's risks changed.

Recruitment procedures were followed to ensure the safety of people.

### Is the service effective?

**Requires Improvement** ●

The service was not effective.

Staff received training but this was not always renewed in a timely fashion or given to new staff in a timely way.

Staff felt supported but had not received formal supervision on a frequent basis.

Staff did not always work to the principles of the Mental Capacity Act 2005.

People were protected from inadequate nutrition and hydration.

### Is the service caring?

**Requires Improvement** ●

The service not always caring.

People were treated with dignity and their privacy was respected.

Staff demonstrated a good understanding of people's needs and knew them well, however there could have been more

engagement with people regarding their choices.

### **Is the service responsive?**

The service was not always responsive.

People's records were not always personalised and activities were not based on meeting people's individual needs.

People had information on how to complain, but the recording of complaints needed to be improved.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The registered manager had not been providing leadership on a full time basis for some time

Systems in place to monitor the service had identified the breaches and there was an action plan in place to address these areas of concern.

Record keeping in the service needed to be improved.

**Requires Improvement** ●

# Care Management Group - 32 Mays Lane

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This inspection took place on 25 and 29 January 2016 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

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

Some people living at 32 Mays Lane were unable to tell us in words how they felt about the home. We tried to ascertain their views by observing their behaviour and looking at records of how staff gathered this information. We also spoke to three people's relatives to gain their views on the service their relatives received whilst living at 32 Mays Lane.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked in depth at the care records for two people and sampled the records for a further person. We looked at the medicines records and we viewed accident and incident records, staff recruitment, training and supervision records. We reviewed a range of records relating to the management of the service such as complaints, care, quality audits, policies and procedures. We spoke with one person, six staff, the manager, the deputy manager, a registered manager from another of the provider's locations and the chief executive officer.

# Is the service safe?

## Our findings

Agency and bank care staff were being employed to cover vacant hours whilst staff were being recruited and some new staff were on induction. No tool was used to assess how staffing levels were sufficient to meet the needs of people. We were told by the manager there would be a minimum of three care staff on duty from 7:00am until 10:00 pm with two waking staff at night. Four weeks of the duty rota were viewed which included the days of the inspection. It was not always possible to determine if the skill mix of the staff was planned to meet the needs of people. For example the duty rota did not detail who was able to drive the homes minibus, which made it difficult for staff to plan activities. On some days it was noted staff on the duty rota worked long hours, from 7:00am until 10:00 pm. On one day the duty rota recorded two members of staff worked these hours supported by a permanent staff member in the morning and an agency staff member in the afternoon. This made it difficult to know how staff managed to take breaks and meet the needs of people. During the inspection a member of staff came into the office to report the person they had been supporting had had a seizure. This member of staff was relatively new and had not received training on epilepsy.

People's needs were not always met by skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

The provider had a policy and procedure for the receipt, storage and administration of medicines. Records showed the amount of medicines received into the home were recorded. People were prescribed medicines to be given when required (PRN) and there were clear protocols in place for their use. All staff involved with medicines completed training in the safe administration of medicines. Records could not be found to demonstrate all staff had updated their annual competency assessment to ensure they were safe to administer medicines.

Whilst there was extensive daily checks on the medicines there had been two very recent medicine errors, one involving medicines being stored inappropriately. These had both involved the potential to cause harm to people. However, the impact had been low and staff had taken appropriate action on finding the errors. Discussions were held with the manager on how the medicines administration could be improved, which the manager advised they would implement these suggestions. One suggestion was for the office to be only used by the staff administering medicines.

Medicines were not always administered and stored to ensure the safety of people. This was a breach of Regulation 12 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Risk assessments had been completed and were held in people's folders. However, they had not always been updated or new risk assessments completed to reflect people's changing behaviours and associated risks. For example following a bereavement, one person's behaviour had changed and there were associated risks for staff with this change. However, a risk assessment had not been completed. Staff also told us they were concerned about one person whose needs were increasing. It was clear there were risks to the person, other people in the home and staff, but no risk assessment had been completed.

The lack of effective risk assessments in place to ensure the safety and welfare of people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good knowledge of the types of abuse and what action they should take if they suspected any abuse was happening. Staff could describe the procedures they would follow and who they would contact if they had any concerns regarding the welfare of people. A copy of the local authority safeguarding procedures were available in the home.

Safeguarding concerns were raised and reported by management to the local authority and the Care Quality Commission (CQC) had been notified of these concerns. For example recent incidents of concerning behaviours with regard to one person had been reported, and the service was working with health and social care professionals to explore options of support available for the person.

The recruitment records for staff contained all the necessary checks and references to ensure people were kept safe. Staff did not work as a member of the duty rota until checks with the Disclosure and Barring Service (DBS) had been received. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. One person who lived at the service was involved when staff were interviewed.



## Is the service effective?

### Our findings

It was not possible to establish all staff had received or had in date training in all areas needed to meet the needs of people. From the records held and given to us, we could not establish on all shifts there were staff who had received training on autism, epilepsy and specific eating disorders. These subjects were part of the providers core training. Staff enjoyed training but did state at times they had to wait for a specific course to become available. Staff had received formal support in the form of supervision, but were aware the formal supervision had lapsed of late. Records did not demonstrate staff had received formal support on a regular basis. A plan had been put in the office for supervisions for 2016. Staff did feel supported in their roles; although it was recorded some staff felt all staff did not work as a team. New staff undertook a twelve week induction programme and completed induction workbooks, which we saw. They told us this had been helpful with the shadowing of shifts so they had a chance to get to know people.

Staff were not receiving appropriate training. This was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Consideration to the Mental Capacity Act (2005) had not always been evidenced in people's records. 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. For one person it had been suggested they needed a blood test. Whilst it was clear there had been a lot of discussion around this and other professionals had been included there was no mental capacity assessment or best interest decision recorded.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications to deprive people of their liberty had been made to the local authority responsible for making these decisions. However, it was clear staff had not always considered the issue of restricting people. There were locks on some internal doors in the communal areas, which had been used. This had not been considered as a restriction. When it was discussed the locks were removed during the inspection.

The lack of assessing people's capacity and not considering restrictions was a breach of Regulation 11 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

People's food preferences were recorded in their records and staff knew people's preferences. Records of people's nutritional intake were recorded on a daily basis and we could see people's preferences had been incorporated into the menus. We were told the recording of food and fluids was going to be improved to record more specific information. Meal times were relaxed and not rushed and where appropriate people

were encouraged to help with the process.

People had health support plans. These were detailed folders which included all of a person's medical history and detailed all the professionals which had already been involved in supporting the person with their health. Staff confirmed people regularly accessed healthcare services and confirmed regular check-ups with the GP and the dentist took place.

## Is the service caring?

### Our findings

One person told us they had a good relationship with the staff and felt they looked after them well. Relatives felt the staff were caring, but there could be more involvement with people.

Staff were caring towards people they were supporting. They treated people with kindness and were patient with people. Staff demonstrated they knew people as individuals and had knowledge of how to support them as an individual. Staff were patient when talking to people and would make sure the person understood what they meant when explaining something to them.

Staff spoke to people in a kind, calm and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance or space and provided this in a positive manner. Observations demonstrated people felt at ease and comfortable with members of staff.

Staff knew the needs of people they were supporting and gave us examples of how they knew the likes and dislikes of people they supported. They responded to people differently dependent upon their needs and personalities. We observed people being supported to make choices about where they wanted to have their meals and how they wanted to spend their time. Staff said they always asked people what they wanted to do and would respect and support the decision and choice they made. A member of staff explained how they had to change plans when a person at the last minute did not want to attend a social event, which everyone else was going to.

It was not possible to establish people were actively involved in making decisions about their care and treatment. Where reviews of people's care plans had taken place, there was no evidence people had been included in these reviews. Staff told us it was difficult to engage and involve people in relation to their support plans. Records showed there had been some house meetings, the last recorded one in October 2015. Minutes of these recorded they were more of an information sharing exercise and advising people how to spot danger. There had been little attempt to gain people's views and involve them in the decisions on the running of the home. The manager told us they were about to start these meetings again and more time would be spent involving people and establishing their views.

## Is the service responsive?

### Our findings

Relatives and staff told us activities needed to increase and be more focused on meeting people's individual needs. All the people living at Mays Lane had lived there for some considerable time. All had extensive records, dating back to initial assessments. Whilst the care and support records were extensive they had not always been kept updated to reflect people's current needs, wishes, goals and preferences.

It was clear some people's needs had changed in certain areas of their care provision, where the support plan had not been updated. A member of staff told us about the changes in one person's needs and how they were worried about the person. When we were looking at the person's support and care records these changes had not been recorded. For example, we were told the person did not sleep well but the support plan did not detail how staff should support the person at this time to meet their needs. It was noted their health plan did not record their current medication. The person's record of their weight monitoring had stopped with no recorded explanation. When looking in another person's records it stated the person liked to get up at a particular time in the morning. However, when we looked at their daily notes it was clear this was not accurate, as on regular occasions the person had got up three hours after the recorded time. The support plan also detailed specific information regarding medicines management which had not been updated to reflect the changes in the management of this aspect of care. The positive behaviour support plan and mental health support plan had not been reviewed for over a year. As there had been a high turnover of staff with the use of agency and bank staff people's records needed to be clear regarding people's preferences and support needs.

Activities were not personalised and did not reflect people's recorded preferences in terms of social activities being promoted. Recordings of daily activities showed there were few individual activities, which were people's choice. The manager was aware of this and stated she would be working to find individual activities which each person enjoyed.

People's records were not personalised with up to date information and activities had not been planned to ensure they met people's individual choices and needs. This was a breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Details of how to make a complaint were available in pictorial form within the home and records of service user meetings detailed staff discussing complaints and how to make complaints with people. Details of complaints which had been made were recorded in a folder. However, details of how these had been responded to and the outcome of the investigation were not available. When we discussed this with the deputy manager they were able to provide us with details of how they had responded. Records had not been logged on the response and outcome to the complaints, but this information was stored elsewhere.

## Is the service well-led?

### Our findings

Relatives told us they felt the home was better managed since the manager joined. Some relatives told us communication could be improved as they were not always kept updated on changes in the home. They told us they could access the manager at any time and were confident they were listened to and any actions needed were taken.

The registered manager for this service had not been working in the service for approximately ten months on a full time basis, but had provided management support on a one/two days a week basis. The deputy manager had been covering the management duties in addition to their role, supported by the operations manager. A new manager was in post who had been in the home for two months, who told us, they were going to apply to the Commission to become registered. The manager told us they were aware of the breaches we identified during the inspection. They advised they were recruiting more staff to create a stable team, which they assured us would improve the quality of service provided to people. They advised us they felt there was some work to do to bring the staff team together and build up trust so staff would feel able to share their concerns or ideas for improvement with management.

The visions of the organisation were displayed in the office and we could see from minutes of staff meetings these were regularly on the agenda.

All staff confirmed they felt listened to and able to make suggestions on how the running of the home could be improved.

We were sent a copy of the last audit which was completed in January 2016 by a registered manager of another service belonging to the same provider. These audits were carried out every three months. This looked at set areas including, the person's documentation, health documentation, main file of the person and other relevant information on the person, management of medicines, nutrition, safeguarding and notifications, documentation for the service, cleanliness and infection control, health and safety and property checks, fire safety checks, staffing, staff training, assessing and monitoring the quality of service provision, complaints, records, safe storage of documentation, suitability of management, finances and house finances. The end of the audit included an action plan, which gave timescales of when identified gaps needed to be completed. This audit clearly identified the gaps we had found in terms of people's records not always being person centred and up to date. It acknowledged the last meeting with people was in October 2015 and there was a need to include the views of people more. It had identified staff training was not up to date in all areas needed. The action plan was reviewed on a monthly basis and included in the quarterly audit, to see what action had been completed.

Annual surveys with people, relatives and staff had not been undertaken to establish their views on the quality of the service provided. Some surveys had been undertaken and were in people's records but these had been completed in 2013. Incidents and accidents were logged however there was no overall analysis of this information. This meant it was not possible to establish if there were any patterns emerging or for there to be any learning from these events.

Record keeping in the service needed to improve. This had been identified in regards to the records of people in relation to support plans, risk assessments, health plans, activity planners and positive behaviour support plans. Records also needed to be improved in relation to the Mental Capacity Act and regarding complaints and incidents and accidents.

The lack of well maintained records was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People did not have personalised records which reflected their preferences and activities were not based on meeting individual needs. Regulation 9 (1) (b) (C)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Consent to decisions was not always assessed and consideration to restrictions had not always been considered.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments were not always completed or updated to reflect people's current risks.  Medicines were not always recorded or stored or administered appropriately to ensure the safety of people.  Regulation 12 (1) (2) (a) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Accurate and up to date records were not

maintained. Regulation 17 (1) (2) (c )

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

People's needs were not always met by consistent numbers of competent, skilled and experienced staff.

All staff had not received appropriate training or supervision to enable them to carry out their duties safely.

Regulation 18 (1) (2) (a)