

Care Management Group Limited

23 Valley Road

Inspection report

23 Valley Road
Totton
Southampton
Hampshire
SO40 9FP

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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 28 December 2017 and was unannounced.

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.

Valley Road accommodates five people with a learning disability or autistic spectrum disorder and other associated mental health conditions in one adapted building. At the time of our inspection one person was on holiday, and one person declined to talk with us.

Relatives were happy with the care provided. They felt their family members received safe care from staff members who were supported by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People had care plans in place which provided detailed guidance to staff on the support people required.

People had access to other health professionals and were supported to take their medicines. Safe medicine practices were promoted.

Systems were in place to safeguard people. People were provided with the information and opportunities to raise concerns. Risks to people were identified and managed.

Staff were kind, caring and had a positive relationship with people and had a good understanding of people's needs.

People received sufficient food and drink they required. Care records contained information about people's food likes and dislikes, preferences and their ability to prepare their own meals independently or with support.

The home had a number of staff vacancies which they were attempting to recruit into. The required staffing levels were maintained and regular agency staff were used to cover shifts to promote continuity of care for people.

The home was clean and suitably maintained. Systems were in place to ensure equipment was safe to use and that infection control risks were minimised.

Staff were suitably recruited, inducted and trained to fulfil their roles. They received support from the registered manager and one to one supervision meetings however some staff felt at times the registered manager did not listen to them.

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.

Staff understood how to recognise, respond and report abuse or any concerns they had about unsafe care practices.

Systems and procedures for supporting people with their medicines were followed. People received their medicines safely and as prescribed.

Robust recruitment procedures ensured that only suitable staff were employed. There were enough staff deployed to provide care and support to people safely.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to meet the needs of the people living at Valley Road.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

Staff were knowledgeable about the Mental Capacity Act (2005) and its key principles and were able to tell us the times when a best interest decision may be appropriate.

Is the service caring?

Good ●

The service was caring.

Staff cared for people in a relaxed, warm and friendly manner.

Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements.

People's privacy and dignity were respected.

Is the service responsive?

Good 

The service was responsive.

People received care that met their individual needs. Staff understood the needs of the people they cared for.

Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported.

People were able to take part in activities of their choice and staff supported them to access the local community.

Is the service well-led?

Good 

The service was well led.

People benefitted from a close partnership between the provider and health and social care professionals.

People, relatives and health and social care professional's told us the registered manager was an extremely visible leader who created a warm, supportive and non-judgemental environment, however some staff felt the registered manager could be more approachable.

The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

23 Valley 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.

Valley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 and autism using the service can live as ordinary a life as any citizen.

This inspection site visit took place on 28 December 2017, was unannounced and was carried out by one adult social care inspector.

Before our inspection we contacted one health and social care professional in relation to the care and support being provided at Valley Road. We reviewed the information we held about the home, including previous reports and notifications of incidents the registered provider had sent us. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with the registered manager, one member of staff, one agency member of staff and one person living at the home. After our inspection we spoke with the relatives of two people living at Valley Road to obtain their views on the homes delivery of care. We also spoke with a further two members of staff over the telephone.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the provider's records. These included three people's care records, three staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

The provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This was the services first inspection under the registered provider, Care Management Group Limited.

Is the service safe?

Our findings

People and their relatives told us the home was a safe environment in which to live. One person who was able to communicate with us told us, "I like it here; I am happy and feel safe". Relatives were confident their family members received safe care. One relative told us their family member's health had improved since they had been at the home. They commented this is all down to the care that (person) receives. Another relative commented, "I feel (person) receives safe care. The staff are aware of their needs and work to support them in the home and when out in the community".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. The registered manager told us there were enough staff to meet people's needs however due to the location of the home they did rely on the support of agency staff from time to time.

There were safe medicine administration systems in place and people received their medicines when required. People's care plans outlined the support they required to take their medicines. Medicines were stored appropriately and temperatures maintained of the cupboard in which medicines were kept to ensure a safe temperature was maintained. Records were maintained of medicines received into the home and disposed of. We looked at a sample of medicine administration records. We found no gaps in administration of the records viewed. Systems were in place to audit medicines which ensured any discrepancies were picked up and dealt with in a timely manner. Staff were trained and assessed as competent prior to administering medicines. They were reassessed annually to promote safe medicine practice.

Accidents and incidents were appropriately recorded and analysed to identify any trends. Very few incidents had occurred but when they had, post incident analysis was carried out. This identified what had happened and why and whether the situation could have been dealt with in another way. Following an incident in November 2017 a health care professional wrote to the registered manager and commented, "You have been taking all appropriate actions to identify a change in needs and involve the appropriate medical professionals to assess and support (person). It is also positive that the staff involved in the incident are being supported".

Risk assessments were in place for people who used the service and staff. Each risk assessment described the activity, details of the hazards and nature of the risk, who might be at risk, steps taken to reduce the risk, and whether any further action was required.

Environmental risk assessments were in place. They outlined risks to people, staff and visitors such as risks associated with moving and handling, medicine administration, driving the company vehicle, cooking and cleaning. Health and safety checks took place which promoted a safe environment for people. Food, fridges and water temperature checks took place and records were maintained. Staff carried out regular checks to ensure the fire equipment was in good working order. The fire equipment, gas safety, water supply, electrical appliances and fixed lighting were regularly serviced.

People living at the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

Is the service effective?

Our findings

People's care plans outlined the support they required with their health needs. People had a health plan in place which showed people had access to other health professionals such as the GP, opticians and podiatrist. People had access to specialist health services when required such as the speech and language therapist, dietitian and consultants. Each plan contained a hospital passport. This ensured key information on people was provided to other health professionals in the event of an emergency to promote an effective transition to hospital. Relatives told us they were informed of any changes in individual's health, well-being, accidents and incidents.

Staff were aware of their roles and responsibilities. They felt they had the required training to do their job. The registered manager described the training staff completed which included online e-learning courses. Training included food hygiene, first aid, fire safety, health and safety, infection control, first aid, safeguarding, medicine management, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Appropriate arrangements were in place for refresher training so that staff skills and knowledge were kept up-to-date.

New staff were enrolled onto the Care Certificate training alongside the provider's corporate induction. The Care Certificate training is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. One member of staff who was working through the Care Certificate induction told us they were positive about the areas it covered and were motivated to increase their knowledge.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare. However some staff told us that at times the registered manager was dismissive at these meetings and they felt they were not listened too. The registered manager had recently introduced supervision processes for agency staff and told us, "We use primarily the same agency staff and it is important to make them feel they are part of the home and valued as such. Having regular meetings with them is important to ensure that we deliver effective care and that they fully understand the needs of the people both living and working here".

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection two

people living at the home were subject to a DoLS which had been authorised by supervisory body (local authority). The manager knew when an application should be made and how to submit one. We found the home were meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

People received sufficient food and drink they required. One person told us, "We have a menu and we sometimes help with making dinner. I can always choose to have something different though if I don't like what's on the menu". Staff had regular meetings with people to discuss their food choices and preferences. Care records contained information about people's food likes and dislikes, preferences and their ability to prepare their own meals independently or with support.

People's rooms were furnished according to people's choices. There were items of personal value on display, such as photographs and possessions that were important to individuals and represented their interests.

Is the service caring?

Our findings

There was a calm and homely atmosphere at the service. Staff were patient and spoke with people in a calm, respectful manner. Staff were proactive in engaging with people and involving people in conversation before decisions were made. This ensured people's views were taken into account. A notice board with pictures and words was displayed to provide people with a visual prompt about their planned activities. Staff told us that some people preferred a set routine whereas others liked to choose on a daily basis. Staff recognised some people responded better when offered a limited number of choices and said there was no problem in anyone changing their minds about what they wanted to do at any time.

Some people living in the service had limited verbal communication. Staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Care plans described how people communicated and what different gestures or facial expressions meant. The information had been developed over time with key staff and in conjunction with people's families. Staff also asked families for information about people's backgrounds and interests to try and build a good understanding as possible of people's choices and preferences to enable them to provide care and support for people in line with their wishes and choices.

People appeared happy and contented and had positive relationships with staff. Staff were kind, caring and gentle in their approach with people whilst being firm and direct with people when this was required. People were offered choices and given time to make a decision on what they wanted to do for example what music they wanted to listen to. Staff used appropriate touch to reassure people and used good eye contact and smiles when engaging with people. People were pleased to see individual staff come on duty and this was evident in their facial expressions and actions. They smiled, cuddled up to the staff member and took them by the hand to get a drink or support them in other ways.

Staff had a good knowledge of the people they were supporting. They treated people equally and responded appropriately to their needs and wishes. Some people had limited verbal communication but staff had a good awareness of their needs and used pictures, objects and signs to promote people's involvement. One person, who was able to communicate happily, chatted to us as they went about their day. Some people were unable to verbally tell us about their experiences of living at Valley Road and how staff treated them. We spent time observing staff interaction with people throughout the day as they moved around the home between going out and completing daily tasks. People had an excellent relationship with staff and were comfortable with the staff that supported them. People's behaviour and body language showed that they felt really cared for and that they mattered.

The person we spoke with told us staff were caring and supportive. They added, "I like the staff, they are always kind to me and help me do the things I want to do like going into town or visiting my mum. They come with me". Two relatives described it as a very caring home. One relative commented, "Staff work well with (person). They know them well and the care and attention is brilliant. Another relative told us, "The care (person) receives is excellent. Of all his placements this is by far the one place he has flourished. I am overwhelmed by the care and support (person) gets. He is so happy living there". A health and social care

professional told us, "I am impressed at how the staff at Valley Road interact and support the individuals in the home. The staff are patient and positive. The care plans, risk assessments and other documentation viewed are to a good standard and reviewed regularly. The individuals living there appeared happy and seemed to have a good relationship with the staff".

People were supported to maintain contact with friends and family. Staff helped people to arrange visits home to their families and regular telephone calls. Relatives told us they had regular contact with people, were always made welcome in the service and were able to visit at any time. Relatives told us they could visit at any time and were always made to feel welcome. One relative told us, "I get two phone calls a day from my relative to let me know how he is getting on. I also get regular calls from (registered manager) which I find very reassuring".

Is the service responsive?

Our findings

People living at Valley Road received personalised care, treatment and support which put them at the centre of identifying their needs, choices and preferences. Staff spoke knowledgeably about how people liked to be supported and what was important to them. A health and social care professional told us they found staff to be responsive and person centred in their approach to supporting people. Relatives of people who lived at the service told us staff understood people's needs and knew how to meet those needs. Comments from relatives included, "Staff are very good they understand (person)" and "(person) is settled there and they have a good life".

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how the person liked to be assisted in the community. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff told us care plans were informative and gave them the guidance they needed to care for people.

Each person had a designated key worker. (A key worker is a named member of staff who works with the person and acts as a link with their family). One member of staff spoke in detail about the needs of the person they were a key worker for. They had a good knowledge about the person's background, current needs, what they could do for themselves, how they communicated and where they needed help and encouragement. Staff knew people's communication needs and the methods they used to express themselves. These helped people to become more involved in making choices.

Care plans were completed and reviewed with people, their care manager or their relatives whenever possible. Sections in the care plan detailed people's individualised support needs. The service used appropriate personalised care planning formats for people with a learning disability. The service ensures that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given'. For example, care plans had been developed to include easy-read documentation and used pictures to assist their understanding and to further support people with understanding their care.

People were able to take part in activities of their choice and staff supported them to access the local community. Each person had weekly activities they took part in. These included going to clubs, swimming and shopping. Every week staff discussed where people might like to go such as shopping, the theatre or cinema. Although the service was flexible and responded to people's wishes, about the activities they may want to do, on a daily basis. Vehicles were available for staff to use and people were able to go out individually, as and when they chose to.

During our inspection some people went out to a planned activity and others decided that day that they

wanted to go shopping. People who chose to stay at the service had one-to-one time chatting with staff. One person liked to watch a particular programme on the television and they liked staff to watch the programme with them.

People and their families were given information about the provider's complaints policy and details of the complaints procedure were displayed in the service in both easy read and pictorial format. People told us they knew how to raise a concern and they would be comfortable doing so because the management were very approachable. However, people said they had not found the need to raise a complaint or concern.

Is the service well-led?

Our findings

Relatives and a health and social care professional described the management of the home as open and approachable. One relative told us, "I would recommend the home to anyone, the management is excellent". Another told us, "He (registered manager) is very approachable and willing to listen. Nothing appears too much trouble. He always returns my calls". A health and social care professional told us, "The registered manager is a good advocate for the people in the home and works hard to ensure they receive the best possible care and the relevant involvement from other professionals. In my professional opinion the home appears to be safe, effective, caring, responsive, well led. I consider this to be a good home and one that I feel I have a good working relationship with". However one member of staff told us, "I find it difficult to approach the registered manager at times. He doesn't always appear to want to listen to me".

People received support from staff who understood and shared the provider's values. Health and social care professionals commented staff provided person centred care that was focussed on the needs of each individual. The service worked closely with healthcare and social care professionals, including the local Community Mental Health Team (CMHT) and local GP's who provided support and advice so staff could support people safely at the service.

There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. The registered manager completed a monthly report on areas of care such as complaints and accidents and incidents. Additionally they completed more frequent random audits on all aspects of the service such as medicines and care plans. The provider had a quality team which completed random audits a minimum of once a year. Senior management visited the service regularly and checked various aspects of the care provided. Reports for all quality assurance visits were produced and any issues highlighted to the registered manager for action. These were checked at the next audit to ensure progress had been/was being made

People's care records were kept securely and confidentially, in line with the legal requirements. People's records were of good quality, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.

Staff told us that team meetings took place regularly and they were encouraged to share their views. In addition people living at Valley Road were invited to participate in staff meetings. Minutes of the meetings we read indicated people attended in both July and October 2017 and were involved in discussing menu's and the support staff gave them. However some staff told us they found that suggestions were not always welcome and at times they felt the registered manager 'talked down to them'. One member of staff told us, "He (registered manager) can sometimes be very dismissive if we have suggestions or want to share our concerns".

The home did not have formal residents meetings due to people's communication needs. The registered

manager told us, "We operate an open door policy where people can discuss anything they want to at any time. These conversations are recorded in a resident's conversation record". We viewed a sample of conversation records and found them to be well structured, informative with positive outcomes.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.