

Care Management Group Limited

Care Management Group - 31 Bushey Hall Road

Inspection report

31 Bushey Hall Road, Bushey,
Hertfordshire, WD23 2EE
Tel: 01923 219280
Website: www.cmg.co.uk

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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 

Overall summary

The inspection took place on the 27 October 2015 and was unannounced. We last inspected the service in August 2013 and had found them to be meeting each of the standards we assessed.

The service provides accommodation and personal care for up to five people with learning disabilities and autism. There were five people using the service at the time of our inspection.

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 & Social Care Act and associated regulations about how the service is run.

People were kept safe. Risk assessments had been completed to ensure that staff were able to keep people

Summary of findings

using the service safe. Medicines were managed safely. Recruitment processes ensured that staff were employed safely and the service employed enough staff to meet people's needs.

Staff were dedicated and knew the people using the service well. The service promoted people's involvement in everything that happened within the home and had an open and inclusive culture. People we spoke with were positive about the care and support they received.

People's support plans were personalised and met their individual needs. The service listened and responded to feedback from people and ensured that changing needs were identified and met.

Staff, relatives and people using the service told us that the management of the service was very good. The service had systems in place to assess the quality of the service provided. There was a positive culture in the service that gave staff opportunities for development.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Personalised emergency plans were in place.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had undertaken training which was relevant to their role and enabled them to support people using the service effectively.

People were involved in choosing their food and cooking their meals.

People were supported to attend regular healthcare appointments and the service took a proactive role in supporting their well-being.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect.

Staff demonstrated a good understanding of people's needs and were caring towards them.

People and their relatives had opportunities to contribute to the planning of their care.

Good



Is the service responsive?

The service was responsive.

People had a wide range of activities inside and outside the home.

People's needs had been assessed and reflected in their care plans.

The service dealt with complaints effectively.

Good



Is the service well-led?

The service was well-led.

People and their relatives were very complimentary about management. Staff were also happy about the support offered to them through supervision and meetings.

The service undertook regular internal audits to monitor quality.

There was a positive culture within the service which empowered staff and supported them to feedback ideas and areas for improvements.

Good



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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.

This inspection took place on 27 October 2015 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including notifications and other

information received from the provider. A notification is information about important events which the provider is required to send to us. We also reviewed local authority inspection records.

During the inspection we spoke with four people using the service. We also spoke with two care staff, the deputy manager and the registered manager.

We reviewed care records for three people using the service, looked at four staff files and reviewed records relating to medicines, training, quality audits, maintenance records and staff meetings.

Following our visit to the service, we spoke with two relatives of people using the service to obtain their feedback.

Is the service safe?

Our findings

People we spoke with told us they were safe. One person told us, “The staff keep us all safe.” Another person told us, “Yes, it’s very safe living here.”

Staff understood how to raise safeguarding concerns and recognise signs of abuse. Contact details for the local safeguarding authority were visible in the office and the hallways. The service had a whistleblowing policy which detailed how to raise concerns. Staff were able to tell us who they would contact if they were concerned about people’s safety, including the local safeguarding authority and the Care Quality Commission.

There were enough staff to meet the needs of the people using the service. We saw duty rotas for the previous three months that demonstrated that three staff worked on the early and late shifts, as well as, a waking night staff throughout the night. A member of staff told us, “Yes, there’s always enough of us here.” The service operated an ‘on-call’ system that ensured that additional staffing was available in case of an emergency. At the time of our inspection the service did not use any agency staff.

Recruitment checks had been undertaken before staff commenced employment. We reviewed staff files and found that references had been sought from previous employers and Disclosure and Barring Service (DBS) checks were in place to ensure that staff were safe to work with people using the service.

Risks to individuals were detailed within their support plan and we saw behavioural management plans for each of the people using the service. These detailed triggers for each

person and ways to support them and others to remain safe both inside and outside the home. Staff were able to identify risks to people and told us how these were managed. For example where a person required support with road safety, there were detailed assessments in place to instruct staff on how to keep the person safe while crossing roads in the community. There was a policy in place for the management of any accidents and incidents that occurred within the home.

Each person’s room had a lockable cabinet where medicines were stored securely. We saw assessments that had been completed to determine whether people could self-administer their own medicines. Staff who supported people to take their medicines were trained and competent to do so. People who self-administered had regular medication checks to ensure that they were able to follow this process correctly. Medicine administration records (MAR) had been completed with no gaps in recording, and there were systems in place to regularly audit stock of medicines held within the service.

Health and Safety requirements were regularly monitored within the service to ensure that people lived in a safe environment and the equipment used was of good working order. Staff completed internal audits including assessing the safety of equipment, fire checks and infection control procedures. People using the service were encouraged to complete these checks themselves and the service had made personalised checklists with pictures to assist them. Fire and gas safety checks had been completed regularly and we saw maintenance records that showed us how the home identified and reported any safety issues in the service.

Is the service effective?

Our findings

People we spoke with were positive about the support they received from staff. One person told us, “The staff are good. I like going out with them to different places. A relative told us, “The staff all seem trained and knowledgeable, they do a great job caring for my [relative].”

There was a thorough induction program in place which included an opportunity to work alongside experienced staff. We spoke with a member of staff who told us, “My induction was very good.” Staff received training that was specific to the needs of the people using the service. For example we saw evidence that training had been provided in autism, positive behaviour support and epilepsy. Staff we spoke with were enthusiastic about the training provided. One staff member told us, “The training is excellent. I’ve learned so much since I started working here.” Training needs were identified in advance by the service and were regularly discussed through supervisions to ensure staff were up to date and felt confident performing their role.

The service had identified the communication needs of each person and staff had received training in non-verbal communication methods. One care plan we saw included a glossary of the individual’s communication needs and different phrases and words that the person used. This helped new staff and visitors to understand the person’s unique communication methods.

Training was provided which helped staff understand the principles of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards (DoLS). 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 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 saw evidence that the service assessed people’s capacity in key areas of their lives. Where people lacked capacity to make decisions, the manager had made the relevant DoLS applications to the local authority. Care plans included detailed information on how people made decisions and any support required from staff. We saw evidence that where best interest decisions had been made for people who lacked capacity, these had been done following a meeting that included relevant professionals and family members.

Staff were provided with supervision every 4-6 weeks and had regular performance reviews. One staff member told us, “I have supervision once a month. I’m able to feedback issues and help develop the service.” Another staff member told us they suggested a new method of devising menus and were given the opportunity to take a lead in doing this.

Each person using the service took it in turns to cook dinner, and we saw evidence that menus were planned in advance and included a good range of healthy and nutritious foods.

One of the people using the service had a plan in place to support them to eat a balanced diet. . We saw evidence that this was monitored by the home through his support plan and had been successful in encouraging him to eat a healthier and more varied diet. .

People had healthcare plans in place which looked at people’s overall health and well-being and detailed any support required. Appointments with external health professionals were recorded and we saw evidence that people regularly attended these. The service recorded the outcomes of these. People’s healthcare plans were individualised and relevant to the needs of the individual. For example for people with epilepsy we saw evidence that seizures were routinely recorded and epilepsy clinic appointments had been attended. Also, the service was helping another person to cut down on smoking and we noted that they had been successful in helping the person to smoke less cigarettes each day.

Is the service caring?

Our findings

People using the service told us that they felt cared for. One person told us, "It's great here, everybody is really friendly." Another person said, "The staff always help me with things." We spoke with relatives who told us the service was caring. One relative told us, "The staff take ever such good care of [relative], I can't speak highly enough of them."

We observed staff and people interacting positively around the home. Staff were caring about people they supported. One staff member told us, "Working here is all about the guys. It's so rewarding watching them grow in confidence? I love working with them." People came in and out of the home freely during our inspection and staff spoke to them respectfully and jovially throughout the day. We observed that staff were always positive and helpful, but allowed people to undertake their daily activities as independently as possible.

People we spoke with told us they chose how they wanted to be supported in key areas of their lives. One person told us "I can go to bed whenever I like, there's always someone around." People were encouraged to make choices about

activities, food and drink and how they spent their time in the service. One member of staff told us "We try to allow them the freedom to live how they choose, we respect the decisions they make."

People's privacy and dignity were respected at all times. Staff told us ways that they protected the dignity of people using the service by ensuring that they knocked on people's doors, that people's doors were closed when they supported them with personal care and they spoke with people respectfully using their preferred communication methods. Staff understood how to maintain confidentiality and told us they did not disclose any personal information to anybody outside of the service.

Information about the home was available in an easy read format that people who lived at the home could understand. People had access to an advocacy service and an advocate attended the home regularly to support people who had no other representatives to express their views.

The relative we spoke with told us that they could visit at any time, and that the service was warm and welcoming for them.

Is the service responsive?

Our findings

People we spoke with told us they were involved in the planning of their care. One person told us, “They ask me about my care plan.” Another person told us, “I know what’s in my care plan; it tells them how to look after me.” We spoke with a relative who told us that they were always consulted when care plans were being updated or reviewed.

Care plans included initial assessments of need for people moving into the home and a detailed background on the person. We saw details of people’s likes, dislikes and preferences and how these were met within the service. These were reviewed monthly by key workers, and an annual review took place of the entire support plan.

Care plans also included sections which detailed people’s psychological and mental health support needs. For example one person liked carrying cards and papers with him and this was detailed in his support plan. Staff recognised that this was important to the person and they helped manage any associated risk by ensuring that these were appropriately disposed of. Where a person required support with maintaining personal hygiene, we saw a plan in place which detailed how they could be encouraged to wear a different set of clothes each day.

People we spoke with were enthusiastic about how they were supported with activities. One person said, “I go to a volunteer job three days a week and I love it. There’s always things going on in the home.” We found that four people had regular voluntary or paid job opportunities in the community and were supported to maintain and develop various interests outside of the home. For example one person worked three days a week at an allotment and had recently been supported to develop this into an opportunity working in the shop there. Two of the other people using the service had enjoyed work placements for many years and were now able to visit them independently with minimal or no support from staff. A relative we spoke with told us, “[Relative] does so much every day, they’re always finding new things for him.”

People told us they would feel comfortable making a complaint if they needed to. One person told us, “I would speak to [the manager] if anything was wrong, but I’ve never needed to complain.” We saw a complaints policy which detailed how people could be supported to make a complaint if necessary. The service kept a list of minor concerns that did not meet the criteria to be logged as complaints and this showed us how they responded to people’s issues. The manager told us the service had received no formal complaints since their last inspection and this was supported by the records we looked at.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection who was supported by a deputy manager. People we spoke with were very positive about the leadership and management of the service. One person told us, “[Manager] is kind to us, she’s always got time to speak to me.” The registered manager worked in the service full-time and performed both managerial duties and provided hands-on support to people.

Staff told us that the registered manager was approachable, positive and supportive. One member of staff said, “[The manager] is really supportive, she’s open to our ideas and brings out people’s strengths in the team. She’s organised and flexible and has an open door policy for all of us.” Staff spoke highly of the leadership in the service and felt that they could come to the manager with any issues or concerns.

We saw minutes from team meetings which showed us that the manager routinely listened to feedback from staff. The manager told us that meetings were made interactive and inclusive and we saw evidence that these were consistently well-attended by staff. A staff member told us, “The meetings are great, we all look forward to them and the manager always listens to our feedback.”

We saw minutes from ‘service user’ meetings which took place each month and gave people using the service the opportunity to feedback on any issues relating to their care

and support. We saw evidence that issues raised in these meetings were used to improve the quality of the service and in some instances, people’s care plans were reviewed as a result. For example one person had requested additional support with an activity in the community and staff had adjusted his timetable to reflect this.

Relatives told us that the service sought their feedback regularly. The manager showed us weekly email updates that were sent out to all relatives which provided them with information on developments in the service and gave them the opportunity to provide their own views and thoughts on their relative’s care. One relative told us, “They always ask us what we think.”

The manager regularly undertook quality audits to assess the quality of the service being provided. These included audits of infection control, medicines, people’s care plans, record keeping within the service and all safety checks. The home used the ‘Driving Up Quality Assessment’ tool which assessed their own individual performance as a service and identified areas for improvement. There was evidence that where areas for improvement had been identified, the service had taken steps to address these.

The manager told us the home worked regularly in partnership with the local authority and had recently held an open day for professionals associated with the service to visit and spend time with people. A recent local authority inspection had rated the service as ‘excellent’.