

Care Management Group Limited

# Care Management Group - 31 Bushey Hall Road

## Inspection report

31 Bushey Hall Road  
Bushey  
Hertfordshire  
WD23 2EE

Tel: 01923219280  
Website: [www.cmg.co.uk](http://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 ●

# Summary of findings

## Overall summary

Care Management Group – 31 Bushey Hall Road provides accommodation, care and support for up to five people with a learning disability. Some people may have a diagnosis of autistic spectrum disorder. At the time of our inspection there were five people living at the service.

At the last inspection in October 2015, the service was rated Good.

At this inspection we found the service remained Good.

The service has 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.

People felt safe. Staff were knowledgeable and understood their responsibilities with regards to safeguarding people. They had received effective safeguarding training.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment processes were in place and had been followed to ensure that staff were suitable for the role they had been appointed to prior to commencing work.

Staff were knowledgeable and felt supported in their roles. They received regular supervisions and an ongoing programme of training and development was available to them. Staff were positive about the training they received.

People were involved in deciding in which way their care was provided. Each person had a detailed care plan which took account of their individual needs, preferences and choices. Risks to people's health, safety and wellbeing had been identified and personalised risk assessments were completed. All care plans and risk assessments had been regularly reviewed to ensure that they were reflective of people's current needs.

People were supported to make decisions about their care and support. Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent was gained from people before any support was provided.

People accessed the services of health and care professionals to maintain their health and wellbeing. Care plans detailed people's needs in relation to their health and the support required from the service. People received their medicines as prescribed. There were effective systems in place for the safe storage and management of medicine and regular audits were completed.

Positive relationships had developed between people and staff. Staff were supportive, friendly and

respectful. People's privacy and dignity was promoted throughout their care. Staff knew people's needs and preferences and provided encouragement when supporting them. People were supported to participate in meaningful activities and a wide variety was available.

People and staff found the registered manager supportive and approachable and spoke highly of their ability to manage the service. People felt listened to and that staff were responsive to any concerns or complaints that they may have. Quality monitoring systems and processes were used effectively to drive improvements in the service and identify where action needed to be taken.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Care Management Group - 31 Bushey Hall 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 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 18 October 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with four people who lived at the service, one relative, three care workers and the registered manager.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and associated risk assessments of two people who lived at the service, and also checked medicines administration records to ensure these were reflective of people's current needs. We looked at two staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed to drive future improvements.

# Is the service safe?

## Our findings

People told us they felt safe and had no concerns for their safety within the service. One person told us, "I'm safe. I'm absolutely happy here."

Potential risks to people's health, safety and well-being had been identified and personalised risk assessments were in place for each person who lived in the service. The risk assessments that we viewed clearly identified to staff the level of risk of harm and the additional support that people required in areas of their daily living. All care plans and associated risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

People were safeguarded from the risk of harm. Staff received safeguarding training and were able to explain the processes in place. One member of staff said, "I would have no problem in speaking out. Staff are listened to and if I had any doubts I know I can speak to the team at Hertfordshire County Council."

Training records for staff confirmed that they had undergone training in safeguarding people. There was a current safeguarding policy in place and information about safeguarding, including the details of the local safeguarding team, was available in the service. Records showed that no safeguarding referrals had been made to the local authority however the registered manager and all the staff we spoke with were aware of the circumstances when a referral would be required and the methods of doing so.

People told us that there was enough staff on duty. One person told us, "There's always staff around." Another person told us, "I'm always busy. There is staff here all the time." Staff were in agreement that the staffing levels were sufficient. One member of staff told us, "There's enough staff on duty each day. Enough to manage everyone's needs and the time to support activities and go out." We observed that staff were available to meet the needs of people living in the service when required or requested and past rotas confirmed the required number of staff on duty, as described by the registered manager.

Staff recruitment was managed safely and effectively. We looked at the recruitment files for two staff including one member of staff that had recently started work at the service. The provider had robust procedures in place and relevant pre-employment checks had been completed for all staff. These checks included Disclosure and Barring Service checks (DBS), two written references and evidence of their identity. This enabled the registered manager to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

Medicines were managed safely. There were effective processes in place for the management and administration of people's medicines and a current medicines policy available for staff to refer to should the need arise. We reviewed records relating to how people's medicines were managed and they had been completed properly, with no gaps or omissions in the records we saw.

# Is the service effective?

## Our findings

People felt that staff understood their needs and had the skills required to care for them. One person said, "They are good people who work here." Another person told us, "They know me and help me out well."

Staff told us that there was a full induction period for new members of staff. One member of staff told us, "Starting here was well organised for me with training, support and shadowing." Another member of staff confirmed how the registered manager and colleagues were guiding them and providing them with support as they had recently commenced working at the service.

Staff told us the registered manager had a positive attitude towards training provision and that they were kept up to date with the skills relating to their roles and responsibilities. Staff training records showed that staff had completed the required training identified by the provider and further courses were available to develop staff skills and knowledge.

Staff received formal supervision at regular intervals and told us that they had regular contact with senior staff. One member of staff told us, "The support here is great. [Name of registered manager] is always around and often on duty with us." All of the staff we spoke with told us that they could speak to the registered manager if they needed support and supervision meetings were used as opportunities to discuss performance, training requirements, their well-being and any other support measures that they may require.

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 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.

People's capacity to make and understand the implication of decisions about their care were assessed and clearly documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that decisions had been made on behalf of people following best interest principles and were documented within their care plans.

People told us that staff sought their consent and they were involved in decision making. One person told us, "I make my decisions and talk through stuff with staff. I decide lots of things." Our observations confirmed that staff had discussions with people and obtained their consent before providing support. Where people declined, we saw that their decisions were respected.

People were supported to have a varied and balanced diet. One person told us, "We all have a turn to cook and chose different meals and recipes. We have really good food." The menu we viewed offered people a wide variety of meals and was compiled by the people who lived at the service.

People were supported to access health and care services to maintain their health and well-being. A review of people's records showed that they had received support from professionals such as their GP, nurses and dentist as appropriate to their needs.



## Is the service caring?

### Our findings

People spoke positively about the service and the staff. They told us that staff were friendly and they were happy with the support they received. One person told us, "The staff are all really good. I do like them."

Positive relationships existed between people and staff. One person told us, "They are a good team. We all get on really well." Another person told us, "[Member of staff] is good. I enjoy being with all of them." We observed interactions between staff and people and found these to be friendly and respectful. Staff were encouraging when they interacted with people and displayed a genuine interest in the people they were supporting. Members of staff took the time to engage people in social conversation and answer people's questions.

People we observed appeared comfortable and happy in the company of staff. One member of staff told us, "It's a great house to work in. It's all about the people and what they want or need. We really do work with the people and we are all a team." Staff knew people well and understood their preferences and could describe to us people's personalities, likes and dislikes and the things that were important to them. Regular discussions were held with people to review the information within their care plans and record any additional information. The comprehensive information in the care plans enabled staff to understand how to support people and to ensure their needs were met.

Staff respected people's privacy and dignity. One member of staff told us, "The service is for the people and we prompt them to always remember their privacy." Staff members were able to describe ways in which people's dignity was preserved and the prompts and guidance they used to encourage people. Staff also understood that information held about the people who lived at the service was confidential and would not be discussed outside of the service or with agencies that were not directly involved in people's care and support.

There was a wide range of accessible information displayed around the service which included information about the service, safeguarding, the complaints procedure, fire safety notices and forthcoming events. This meant that people received information on the services that were available to them and enabled them to make informed choices about their support.

## Is the service responsive?

### Our findings

People told us that they felt involved in their support and deciding how this was to be given. One person told us, "Every day we spend time with staff and make plans." Another person told us, "We have meetings and talk with staff."

Records showed that people's care needs had been assessed and reviewed frequently. The care plans followed a standard template however they were individualised to reflect people's needs, preferences and background and included clear instructions for staff on how best to support people. We found that the care plans reflected people's individual needs.

People's likes, dislikes and preferences were assessed at the time of their admission to the service and reviewed on a regular basis. Staff were knowledgeable about people they supported and were aware of their hobbies and interests, as well as their support needs. The care plans were comprehensively completed and contained detailed information regarding areas of the person's life including personal care, nutrition and emotional wellbeing. People were involved in the completion and review of their care plans which ensured their choices and views were recorded.

People told us that they led busy lives and took part in various activities. One person told us, "I'm very busy. I have stuff planned for every day like work and clubs and football." One member of staff told us, "Each person is busy with work or groups or activities. Some things are independent from staff and others not but people always have plans in place."

People we spoke with were aware of how to make a complaint and who they could speak to if they were unhappy. One person we spoke to told us, "I talk to staff all the time. I'd speak to [Name of registered manager] if something was really wrong." A relative we spoke to confirmed that they were very happy with the service provided and felt that, should they need to raise a concern, staff would be receptive to any comments.

We saw that no formal complaints had been received in the past year however the registered manager explained to us the detailed process should a complaint be received. There was an up to date complaints policy in place and information containing the complaints procedure available in the service.

## Is the service well-led?

### Our findings

People we spoke with were very positive about the leadership of the service. One person told us, "[Name of registered manager] is a superb person." Another person told us, "I like [Name of registered manager]. He's really good."

We found that there was a positive, welcoming atmosphere within the service. On the day of our inspection the registered manager was on duty at support level and was actively involved in the hands-on support for people. They explained that they frequently worked shifts in the service, alongside their managerial role, which ensured that they had 'first hand' experience in the support of people living at the service and that of a member of staff on duty.

Staff told us there was positive leadership in place from the registered manager. One member of staff told us, "[Name of registered manager] is excellent. He works with us all the time and is always approachable and supportive." None of the staff we spoke with had any concerns about how the service was being run and told us they felt appreciated and valued. Staff were motivated and committed to improving the support that they provided to ensure that people received the best possible care.

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally, in team meetings and supervision, and informally through discussions whilst on shift. Staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the service. Members of staff we spoke with confirmed that they were given the opportunity to request topics for discussion.

There was an effective quality assurance system in place. We found that there were a range of audits and systems in place by the provider organisation to monitor the quality of the service provided. These included reviews of care plans, medicines, the environment, infection control and health and safety. Any issues found in the audits were recorded in the action plan for the service and there was detailed information as to how they would be addressed and a timescale for completion.