

Care Management Group Limited

Care Management Group - 51 Rutland Gardens

Inspection report

51 Rutland Gardens
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 19 July 2018 and was announced.

51 Rutland Gardens provides tailored support packages for people with a learning disability or autistic spectrum disorder. This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection six people were living in the service, but one person was absent during the inspection. People had their own flat and shared the communal facilities. The service is situated in a residential area with easy access to local amenities and transport links.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The staff team continued to provide an outstanding caring service to people. People and their relatives were all extremely positive about the care and support that was delivered. Staff went the extra mile to support people's social needs and help develop their independence and life skills. They creatively supported people to maintain and foster interests that were important to them. People were central to the innovative practices involved in the planning and reviews of their support.

Staff spoke with pride and passion about the way people were cared for. Staff continuously looked-for ways to improve people's care and support so they received positive experiences and led fulfilling lives. A member of the staff told us, "We care a lot. We are their family. We offer guidance and someone to rely on, and they trust us. It's important that they get everything they need." A relative told us staff were very good at, "Getting to know the people who live there and engaging with them, finding things that may interest them, so they have a regular social and activity lives outside the service. (Person's name) already has a great range of activities to go to."

People told us they had continued to feel involved and listened to. The culture of the service remained open and inclusive and encouraged staff to see beyond each person's support needs. The provider had clear values which the registered manager and staff promoted. The registered manager showed drive and passion, ensuring the service was continually improving and striving to be outstanding, with people at the heart of the service.

Systems had been maintained to keep people safe. Sufficient numbers of suitable staff had been maintained to keep people safe and meet their care and support needs. People remained protected from the risk of abuse because staff understood how to identify and report it. People's care and support plans

and risk assessments continued to be developed and reviewed regularly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had the knowledge and skills to provide the care and support that people needed. Staff told us they had received supervision and appraisal's. They continued to be supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively.

The provider continued to have safe arrangements in place for the safe administration of medicines. People were supported to have their medicine safely when they needed it. People were protected by the infection control procedures in place.

People continued to live in a service with a relaxed and homely feel. They were supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. Staff had a good understanding of consent.

People were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health and access healthcare professionals when needed

People, staff and relatives told us the service continued to be well led. Staff told us the registered manager was always approachable and had an open-door policy if they required some advice or needed to discuss something. One member of staff told us, "Moral is really good, the care team is really strong and good at mentoring. It's a really good place to work. We all want them to achieve, and they have all achieved so much. We are good at positive risk management." Senior staff had carried out a range of internal quality assurance audits to ensure the quality of the care and support provided. People and their relatives were regularly consulted about the care provided through reviews, tenants meetings and by using quality assurance questionnaires. Relatives told us staff kept in touch with them, and one said, "We have had several updates since (Person's name) first moved in which have been extremely reassuring. The content in them as well as just getting them, both from the manager and her deputy."

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Outstanding.	Outstanding ☆
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	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 19 July 2018 and was announced. We told the registered manager forty-eight hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection.

We previously carried out a comprehensive inspection on 22 September 2015 and rated the service overall 'Good'.

The provider had completed 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 looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team to ask them about their experiences of the service provided and three visiting health and social care professionals and received one response. We also contacted two people's relatives for their experiences of the service provided and received two responses.

Not everyone was able to tell us their experiences of the care and support provided. We spoke with people generally during the inspection and four people individually. We spent time observing how people were cared for and supported and their interactions with staff to understand their experience of living in the service. We spoke with two care staff, the deputy manager, the quality assurance manager and the registered manager. We spent time looking at records, including three people's care and support records,

three staff recruitment files, staff training records, and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about people receiving care.

Is the service safe?

Our findings

People and relatives told us they felt the service continued to be safe. They spoke of adequate staffing and of good continuity of staff providing care and support. One person told us, "I am quite happy here. I feel safe around the staff. It's a great place."

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had risk assessments completed which were specific to their needs. For example, people were supported if they wished to attend a range of social activities. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff described how they had contributed to the risk assessments by providing feedback to the registered manager when they identified additional risks or if things had changed. Risks associated with the safety of the environment were identified and managed appropriately.

People remained protected from the risk of abuse because staff were confident and understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records.

Staff told us what was in place to support people who displayed behaviours that challenged others and could talk about individual situations where they supported people, and what they should do to diffuse a situation. The provider had a positive behaviour support (PBS) team which provided support with new or consistent behaviours to improve the persons quality of life. A member of this team was working with staff on the day of the inspection. People had a PBS plan in place which informed staff of triggers that could upset a person. Records allowed care staff to capture any changes in behaviours or preferences to quickly respond to situations. These were reviewed on a regular basis, which reduced risk of further incidents and ensured learning, to provide a responsive service.

Procedures had been maintained for staff to respond to emergencies. Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager and provider analysed this information for any trends.

People continued to receive their medicines safely. Regular audits of medicines had been carried out to ensure procedures had been followed. Care staff were trained in the administration of medicines, and received a regular competency check to ensure that they continued to administer medicines safely. Medicines were kept in locked cabinets in each person's flat. Staff prompted people to take their medicines each day and this was recorded consistently. Where possible people had been supported to self-administer their medicines, and staff could describe the support given to one person to do this. The person told us this had worked well for them.

People were protected by the infection control procedures in place. Staff had good knowledge in this area

and had attended training. PPE (Personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Records we viewed confirmed this.

There continued to be sufficient staff on duty to meet people's needs. There was a long serving, consistent staff team with regular bank staff who had helped to provide cover for staff absences. One member of staff told us, "Staff have worked here a long time. Staff are here because they are happy here." The registered manager looked at the staff and skills mix needed on each shift, to ensure people were safe, the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. For example, one person wanted to go on a ghost hunt, the staff supported them from 8.0 pm to 3.0 am to achieve this.

Is the service effective?

Our findings

Staff continued to be skilled to meet people's care and support needs and provide effective care. We observed care staff interacting with the people and taking the time to meet their needs.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. The registered manager could tell us about decisions made for one person in their 'Best interest' to support them with a medical procedure they had. We observed people were always asked for their consent before any care or support was provided. One member of staff told us, "It's about assuming they have capacity. Sometimes there can be anxiety over cooking dinner. You give them time and space. Its working with the person to achieve the best outcome."

People continued to be supported by staff that had the knowledge and skills to carry out their role and meet individual peoples care and support needs. New care staff had completed an induction and shadowing programme. One member of staff told us, "There was a lot of shadowing to start with." Staff had access to essential training and regular updates. They had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care. One member of staff told us, "CMG are really good at training. Staff are now accessing training run by Brighton and Hove City Council." Bespoke training was also organised. For example, a relative told us, "They were very receptive and saw the benefit of me doing an 'Introduction to (Person's name) training session'. I have already noticed that they are incorporating many of the things I mentioned into their support for him.

Staff told us that the team continued to work well together and that communication was good. They told us they were involved in reviewing care and support plans. They used shift handovers to share and update themselves of any changes in people's care. One member of staff told us, "We have really thorough handovers. These are often over half an hour long. Everything is in the communication book." Staff all confirmed they felt very well supported by the registered manager. They had attended regular supervision meetings throughout the year and had completed a planned annual appraisal.

Staff continued to have a good understanding of equality and diversity and told us how people's rights had been protected. For example, how one person was supported to practice and visit the church and light a candle for their parents. To attend prayer meetings once a month with a family friend.

People continued to be supported to access a varied and nutritious diet and to follow any dietary

requirements. People's dietary needs were recorded in their care plans. People were being supported with food shopping and menu planning. Staff told us they had monitored what people ate and if there were concerns they would refer to appropriate services if required. For example, where people were at risk of choking, advice and guidance had been sought and followed to protect people.

Themed nights had been maintained where people chose a country that they would like to learn more about. Staff supported people to research the country selected and from this they made the national flag, found out how people dressed and explored the country's culture and music. At the end of the month a themed evening was held where the food of that country was cooked and everyone shared a meal together. People told us about some of the themed nights which had been held, including a Russian, Dublin and Spanish night.

People continued to be supported to maintain good health and had on-going healthcare support. Care staff monitored people's health and recorded their observations. The registered manager told us people had attended a session with a health facilitator around men's and woman's health. People had been supported to attend an annual health care review. They liaised with health and social care professionals, involved in their care, if their health or support needs changed.

The registered manager told us general repair and maintenance requests had been fulfilled and worked well. The provider of the accommodation had just changed. The registered manager told us they were in the process of meeting and working with the new provider of the accommodation.

Is the service caring?

Our findings

Staff continued to be outstanding in their support of people to express their views, be involved, to achieve their goals and develop further new goals to aspire to. People and relatives told us the registered manager had ensured the staff team continued to be exceptionally resourceful, caring, friendly and helpful. One person told us, "In am quite happy here. They are fantastic at their job." A relative told us, "They create a lovely welcoming and friendly environment for everyone who lives there. I have often seen staff sitting with other tenants and chatting, watching television together, discussing magazines etc. helping them cook for themselves, organising shared meals cooked by one of the tenants. It feels like a home, not just a service."

Staff continued to demonstrate an outstanding strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people very well and had a good understanding of how best to support them. They had been exceptionally proactive and had considered people's aspirations and interests when sourcing and finding further new opportunities for people to become involved in. The staff had been nominated for the providers annual staff awards and won the team award for; best supporting with employment and night staff had won awards two years in a row. The registered manager had won the, 'Manager of the Year' award twice.

A real strength of Care Management Group 51 Rutland Gardens continued to be the arrangements in place to make sure people were actively involved in the decision-making process around practices that influenced their care and support. For example, people had continued and encouraged to be involved in the recruitment process for new staff. New staff were interviewed by a panel that included people as part of the application process. One person could tell us how they had valued their experience of being on the recruitment panel. They had had their own questions to ask which they said were about areas of care which was particularly important to them and had felt very much a part of the process. People had an equal say in the offer of a job within the service. An outstanding feature was the real and meaningful interaction within the recruitment and interview process, appointment and induction. People's feeling of purpose and wellbeing continued to be enhanced as they had a real say over who was employed to provide them with support.

The provider employed quality checkers from people that used the services. They visited services as part of the providers quality assurance process and conducted an audit which included speaking to staff and the people being supported. A summary of their findings was then provided to the manager of that service and they had a month to complete any actions. Since the last inspection one person had been made aware of and supported to join the team of quality checkers. They had been supported and encouraged to complete an induction to the role, which included information on safeguarding, citizen's rights and health needs. They had been provided with regular support meetings with the quality support manager to see how they were getting on in their role and to identify any further support they needed. Staff were very enthusiastic when telling us about how the person had been encouraged, and grown in this new role. Of the support they had been able to give to ensure this person was able to be fully involved and had the best experience. We spoke with the person who told us how much they enjoyed their new role, the help they had received from staff and of the work they had been involved in. They could tell us of the benefits and their own personal growth

from taking this opportunity. They told us, "I like my QC work. like meeting people. I get on well with people." A member of staff commented on how well the person had embraced this new opportunity, "Registered manager's name) is very engaging with the tenants. She has really gained a lot of confidence in the role. That's down to (Registered managers name) It's key people get the right support and energy."

Staff had continued to be outstanding in their support of people to join in and find new opportunities available to them. The provider held several annual events that included a service user conference, during which people from all the provider schemes attended for a day of activities and could offer feedback about their support and care, and update themselves with any relevant issues affecting the schemes. There was also an athletics day, where people had been encouraged to participate in sporting activities and a service user awards ceremony during which people were commended for their individual achievements.

Staff continued to be outstanding in their support to people to achieve their goals, find and find and work towards new goals. A member of staff told us, "The guys are still learning and achieving new goals. I really enjoy it." When asked what the service did well a relative told us, "Getting to know the people who live there and engaging with them, finding things that may interest them, so they have a regular social and active lives outside the service. (Person's name) already has a great range of activities to go to. Given the success and achievement for example, on healthy lifestyles and weight loss, greater independence and confidence going out for some of the others, they are already achieving a great deal. They have gained (Person's name) trust and enthusiasm from the start." The registered manager had introduced the 'achievement jar.' In the jar people had entered a brief note of achievements staff and people in the service had made that month. These had been read out at the joint Christmas party as a reminder and celebration of all the achievements during the year.

A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. Through people's monthly keyworker meetings people's goals were discussed and identified. Since the last inspection for two people their weight had been a real challenge and both have been supported to achieve some dramatic weight losses, each having lost four stone. This had been supported by a mixture of changes to their diet, looking at healthier snacks, not eating too late, portions sizes, reducing carbohydrates in their diet, sessions at gym. One person had joined a slimming club and another person wanted support to exercise more. They had gone for long walks and attended a local gym. For one person their weight loss had led to a reduction in the medicines they had been taking. They told us, "We did not know what healthy eating was before."

People had been encouraged and supported to be involved in their community and be involved in a range of community activities. One person had been supported to continue to be a committee member for a local advocacy group for which they received payment. This meant that people could pass on their views to others who were independent of the service. Staff were outstanding in the way they found and supported people to attend these events. For example, since the last inspection people had participated in raising money for Cancer Research by running in a 'Race for Life' in Worthing. They had attended a 'Celebrate Autism Awareness' day and been part of a 'Mental Health Awareness' week. One person had been made aware of and was involved in a community team which cleaned the beach.

Staff continued to encourage people to maintain relationships with their relatives and friends. Visitors could come to the service at any reasonable time, and stay if they wished. People had also been supported to visit their relatives and advocates. Information continued to be kept confidentially and there were policies and procedures to protect people's personal information.

Is the service responsive?

Our findings

People and relatives consistently told us how the service continued to be personalised to meet people's individual needs. When asked what the service did well a relative told us, "Getting to know the people who live there and engaging with them, finding things that may interest them, so they have regular social and active lives outside the service. (Person's name) already has a great range of activities to go to. Given the success and achievement for example, on healthy lifestyles and weight loss, greater independence and confidence going out for some of the others, they are already achieving a great deal. They have gained (Person's name) trust and enthusiasm from the start.

Staff continued to complete a detailed assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. A relative told us, "(Person's name) moved in to Rutland Gardens on July 9th, but his transition planning started in January, once we had visited and had talks with the manager." Work had continued to maintain the detail within people's individual care plans, which were comprehensive and gave detailed information on people's likes, dislikes, preferences and care and support needs. Feedback from people, relatives and care staff was that information was regularly updated and reviewed.

People had benefited from a staff team who took account of their communication preferences and needs, and celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify, record, flag, share and meet people's information and communication needs. People's care plans contained details of the best way to communicate with them. Information for people could be created in a way to meet their needs in accessible formats, helping them understand the care available to them.

Staff continued to enable people to live life to the full and continued to do things they enjoyed. People continued to be actively encouraged to take part in daily activities around the service such as cleaning their own flat. At the same time building their awareness, for example of their health and safety and responsibilities. To support one person, they had attended training facilitated by the provider on health and safety. People were in and out during the day of the inspection and were involved in a range of paid and voluntary work and social activities. People liked to go on day trips together these have been to places like the beach, Hove Museum and the Bluebell railway.

Technology was used to support people with their care and support needs. People had been helped to access and use the internet. One person had been supported to keep in touch with their relatives who lived abroad via Skype and email.

'Tenants meetings' continued to be held regularly. This had enabled people to find out what was going on in the service and agree menu options for the next week and discuss anything they wanted/needed. They had discussed their achievements, any changes they would like to make, discuss trips out or theme nights. One

person told us, "At the tenant's meetings we discuss a lot of things, whose doing what and when." It had been an opportunity to highlight specific topics with people like choking, oral hygiene or keeping safe.

People and their relatives continued to be asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires which were sent out. We found the provider had maintained a process for people to give compliments and complaints, however, no formal complaints had been received since the last inspection. One person told us if they had any concerns, "I would be up front about it."

The registered manager told us end of life care had not yet been provided in the service. Peoples' end of life care had been discussed and planned through the review process to ensure people's wishes were recorded and respected. The registered manager told us, where possible, people would be able to remain at the service and supported until the end of their lives.

Is the service well-led?

Our findings

People, relatives and staff told us the service was well managed. A relative told us, "Rutland Gardens provide excellent care and support for our daughter she is so happy and has blossomed in the 10 Years that she has lived there. The service is very well managed, the manager and all the staff are brilliant, as parents we feel very lucky to know that she is able to achieve many things with help, that in the past would not have been possible." A member of staff told us, "(Registered manager's name) is very committed, works hard and gives the extra mile. She has get up and go and enthusiasm."

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. The registered manager was supported by a deputy manager and a senior care worker. Staff told us they continued to be well supported. One member of staff told us, "(Registered manager's name) is very good at empowering and letting you grow. As much as you want." Another member of staff told us, "(Registered manager's name) has worked her way up. She has really grown and her door is always open. She is the reason I have pushed myself. It's a nice place to come to work to."

Senior staff continued to monitor the quality of the service by regularly completing quality assurance audits of the care and support provided. By speaking with people and their relatives to ensure they were happy with the service they received and by completing regular reviews of the care and support provided to ensure that records were completed appropriately. People and their relatives were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans to drive up the quality of the care delivered. The regular supervision and staff meetings ensured that the care staff understood the values and expectations of the provider.

The registered manager had continued to send information to the provider to keep them up-to-date with the service delivery. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The provider also arranged for internal audits of the service to ensure the quality of the care being provided and this met current guidance. They had attended monthly manager meetings and an annual staff conference. This had been an opportunity to be updated on any changes in the organisation and legislation and learn from or share experiences with other managers.

The registered manager continued to be committed to keeping up to date with best practice and updates in health and social care. They told us how they had kept up-to- date by attending training to support them in their role and receiving regular periodicals and industry updates. The registered manager has also undertaken training in mediation and coaching. Following this they have provided support to staff in other of the providers services, for example acting as a mentor for a new manager. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform

the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of the need to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.