

Care Management Group Limited

Care Management Group - 18 Hawthorn Crescent

Inspection report

18 Hawthorn Crescent
Worthing
West Sussex
BN14 9LU

Tel: 01903821868
Website: www.cmg.co.uk

Date of inspection visit:
12 February 2019

Date of publication:
12 March 2019

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

About the service:

- Care Management Group – 18 Hawthorn Crescent is situated in Worthing, West Sussex. The provider, Care Management Group, own services across England and Wales. The service is registered to support 4 people with learning disabilities and Autism. At the time of our inspection there were 4 younger adults living in an adapted bungalow within a residential street. The building design was the same as other homes within the residential area. There were deliberately no identifying signs such as cameras or intercoms that would indicate that it was a care home. Staff did not wear uniforms or anything that suggested that they were care staff when coming and going whilst supporting people. This complied with current best practice guidance. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- Sufficient staff ensured that people's needs were met.
- People were supported to remain safe.
- Infection prevention and control were maintained.
- People were supported to maintain their health. They had access to medicines when they needed them and could access external healthcare professionals.
- Staff had the right skills and experience to meet people's needs.
- People were actively involved in their care. Their wishes and preferences identified and respected.
- Staff were responsive to people's needs and care was adapted to ensure people were at the centre of any decisions made.
- People told us that staff were kind, caring and compassionate.
- People were treated with respect. Their privacy and dignity was maintained.
- A person-centred culture was created by the provider and shared by all staff.
- People were supported and encouraged to develop their skills and maintain their independence.
- People chose, shopped and helped prepare food.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Quality assurance processes ensured that the service was effective and people's needs were met.
- One person told us, "They are very helpful. They do a lot for me. They are good and friendly and I have got a good relationship with staff."
- More information can be found within the full report.

Rating at last inspection:

- At the last inspection the service was rated as Good. (Published on 5 April 2016). At this inspection on 12 February 2019, the overall rating for the service has remained Good.

Why we inspected:

- This was a planned inspection to confirm that the service remained Good.

Follow up:

We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated as Good.

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 had improved to Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

Care Management Group - 18 Hawthorn Crescent

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was undertaken by one inspector.

Service and service type:

- Care Management Group – 18 Hawthorn Crescent is registered to support 4 people with learning disabilities and Autism. At the time of our inspection there were 4 younger adults living in an adapted bungalow within a residential street.
- The service had a manager who was registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- The inspection was announced. We gave the provider 24 hours' notice as we wanted to ensure that people using the service were available to speak with us.

What we did:

- Before the inspection we used information, the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We looked at information we held about the service including notifications they had made to us about

important events.

During the inspection:

- We spoke with all four people, one relative and five members of staff. The registered manager was not at the service at the time of the inspection.
- We reviewed a range of records about people's care and how the service was managed. These included the individual care records and medicine administration records for three people, three staff records, quality assurance audits, incident reports and records relating to the management of the service.
- 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.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

- Following the last inspection on 23 February 2016, we asked the provider to make improvements to improve the key question to at least Good.
- This was because staffing levels were not always sufficient. At times this had impacted on people's ability to pursue their interests.
- There was insufficient guidance for staff about how to administer one person's medicines.
- At this inspection improvements had been made.
- People were safe and protected from avoidable harm. Legal requirements were met.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staffing and recruitment:

- People were involved in the recruitment of staff. This helped ensure they were happy with the staff that supported them.
- Staff had been recruited safely to help ensure they were suitable to work with people.
- There were sufficient staff to meet people's needs.
- When people called for assistance from staff they responded promptly.
- Flexible rotas helped ensure that people could be supported to attend events in the evening and at weekends.

Systems and processes to safeguard people from the risk of abuse

- People were informed about the different types of abuse and their signs and symptoms. This helped them to know when support was not being carried out in the way it should.
- People knew how to raise concerns about their safety and were provided with opportunities to raise concerns.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The registered manager had reported potential abuse to safeguarding when it had been identified.

Learning lessons when things go wrong:

- Incidents that had occurred had been recorded and monitored to identify patterns and trends.
- Relevant action had been taken to reduce the risk of the accident occurring again. For example, care plans and risk assessments had been reviewed and changed.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should.
- The registered manager was following safe protocols for the receipt, storage, administration and disposal of medicines.

- There were clear guidelines for staff to follow, as well as information that could be passed to other healthcare professionals, such as when a person had to go to hospital.

Assessing risk, safety monitoring and management:

- Assessments of risk helped ensure that any potential risks were identified and lessened.
- People could take risks to enable them to develop skills as control measures were in place to assure their safety. For example, people were able to access kitchen areas to prepare food.
- Staff were provided with clear and detailed information about how to support people safely.

Preventing and controlling infection:

- Staff had undertaken training in infection prevention and control. They were provided with appropriate personal protective equipment to minimise the spread of infection.
- Infection control audits helped the registered manager to ensure that infection prevention and control were maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- Staff had appropriate skills and experience to meet people's needs.
- Staff received supervisions and appraisals. These provided staff with feedback about their practice so that learning and development opportunities could be recognised.
- Staff undertook training that was specific to people's needs and abilities.
- Continual development was encouraged and provided. Staff were supported to undertake diplomas in health and social care.
- People told us that they were happy with the staff and the support that they provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People were fully involved in discussions about their care so that their needs were identified and assessed.
- Staff were provided with specific guidance on how to support people according to their wishes and health needs.
- People were involved in on-going discussions and reviews to help ensure the guidance about their care was current and reflected their needs and preferences
- Staff worked in accordance with the guidelines within people's care plans. These aligned with best practice guidance and the law.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- People's healthcare needs were assessed and met.
- Person-centred health action plans enabled people's healthcare conditions and needs to be managed.
- People had access to external healthcare professionals to maintain their health.
- There was a coordinated approach to people's care. Staff liaised with people, their relatives and external healthcare professionals when there were changes in people's needs or concerns about their care.
- One person was visited by an external healthcare professional. They told us that when staff were asked to support the person in a certain way that they had confidence that this would be carried out. They told us, "Staff are caring and engaged. They really want the best for the person. They want to know what they can do to make the person's life better."
- Timely referrals had been made to external healthcare professionals to ensure people received appropriate care and treatment.

Supporting people to eat and drink enough to maintain a balanced diet:

- People chose, purchased and helped prepare their own food and drink.
- People were supported to make choices by using photographs of food and taking part in discussions to decide on the type of meals they would like.
- People told us about meals out they had enjoyed and that they had planned.
- Staff had been provided with guidance by a Speech and Language Therapist (SALT) and were seen to be putting it into practice when supporting one person to eat their meal.

Adapting service, design decoration to meet people's needs:

- People were involved in decisions about the premises and environment.
- People had decorated and furnished their rooms according to their preferences.
- People's preferences, culture and support needs were reflected in adaptations to the environment.
- The service supported people's independence using technology such as call bells, Ipads and communication aids.
- Risks in relation to the premises and equipment were identified, assessed and well-managed.

Ensuring consent to care and treatment in line with law and guidance:

- 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 were fully involved in the decision-making process.
- Staff supported people to understand information to enable them to make an informed decision. For example, adapted information was used, as well as explanations from staff, when supporting people to decide if they wanted the flu injection. One member of staff had their injection at the same time as people so that people could see it was nothing to be concerned about.
- People told us that staff always asked their permission before supporting them and our observations confirmed this.
- People told us they were provided with choice and supported to make decisions about their care.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had submitted DoLS applications to the local authority but these were yet to be reviewed and authorised.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were supported and treated with dignity and respect; and involved as partners in their care. One person told us, "Yes they're caring. Everybody is so helpful."

Supporting people to express their views and be involved in making decisions about their care:

- Staff worked with people to ensure that their needs and preferences were central to their care.
- Regular reviews ensured that people continued to contribute to discussions about their care.
- Advocacy services could be provided when people needed additional support to make their needs and feelings known.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with respect.
- People's privacy and dignity was maintained.
- Staff were discreet and sensitive when they assisted people with their personal care needs.
- People could choose where they spent their time. Some people chose to spend time in their own rooms with the doors closed. Staff respected this and people were provided with privacy.
- People were treated in a dignified way. One person, showed signs of apparent anxiety. Staff took time to listen to the person and offered them the opportunity to discuss their feelings in private. The person was reassured and was seen to be smiling and laughing.
- People told us that staff were kind and caring and that they supported them in their preferred way.
- People's independence was promoted.
- People were encouraged to develop daily living skills. One person told us how they helped prepare meals by chopping vegetables as well as doing their own washing.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were treated as individuals and support was adapted to accommodate people's diversity.
- Staff were respectful of people's cultural and spiritual needs. Information about people's life style preferences, as well as their religion, had been gathered and was respected.
- One person was supported to attend church each week and told us about a carol concert they were looking forward to attending.
- People told us that staff supported them in a way that met their needs and preferences.
- One person told us, "They are very helpful. They do a lot for me. They are good and friendly and I have got a good relationship with staff."
- A relative told us, "We're really, really happy with it there. Our relative can make their feelings known and staff are respectful. I can't fault the staff they adore our relative."

Is the service responsive?

Our findings

Responsive – this means that the service met people's needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships:

- People's care was tailored to meet their individual needs.
- The registered manager identified people's information and communication needs by assessing them.
- Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in their care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for people.
- Information was provided in adapted ways to enable people to understand. For example, care plans and reviews were provided with pictures and symbols.
- People had access to communication aids and equipment to support them to communicate with others.
- People told us that they were involved in their care and provided with choice. Their preferences were respected.
- There was an emphasis on people's social and emotional needs.
- People's life histories, interests and preferences provided staff with information about the person's life before they started to use the service.
- People were supported to pursue their interests and hobbies.
- People were empowered. One person told us it was their job to help people get into the community.
- People took part in a wide range of community-based activities and events that met their preferences.
- People told us about holidays they had enjoyed as well as those that were planned.
- People told us about trips to Britain's Got Talent and X-Factor that they had enjoyed.
- Staff knew people's needs and preferences well. They recognised their strengths and skills.
- One person enjoyed organisation. They were actively involved in planning their own activities.
- One person had been supported to find employment. They enjoyed a voluntary job locally and had been supported in paid employment by the provider. They had been involved in quality assurance audits at one of the provider's other services.
- People were supported to maintain friendships and relationships with those that were important to them.

Improving care quality in response to complaints and concerns:

- People and their relatives were aware of how to raise concerns and complaints.
- People were provided with an easy-read complaints policy so that they understood how to raise concerns and complaints.
- People were asked at regular meetings if there was anything they were unhappy or concerned about.
- Concerns and complaints that had been raised had been dealt with appropriately and according to the provider's policy.

- One person had raised a concern. The registered manager had listened and had arranged a meeting with the person to discuss the concerns and ensure appropriate action was taken.

End of life care and support:

- People could discuss and make appropriate plans for care at the end of their lives.
- Staff had respected people's preferences when people had chosen not to discuss their end of life care.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation and promoted an open, fair culture.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- There was a registered manager in post.
- The management team conducted quality assurance processes to help ensure that risks were managed and people received effective and high-quality care.
- There was good oversight and shared learning from the provider's other services.
- The registered manager and staff worked together with people to ensure that their experiences were at the heart of the service.
- People and staff told us that they thought the service was well-led.
- One member of staff commented on the registered manager, they told us, "Brilliant. If I've got any problem or anything I need to discuss she is always there and happy to help."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People were at the centre of their care.
- Staff strived to ensure that people's needs and preferences were respected and met.
- Support was adapted to enable people to live their lives as they chose to.
- There was an open and transparent culture.
- People and their relatives were informed and involved in changes that affected their care.
- The registered manager had complied with the CQC registration requirements. They had notified us of certain events that had occurred at the service so that we could have an awareness and oversight of these to ensure appropriate actions had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- People and staff were treated as individuals and their diversity was respected.
- Staff were provided with support and feedback.
- Staff were involved in the running of the service. Regular meetings enabled staff to share their suggestions. They told us that these were respected and listened to.
- People had opportunities to comment on the care and the service they received.
- They told us that when they made comments staff listened and were responsive.
- There was a coordinated approach to people's care. Partnership working with people, their relatives and

other external healthcare professionals ensured people received care that was effective and appropriate to their needs.