Care Management Group Limited

Care Management Group - 97 Old Street

Inspection report

97 Old Street
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31 January 2017

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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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

Care Management Group – 97 Old Street provides accommodation and personal care for up to five people living with a learning disability. The accommodation is on the ground level and people share communal areas and the garden and each person has their own bedroom.

The inspection took place on 27 and 31 January 2017 and was announced. We gave 24 hours' notice of the inspection because five people lived at the service and we wanted to make sure people were in when we visited.

There was a registered manager at the service. 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 provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. People were protected from avoidable harm and risk assessments were in place. The provider sought references and completed checks before new staff started working at the home. People's needs were met by adequate staffing levels. People received their medicines as prescribed.

People were supported by staff who had received relevant training to enable them to support people they worked with. New staff completed an induction to the home and were supported with a variety of training, including the Care Certificate, supervision and appraisal. Staff had training in and followed legislation designed to protect people's rights and ensured they offered people choices and sought consent. People enjoyed their meals and had access to healthcare professionals when necessary.

People and the staff supporting them had formed caring and positive relationships. Staff promoted and supported people's relationships with friends and relatives and understood the importance of this to the people they supported. People were supported to make choices in their everyday lives. Staff were mindful of respecting peoples' privacy and dignity.

The service was extremely responsive. People had lived at the service for many years and staff knew them well. People's individual needs were met in ways which they preferred and suited them personally. Staff were enthusiastic and keenly supported people to engage in meaningful activities which met their aspirations. The provider had a complaints policy in place and sought the views of people living at the service as well as their relatives.

The registered manager and provider promoted a positive culture that was open and inclusive. The registered manager had systems in place to monitor the quality of the service provided, which included

undertaking a range of regular audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had completed training with regard to safeguarding people and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff had been recruited following satisfactory pre-employment checks. There were enough staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had training in and followed legislation designed to protect people's rights.

People were supported by staff who were trained and knowledgeable about people living at the service.

People were supported to eat and drink in ways which met their needs.

People had access to healthcare services when necessary.

Is the service caring?

Good

The service was caring.

Positive caring relationships were developed with people using the service.

People made decisions about how they spent their time and what support they needed.

People's dignity was respected by staff when supporting them

with personal care.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People's care plans were personalised with their individual preferences and wishes taken into account. Staff ensured people's individual needs were met.

People were supported to attend and participate in a wide range of leisure activities to meet their individual aspirations. Staff were enthusiastic and committed to providing support to people to enable them to both access the community and be part of the community.

The provider had a complaints procedure in place and sought peoples' views.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted a positive culture which was person-centred, open, inclusive and empowering.

There were clear management systems in place.

The registered manager had systems to monitor the quality of the service provided.

Care Management Group - 97 Old Street

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.

The inspection took place on 27 and 31 January 2017 and was announced. We gave 24 hours' notice of the inspection because we wanted to make sure people were in when we visited. The inspection was undertaken by one inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. The registered manager 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.

During the inspection we spoke with two people living in the home, three relatives and most staff. We spoke in depth with one relative, two staff and the registered manager. We could not always directly communicate with people to ask them about their experience of care and support but we observed staff interaction with them and the care and support offered in the communal areas of the home. We looked at a range of records including two care plans, staff recruitment files and training records.

Good

Is the service safe?

Our findings

People's relatives felt their family members were living in a safe place. A visitor told us their relative had, "No road sense", but they were in a safe place. We saw a completed relative's provider survey questionnaire response which noted, "I feel it offers [person's name] a safe, loving and secure family environment. I could not ask for a better place for [relative] to live."

The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. A staff member told us, "I did raise a concern once, it was all looked into and Head Office thanked me [for raising it]. It was all ok and they told me what they had done [to investigate]."

People were protected from avoidable harm through the use of equipment, such as hoists and wheelchairs. Risk assessments identified when people were at risk and action taken to minimise the risks. Examples of identified risks were around profiling beds and safety belts in wheelchairs. One person was at risk of falling and we saw staff stayed in the vicinity of the person at all times and ensured they knew who was in the room with the person when they left the room.

There were plans in place should an emergency arise. If the home needed to be evacuated, a named taxi company was to be contacted and people could stay at another local home in the provider's group of services. Each person had a personal evacuation plan and these had been recently updated.

People's needs were met by suitable numbers of staff. Some people needed and received one to one staff support for some or all of the time. This was managed by a shift pattern which included four staff at the beginning and end of the day, one in the middle and two waking staff at night. The middle shift was flexible depending on what activities people were doing that day. It was important that people were supported by people they knew when there were gaps in the rota and staff said, "We cover shifts [for each other] and [use] agency staff occasionally. We try to get the same agency workers [to ensure continuity]." Another staff member added, "We try to cover each other when staff are off sick, because we care about the guys, we want them to go out." The registered manager said they ensured there was only one agency staff member on duty at any time and that the rest of the team were the right skill mix to include staff trained in medicines, epilepsy, first aid, fire marshalling and a car driver.

Appropriate recruitment procedures were in place. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. A relative told us, "[The registered manager] won't take anybody on as staff, she is very particular" and a staff member echoed this view, saying, "[The registered manager] has a good eye as to whether [new staff] will fit in or not. As a team we work well."

People received their medicines as prescribed. A Medication Administration Record was completed to

record that people had received their medicines. Medicines were stored safely and appropriately and were given by staff who were trained and competent to do so. Care plans were in place for medicines which were prescribed 'when needed.' People's prescribed medicines were kept under review. The registered manager told us how one person had their medicines changed but this had resulted in deterioration in other areas of their health and wellbeing so further changes were made which ensured the changes were reversed.

The registered manager monitored the competency level of staff giving medicines and took action to remedy if issues of concern were identified. Since our last inspection there had been one medicines error. The registered manager had temporarily suspended the staff member from giving medicines, ensured they completed the training again and observed their practice to confirm their competence to support people with their medicines. A sign was put on the medicines cupboard to remind all staff to give the correct number of doses when people were prescribed short term medicines such as anti-biotics.

Good

Is the service effective?

Our findings

People were supported by staff who had received relevant training to enable them to support people they worked with. New staff completed a period of induction which included reading care plans, policies and procedures, completing an induction workbook, e-learning and shadowing other staff. New staff also studied for the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. New staff shadowed existing staff to learn how people liked to be supported with their personal care as individuals and they continued to 'shadow' until they felt confident in their role.

A training programme was in place. A staff member said the training was, "E-learning when you first start and face to face. E-learning is a good platform for basic information, with tests and questions as you go, plus you're doing practical and shadowing." Another staff member said training was, "Easy to access on the computer, easy enough to understand, there is an exam at the end. Some you have to score 100%, such as safeguarding." Some training, such as moving and handling was facilitated face to face and practically, rather than being computer based, however, one staff member told us, "There is not much face to face [training], it's nice to do face to face, you pick up pointers to discuss." Staff were further supported in their work through regular supervisions and appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Staff had training about the Mental Capacity Act 2005 (MCA). The 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. Staff were clear about giving people choices in their day to day lives. A staff member told us, "We try everything to get people to understand, for example, objects of reference rather than speech. You need to be as least restrictive as possible if you're making best interests decisions, for example, big financial decisions."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and authorised legally. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found the provider was following the necessary requirements and a DoLS authorisation had been approved for each person.

People were supported to eat and drink in line with their preferences and dietary requirements. People chose where they wanted to eat during the day and tended to sit together at the dining table for the evening meal and Sunday lunch. People had their breakfast and lunch at a time to suit them, depending on what time they got up and what they were doing that day. People chose what they wanted to eat and although there was a planned menu for the evening meal, people were offered alternatives. Staff understood how people communicated about whether or not they wanted a meal, such as turning away or pushing it away. Some people looked at pictures of food dishes to help them decide what they would like.

Some people were identified as being at risk of choking and their food was served mashed, minced and

pureed and drinks were thickened, as was suggested by the Speech and Language Therapist. We observed staff supporting a person to eat, asking if they were ready for breakfast and supporting them to eat and drink following the care plan. The care plan also informed staff regarding the position the person needed to be sat in to support them effectively and staff followed this.

Staff were aware of the signs and symptoms which showed people's health may be deteriorating. A relative said, "When [person's name] has a seizure, [staff] are clocking it, timing it, and then the paramedics are here. I've seen it, they do it. [Person's name] is checked out, if okay, [person] stays, if not, [person] has been to hospital. Someone [from the staff team] goes with [person], I like [that they do] this. There's always someone with [person]."

People had access to healthcare services when necessary. One person had started to fall as a result of a health issue and the registered manager contacted various health and social care professionals such as the learning disability team, the 'falls team' and a physiotherapist. This resulted in a fast co-ordinated multi agency response where medicines were altered and equipment such as a hoist put in place should it be needed. The action taken meant that the person's health improved. Staff were clear that they always contacted the GP or 'out of hours' if they thought a person was becoming unwell.

Good

Is the service caring?

Our findings

It was evident that staff had developed caring relationships with the five people living at the service. Some people had lived there since the service opened and some staff had worked there a long time. On the first day of the inspection, it was one person's birthday and the event was celebrated by everyone. There was birthday bunting and balloons in one of the communal areas and party food had been prepared. Some of the person's family members arrived and they were welcomed in, their coats taken and family and staff joined in singing and chatting.

A relative told us, "We would know if [person's name] was not happy…he's well looked after." We looked at the provider's survey questionnaires which had been completed by relatives in 2016 and saw that comments included, "Very happy with [person's name] care and I know he is being looked after by people that care for him in a positive way by loving and caring staff", "I can't think of any other place I would want [person's name] to be. She is happy and well cared for" and "All aspects of care and support are done particularly well. Clearly demonstrates the empathy felt with the people in their care." Additionally, a healthcare professional wrote, "Thanks for all your efforts in ensuring (person's name) could return home at last. Again our team were taken aback by the dedication and care shown to her."

Staff promoted and supported people's relationships with friends and relatives and understood the importance of this to the people they supported. One person's relative was sometimes transported by staff to and from the service and at Christmas, they had stayed at the service for dinner. Another person was supported to meet a friend monthly, and again, the friend visited the service and spent time there, for example, when there was a party.

People were valued by the staff team and the registered manager who felt strongly that this was people's home and a family environment. There were framed photos of people on the walls, as there would be in a family home. Staff were concerned when people were unwell, for example, one person had spent several days in hospital and there was a staff member with them during, "all their waking hours." On the first day of the inspection, due to staff sickness, there was not a staff member available who could take one person on their morning drive, but another staff member started their shift earlier so the person could go out as was their usual routine.

People were supported to express their views and be involved in making decisions about their care and support. People chose when they got up and when they went to bed. We observed people coming to the communal areas (after getting up) at different times and having meals at different times. People decided if they wanted to go somewhere in the home and let staff know by gesturing or taking the hand of staff. We saw staff observing a person's body language and anticipating that they wanted to move to another chair. The staff member went to assist immediately as the person needed support because they could be unstable on their feet. People would let staff know whether they wanted to go out or not by using a range of gestures. People were asked what they would like to do that day and made choices as to how they spent their time. One person particularly liked to shop for clothes and staff asked them which shopping centre they would like to go to so they could choose.

Staff were mindful of people's privacy and dignity when supporting them with their personal care. They knocked on doors before entering, asked people's consent, talked through what they were doing, kept people covered with towels and ensured doors were closed. A visitor said their relative was, "Clean and tidy, staff change [person's clothes] if he gets a bit of food down him".

Outstanding ☆

Is the service responsive?

Our findings

People had lived at the service for a long time, some since the service had opened. Staff knew their routines and preferences well and provided care and support which was responsive to their individual needs. A visitor explained how they were able to visit their relative as they would any other relative who was not living in a care service. This was because they did not have to worry, as they knew the person was, "well looked after." A staff member said, "All [care and support] is person centred, service users come first, ensuring their needs are met."

Each person had an individual care plan in place which they and people who were important to them had been involved in implementing. Care plans were reviewed and updated when people's needs had changed. Care plans showed that staff had identified people's care and support needs, including how they communicated, as well as their preferences. For example, one care plan showed the level of support the person needed and how they liked their personal care to be delivered, that they had no preference for male or female staff, that they liked to take their time and not be rushed and they would tell staff if they were not happy with something which was happening. Staff understood the different ways that people communicated and the registered manager told us about how the staff communicated by, "Going into their world rather than them coming into ours." We heard staff interacting with people in different ways which, according to their care plans, met their needs and gave them a sense of well-being.

The registered manager and staff adapted the service to meet people's needs when they changed significantly. One person's health had deteriorated to a degree where it may not have been possible for them to return to the service after time in hospital. However, the registered manager co-ordinated the changes necessary to the environment so the person could come home. The person chose to sit in a specific chair in the communal area, but the hoist would not fit underneath. Therefore, the maintenance person was asked to look at this and they raised the legs of the chair straight away. Additionally, the framework of the dining table made it inaccessible for the person, so the table was adapted, enabling the person to sit there to enjoy their meal with other people when they wished to. A health care professional subsequently emailed the registered manager to say, "Thanks for all your efforts in ensuring (person's name) could return home at our last. Again team were taken aback by the dedication and care shown to her."

The registered manager also told us they had been concerned about people getting wet as they left the house to go to the car, because they did not move very fast. This had resulted in a car port being built so people could get into the car in the dry.

Everybody had their own bedroom and these were all personalised to their taste in colours, patterns and other decoration. The service had its own sensory room (a soft area, with lights and sounds) and hydro pool. The registered manager said the people who used these facilities enjoyed them, for example, one person liked to float and found it calming.

People enjoyed a range of activities and interests, some of which we observed during the inspection. Staff kept activities under review and monitored whether people enjoyed them. People took part in physical

activities such as abseiling, canoeing, archery, woodwork and forest walks. A visitor told us, "We cannot fault this place, [person's name] does far more than he did at the other place. He does so much, he goes out, and it stimulates him. His social life is good." People were supported to access the community, whether going to the shops or going to look at the horses nearby. Where people's mobility had deteriorated, staff still supported them into the community in a wheelchair. Another person liked to go on train journeys and the registered manager told us how they had supported them on a train trip to London for lunch. The object of the trip was to enjoy the train ride which is what the person wanted most.

People were supported to maintain relationships which were important to them. For example, one person was supported to meet a friend, of more than twenty years, for lunch once a month. They were also supported to go to each other's birthday and Christmas celebrations.

Staff worked to forge links with the local community. People were known by local shop staff and neighbours, who would stop to chat to them. People visited the local amenities such as the swimming pool and hairdressers. The registered manager told us how people were involved in annual fundraising for local projects and the benefits this brought to all concerned. The registered manager told us staff asked people if they would like to do something for the local community and they were excited about delivering the collected items. Staff bought in food and toiletries from home over a few weeks and people helped to load the car and deliver the collected items to the local food bank.

The provider had a complaints procedure in place which was displayed where visitors could see it as well as in pictorial format. There had not been any complaints but a visitor said, "If I had any problems I would tell [staff]." A relative commented in a recent quality assurance survey, "We have no complaints only praise for the way (persons name) is cared for".
A staff member was clear that, "[The registered manager] has to respond" and that they would forward any complaints to the registered manager or deputy manager. The provider sought the views of relatives and professionals who were involved in the care and support of people through an annual questionnaire. The registered manager said they had asked healthcare professionals to complete a survey but this had not been successful. However, relatives had completed the survey and we saw the results were positive.

Good

Is the service well-led?

Our findings

The registered manager and provider promoted a positive culture that was open and inclusive. One staff member said, "I've been really welcomed here, I'm part of the team, it is a family, comfortable, relaxed. It's a nice atmosphere here" and another said, "It's really close knit, staff will support each other, help each other out, if there is something left to do, it will be done. It all runs very smoothly. The work is shared. It's lovely here, all the staff are lovely and supportive. [The registered manager] only employs lovely people to meet the guy's needs, staff need to be sensitive [to people's needs]."

A staff member confirmed there was a 'no blame' culture but clarified that, "Staff have still got to take responsibility, for example, if you gave the wrong medicine you would be stopped from doing medicines and have retraining but you wouldn't be sacked!" Another said, "It's a very supportive culture. I think [the registered manager] does really well with that."

Family members and staff had confidence in the registered manager and felt they managed the service well. A visitor told us, "[The registered manager] and staff are good, the [registered manager] is close to the people [living here]." A staff member said "[The registered manager] is visible, she makes us tea, helps out with people, is 'hands on'. We can always chat with her, you can raise ideas, for example, [person's name's] wheelchair did not fit under the table and we asked for maintenance to come and they have raised the table support."

The registered manager provided information to staff, which was cascaded from senior management, to keep them informed about updates and changes within the organisation. The Care Management Group held regular meetings and each service had a staff representative, who then also cascaded information to their colleagues. Similarly, colleague's views could be taken to the meeting by the representative. A representative of the provider, the nominated individual, regularly visited the service and talked to people and staff to gain their views. There was also a system in place whereby unannounced quality visits were undertaken within the organisation. One report stated, "We found this service to be extremely well run and to be a happy, safe and nurturing environment for service users". The provider told us the staff team won second place in an internal staff team of the year award in 2015.

The registered manager kept up to date with good practice. For example, they had attended training sessions, including workshops run by the Commission, a Health and Safety Conference, mediation training, a Care Certificate workshop and a management development programme.

The registered manager's ethos and vision was to offer a quality service to everyone and ensured that staff were aware of the, "Mum test". This refers to when care professionals ask themselves if the care and support they provide would be of a quality they would like a relative they cared about to receive. The registered manager told us the vision and values for the service were displayed in the home and regularly discussed during team meetings.

The registered manager responded to, followed up on and shared learning from incidents which had

occurred in the home. An example of this was a recent accident regarding a piece of equipment, whereby the person using the equipment behaved in a way which they had not previously, which staff could not have foreseen. Appropriate medical advice was sought, the risk assessment was amended to identify the new risk and staff signed to say they had read the updated paperwork. The registered manager had reported the incident to the Care Quality Commission and was aware of the types of incident which require reporting.

The registered manager completed a number of monthly audits such as health and safety, medicines and infection control. The regional director undertook a quality audit every three months. Where actions were identified, the registered manager took action straight away. Monthly team meetings were held and minutes showed the issues which were discussed. The business plan was shared with staff, following an action point from an audit, as well as safeguarding 'key messages' learning from incidents across the organisation. This helped staff understand the provider's key objectives and refresh their knowledge and skills within their role.

The registered manager told us they had received telephone calls from local businesses to compliment the staff as they had observed them in the community and described them as being, "brilliant" with the people they were supporting.