Care Management Group Limited

Care Management Group - Winston Lodge

Inspection report

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Date of inspection visit: 3 September 2015
Date of publication: 15/10/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection.

The service provides care and support for up to 11 people who may have a learning disability, a mental health condition or physical disabilities.

There is a registered manager at Winston Lodge. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

Record showed the provider monitored incidents where behaviours challenged and responded promptly by informing the local authority safeguarding team, the Care Quality Commission (CQC), behavioural support team and advocacy agencies.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with healthcare professionals and family members to ensure decisions made in people's best interests were reached and documented appropriately

People were not unlawfully deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the deprivation of liberty safeguards (DoLS) in place for people and accurately described the content detailed in people's authorisations.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were knowledgeable about the homes safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff received training appropriate to people's needs and were regularly monitored by a senior member of staff to ensure they delivered effective care.

Staff interacted with people and showed respect when they delivered care. Relatives and healthcare professionals consistently told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture where people told us they were encouraged to discuss what was important to them. We consistently observed positive interaction between staff and people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Is the service effective?

Good

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People who were at risk malnutrition were supported to eat and drink sufficient amounts.

Is the service caring?

Good

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Is the service well-led?

Good

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Care Management Group - Winston Lodge

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 checked 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 3 September 2015 and was unannounced.

One inspector conducted the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the deputy manager, two support workers and five people. We pathway tracked two people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, two staff recruitment files, feedback questionnaires from relatives and the homes internal quality assurance audits. We looked at comments detailed in thank you cards and viewed relative and healthcare professional feedback from people's care reviews.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 21 January 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People, healthcare professionals and relatives told us the home was safe. One healthcare professional said: "The staff look after people properly so they are safe enough" Another healthcare professional said: "They [staff] contact us if they have any worries". A relative said: "They look after [the person] like their own, I have no problems"

Staff received training in protecting people from the risk of abuse. They had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. A incident record dated 21 March 2015 showed the provider had informed the local authority safeguarding team about the possibility of abuse and that appropriate investigations were conducted.

Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they felt confident to tell their manager about any concerns they had. They said they would feel comfortable raising any worries they had with outside agencies such as CQC if they felt their concerns had been ignored. One member of staff said: "I would not hesitate to contact CQC or safeguarding if I felt someone was being abused. I'm pretty sure that would not happen here because the staff really care".

There were sufficient staff with the right competencies, knowledge and skill mix to meet people's needs. For example, staff employed had previous experience in supporting people with a learning disability and had received training in supporting people with complex behaviours. One person said: "They [staff] know how to help me, they take me out and they help me when I get stressed". Staffing levels had been assessed in accordance with people's care needs and the registered manager told us they regularly reviewed staffing levels and when required, additional support workers were employed to ensure people were supported effectively. We saw some staff support people to access the community whilst others were supported in the home. One person said: "I do loads of different things and I am not without help".

Recruitment practice was robust. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

The provider had effective arrangements in place to review risk on a daily basis. Staff told us they communicated with each other during the day to share information about any risks and said they informed the registered manager of any concerns when they arose. Handover meetings were conducted daily where staff shared information about people's medical appointments, accidents or incidents and people's health needs. Staff completed daily records which provided details of care people received. Risk assessments and safeguarding protocols were detailed and contained strategies for staff to follow should behaviours become challenging to others. Staff were knowledgeable about the risks associated with people's care. For example, when supporting one person with their anxiety and actions to take after someone had a seizure.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD). CD are medicines which may be misused and there are specific ways in which they must be stored and recorded. Documentation stated reasons for the administration of medicines and the dosage given. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medication administration records were appropriately completed.

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the fire detection. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. The homes emergency procedure provided guidance to staff on what actions they should take to safeguard people if an emergency arose, including fire, or if the service needed to be evacuated. Fire exits and evacuation routes out of the building were clearly visible and accessible.

Good

Is the service effective?

Our findings

People and healthcare professionals told us staff were trained to deliver effective support. One person said: “They are trained good”. A healthcare professional said: “I am sure the staff are trained well, each time I speak to them on the phone they know what they are talking about”.

People were able to access appropriate health, social and medical support when they needed it. Records showed people had received care and treatment from health care professionals such as psychiatrists, physiotherapists, GP and occupational therapists. Appropriate referrals had been made to make sure people received the necessary support to manage their health and well being. We observed staff making contact with the GP to arrange an appointment for one person after they had a fall.

People who were at risk of malnutrition and dehydration were appropriately assessed and supported effectively. One person had been referred to a speech and language therapist (SALT) due to concerns about weight loss. Their weight monitoring record showed weight loss from 7 February 2015 to 2 April 2015. Staff followed the suggestions detailed in the person’s assessment. For example, orange squash was placed in beakers in various places throughout the home to encourage regular drinking and food supplements were available during meal times. People told us they were fully involved in making decisions about what they wanted to eat and drink. One person said: “I have what I want and we talk about it every week”. The registered manager confirmed staff spoke with each person every Sunday to make decisions about what food was purchased.

Staff received an effective induction into their role and had regular supervision and appraisal (supervision and appraisal are processes which offer support, assurances and learning to help staff development). Senior staff had conducted competency checks to ensure support workers were appropriately skilled to meet people’s needs. For example, observing moving and handling practice and administering medicines. Records showed staff received training specific to people’s needs.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Whilst most people were able to chat about their daily lives, some people were not able to understand and make important decisions about their care and support. The registered manager and staff said where necessary they would liaise with people’s relatives, where appropriate, and health and social care professionals should people’s needs change, so that appropriate care and support was provided.

Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. Where there was an indication a person did not have the capacity to consent to care and treatment a mental capacity assessment had been carried out to determine this. For example, a capacity assessment was conducted for one person regarding the use of their seat belt when in their wheelchair. This had been regularly reviewed with staff and family.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLS and understood their responsibilities in relation to using least restrictive practices to keep people safe. Documentation we viewed confirmed the registered manager understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Good

Is the service caring?

Our findings

People told us they thought staff were caring and kind. One person told us, “They [staff] look after me.” Another person said: “They [staff] are like my friends, we sing together and tomorrow we are all going to the summer ball”.

We saw people were able to spend time how they wanted. Some people chose to listen to music and watch TV in the communal lounge. One person said, “I like listening to music in here and we all sing together.” At the time of our inspection five people were supported to visit the day centre to access the sensory room. A member of staff said: “They use the sensory room a lot, its popular with the service users [people]”. The activities board showed people were offered the choice to visit the sensory room on a weekly basis.

We saw people were laughing and looked happy. Staff spent time with people, discussing day to day things such as the weather, what people wanted to do and what they wanted to eat. Staff were also spoke openly with people about the activities they had enjoyed that day and what their plans were later in the week. One person told us they were supported to attend church on a Sunday. Daily records showed six people were supported to visit church on Sunday’s. The registered manager said: “We have a great relationship with the church. People enjoy going and it helps keep them involved with the local community”

Staff were polite and respectful when they talked with people. People said staff treated them with respect. People also told us they were able to do most things for themselves and staff helped them only when they needed it. For example, some people needed help or prompting with personal care. Staff understood and gave us examples that showed how they protected people’s privacy and dignity. One staff member said, “We make sure we knock on people’s bedroom doors before we enter. We also speak to people on their own if we need to talk to them about something private or personal”.

Staff told us they cared for people in a way they preferred. All of the care plans we looked at showed people had been involved and had agreed to the levels of care and support they required. People’s care records contained information about their background, needs, likes, dislikes, preferences and end of life wishes. All of the staff were able to demonstrate a good knowledge of people’s individual choices.

People were encouraged to maintain their independence and get involved in household tasks. Staff told us one person enjoyed taking out the dishes, and washing up. We saw this person complete these tasks during our visit. We spoke with the person and they said: “I like to make my own cup of tea and I do the housework”.

People were able to participate in regular meetings to discuss any concerns they had. Staff told us this gave people an opportunity to discuss anything such as hobbies, interests or how they wanted to spend their time. On person said: “I can go in the office anytime to talk about what I want” and “I speak to staff a lot about my support”.

Good

Is the service responsive?

Our findings

Comments from relatives included, “The staff have done a wonderful job” and “Thank you so much for looking after [person] so well, I couldn’t have asked for any more”. One person told us they were supported with their personal care and visits to medical appointments. They said: “The staff help me with everything I do, they know what I need help with so it’s good”.

Care plans contained detailed information that enabled staff to meet people’s needs. Care plans contained life histories, personal preferences and focussed on individual needs, with appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. For example we looked at a care plan for a person who was supported by psychologists. The care records contained appropriate information for staff, such as how to provide specific care for day and night time routines. Records also contained charts for staff to complete that identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe. Staff told us they recognised certain signs when this person became agitated. Staff were confident they could help this person by observing them closely until their anxieties reduced..

Staff responded quickly when people’s needs had changed. For example, one person had a change in their medication. Staff were made aware of this change during a handover meeting and were given the information they needed to know to provide appropriate support. Daily records showed staff monitored the person’s health and well being more closely during the change in medication. The person’s care plans were reviewed and updated. Care plans were reviewed regularly and updated when required

People received medical treatment in response to accidents and investigations were conducted appropriately. For example, after a fall, care plans and risk assessments were reviewed and updated to reflect any changes in care needs. Relatives told us the staff were responsive to incidents. A relative said: “They [staff] deal with things quick enough”.

People and relatives told us they knew how to complain. People, relatives and staff consistently told us complaints were taken seriously and investigated thoroughly. One person said: “I would tell the office if I wanted to complain”. Records showed the provider had not received any formal complaints in the last 12 months. People told us the manager was approachable and if they had any concerns, they would speak with to them or their key worker. The registered manager told us they held regular group meetings, one to one meetings and had an open door policy so people were given opportunities to raises any issues.

Good

Is the service well-led?

Our findings

People living in the home told us they found the management team and staff approachable and understanding when issues had been raised. For example, one person told us, "I like everyone, they are nice and they listen to me."

Staff told us there were regular meetings where they were able to discuss their personal development objectives and goals. Staff said they found meetings useful because it helped them to discuss people's needs, but also any learning opportunities or training needs they might have. One staff member said, "I am asked how I am, we speak about training and everyone in the home."

The registered manager told us they were persistent in seeking out the best options for people, where there was an impact on their care, even if was not always supported by advice being given from other professionals. An example of this was seen where staff persistently requested that a person referred for a speech and language assessment. The registered manager said, "We had to fight for this with the GP but we got it eventually." They told us they accepted advice and guidance, but were always prepared to challenge if it was in people's best interests.

The provider sought the views of people about the quality of service provided. People who used the service had regular meetings with the staff and management to discuss any issues they had and regular one to one meetings about the care and support they received. One person told us, "I have a main carer and we chat about everything. If I was unhappy, I would speak to her". One staff member told us these meetings were useful to see how people were feeling and what they wanted now, and in the future.

The last "service user" meeting was held on 19 August 2015. Topics discussed included menu planning, activities , college, cooking, bingo, cinema and future day trips such as visits to the safari park, a coach trip to Buckingham palace and the summer ball. The document also showed staff spoke with people about different types of abuse. For example, People were asked what it meant if staff were to take money from their wallet. One person's response was documented as: "that's stealing and abuse". One member of staff said: "It is important we help teach the service users [people] about right and wrong and talk about how to deal with dangerous things".

We asked staff about the support and leadership within the home. Staff said they were confident to raise concerns they had and praised management for their openness. Staff told us the service supported whistleblowing and staff felt confident to voice any concerns they had about the service.

There were effective systems in place to monitor the quality of the service. We looked at the quality assurance checks that had been completed over a period of time. Some of these audits identified areas for improvements, for example, care plan reviews and an analysis of when people had an accident. Action plans were used to make sure the necessary improvements were made so people continued to receive their care and support in a way that protected them from potential risk and improved the quality of service they received.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.