Care Management Group Limited

Churchill House

Inspection report

Unit 1
Bridgwater Court, Oldmixon Crescent
Weston-super-mare
Avon
BS24 9AY

Tel: 01934429448
Website: www.achievetogether.co.uk

Date of inspection visit:
16 January 2020

Date of publication:
18 February 2020

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:
Churchill House provides personal care for people with learning disabilities and autism in their own homes and flats in Somerset. At the time of the inspection the service was supporting three people.

The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting 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.

People were supported to engage in activities of their choice and try new opportunities. Care plans were person centred and gave clear and specific information of how people preferred their care and support to be delivered.

The organisation's ethos promoted a positive staff culture and team work. Staff were caring and respectful. Induction, supervision and regular training ensured staff were skilled and competent.

Medicines were managed safely. Assessments identified and managed risks and supported positive risk taking. People's nutritional and hydration needs were met and people were involved in choosing and preparing their food.

The service was well led and managed, with positive oversight by the provider. Systems were in place to monitor and review the quality of the service. There was an open and honest culture and reflective practice took place.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection:
This service was registered with us on 11/01/2019 and this is the first inspection.

The last rating for this service was Good (published 11 January 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:
This was a planned inspection based on the date of registration.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe. Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Churchill House

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 carried out by one inspector.

Service and service type:
This service provides care and support to people living in supported living settings, so that they can live 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.

The service had a manager who was in the process of registering with the Care Quality Commission. The provider is 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 service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started and ended on 16 January 2020. We visited the office location on 16 January 2020.

What we did before inspection
We reviewed the information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections

During the inspection
During the inspection we met one person using the service and four staff members which included the manager. One person had provided written feedback to us about their experiences. Some people we met were not able to fully tell us about their experiences. We therefore used our observations of care and feedback gained to help form our judgements.

We reviewed two people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection
We spoke with two health and social care professionals, two staff members and two relatives.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported safely. One person said, "I feel safe."
- Risks to people were identified in areas such as health conditions, food and hydration, personal care and medicines. Guidance gave directions about how to manage and reduce these risks whilst respecting people's choices.
- People's safety in relation to unpredictable events and emergencies had been considered. Such as fire safety.

Staffing and recruitment

- People were supported by a small and consistent staff team in line with their care package agreement.
- The provider followed safe recruitment processes before staff were employed to ensure staff were suitable for the role. This included verification with previous employers and Disclosure and Barring Service (DBS) checks, which confirms if staff have any criminal convictions.

Using medicines safely

- Medicines were stored, managed and administered safely. Staff knew the procedure to follow should a medicine error occur.
- People's preferences of how they liked their medicines administered was described. Where people had creams or lotions guidance was in place of when and where to apply.
- Protocols for 'as required' medicines gave details about how people would communicate or show they need additional medicines. These were individualised.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and knew how to identify and report safeguarding concerns. One staff member said, "This was gone through thoroughly."
- The service had not had any safeguarding concerns. The manager and senior staff were clear on the process to follow and agencies where concerns should be reported to.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Detailed reflections of incidents took place to analyses triggers and strategies used. Changes were made as a result whilst still promoting people's choice, indepedence and positive risk taking.
- The systems used enabled positive oversight from senior managers of accidents and incidents.
- Learning occurred. Staff and people were supported through debriefing and additional support. Staff were

recognised where situations had been managed effectively.

● Effective communication systems ensured learning was shared. For example, in staff team meetings safeguarding concerns from other services within the organisation were shared so staff were aware and knowledgeable of any recommendations.

Preventing and controlling infection

● Staff knew how to adhere to the providers policy of infection control.

● Care plans guided staff how to support and manage areas of identified infection control that related to the person they were supporting. For example, in medicines management and supporting people with their laundry.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported in an individualised way around their food and drink requirements. People were involved in choosing, purchasing and preparing food. A staff member told us how one person will show you what food they would like by taking it out of the cupboards. Whilst for another person there is a menu planner that they help create.
- One person when asked if they were supported well with their food and drink requirements replied, "Yes."
- Clear guidance in care plans detailed how to support people safely and effectively. For example, their choice of cutlery and plates, portion size, specific dietary requirements and likes and dislikes.

Staff support: induction, training, skills and experience

- A structured induction program was in place to support new staff members.
- Staff told us and records confirmed they received regular support and supervision. One staff member said, "I have regular supervision." Another staff member said, "It is good to have feedback and to ask questions."
- Staff received a variety of training relevant to their role. There was a focus to ensuring staff had knowledge of positive behaviour management and communication to ensure they were skilled and competent in supporting people.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs. Care plans described how to effectively support people to access healthcare such as the GP, optician and dentist.
- Hospital passports were in place to convey information should a hospital admission be required. This included how people communicated and demonstrated they were in pain.
- Risk assessments and protocols were in place around specific health conditions. For example, one person had clear procedures in place in relation to the management of their epilepsy.

Staff working with other agencies to provide consistent, effective, timely care

- The service had worked with other providers and health and social care professionals to ensure transition for people between services was effective. For example, for one person this had involved staff supporting the person in their previous service before moving to be supported by Churchill House.

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

- People were supported in their own homes and flats. People could adapt and personalise their environment to meet their needs and wishes. For example, for one person by having items from the theme of their favourite films.

● Two people lived in same building. Communal areas were available outside people's flats. This enabled people to have an area to be with other people if they wished. A relative said, "The environment supports [Name of person] well."
● Technology was used to promote people's independence, choice and accessibility to social relationships, activities and their environment. For example, by using mobile telephones, television technology and accessible door entry systems.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's capacity in different areas of their care had been considered and assessed as required.
● Where appropriate, documentation evidenced where people had a court deputy in place.
● Staff understood clearly the principles of the Mental Capacity Act (MCA) 2005. People's choice and wishes were promoted and respected at all times.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Pre-assessments had been conducted to ensure care and support was delivered to meet people's needs in their preferred way.
● People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and sexuality. Care plans showed if people had a preferred gender of carer and these preferences were met.
● Care plans detailed how people expressed these characteristics and what was important to them individually. For example, one care plan said, "Shows no interest in religion but enjoys celebrating Christmas and Easter but is not focused on the religious aspect."

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were caring and respectful. A relative said, "[Name of person] gets on well with the staff. They are an experienced team."
- Staff knew people well. When new staff started they shadowed experienced staff to ensure they knew specifically how people preferred to be supported before taking the lead. This was important as for some people small changes could cause anxieties.
- The organisation promoted a positive person-centred culture. One staff member said, "It is very client orientated, very focused on the person."
- People's individuality was respected. For example, in people's interests, hobbies and religion.
- The service had received several compliments. We reviewed cards which thanked the service for the care people received and the support given during transition from previous services. One compliment said, "Thank-you to all the team for taking such good care of [Name of person]."

Respecting and promoting people's privacy, dignity and independence

- People's indepedence was promoted. A staff member said, "[Name of person] chooses their own breakfast, they take the lead. You support people to do things for themselves." One person was manging their own medicines.
- Staff were clear that people made their own choices about what they wanted to do and how they wished to spend their time. One person showed staff the bus timetable to indicate when and where they wanted to go. A staff member said, "They let you know what their choices are."
- Staff knew how people communicated they wished to spend time alone and respected their privacy. For example, one person would say. "Bye-Bye" to the staff indicating they wanted to be on their own.
- Care plans described how people's privacy and dignity was maintained. For example, in continence care.

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

- People had been supported through the transition stage. This had enabled the service to get to know the person, train staff and ensure support was effective. For example, for one person a visual board had been created to keep them informed and reduce their anxieties about moving service.
- Regular reviews of people's care and support were completed. This involved people and their family members. A family member told us how they had a copy of their relatives care plan and this ensured consistency in care.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service provided individualised support. A relative said, "We are very happy with the service." A health and social care professional said, "I am amazed in the quick change in [Name of person]," since being supported by the service.
- Care plans were person centred, giving details about people's history, family and interests. Care plans were specific to ensure care and support was delivered how people wanted. For example, step by step guidance about the order of clothing a person liked to get dressed in and how staff should support a person when they were feeling anxious.
- People's likes and dislikes were described. For example, one care plan explained a person's musical tastes and another said how a person disliked particular animals.
- Communication care plans were clear and thorough about how people communicated. For example, touching items, using short words or sounds, pictures boards and visual story telling.
- Within the organisation one staff members role was in facilitating positive communication for people. They worked supporting the service and individuals with their communication needs. For example, this included a communication diary and choice boards. This aided people in expressing themselves and communicating their choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to take part in activities of their choice. A staff member said, "There are lots of positive activities, guided by the person, downtime when they wish." A relative said, "[Name of person] was doing very little activity before [being supported by Churchill House]. Now they are active, seeing that [Name of person] is enjoying the activities, their mood is positive."
- The service sought and supported new opportunities for people, these were carefully planned and reviewed to enable people to have positive experiences. For example, visiting places of interest, accessing the cinema and having a pet. A relative explained how the service positively looked at enabling people to take part in different activities of interest rather than looking at barriers to participation. "Actually, looking at the situation, thoughtful about it, looking at things in a logical way, looking at improvements."
- People's social relationships with friends and family were supported. This included enabling people to meet with people and communicate with people in different way. For example, on the telephone or through mobile messaging.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service had carefully considered how information was presented to support people's understanding. This included easy read, pictures, diagrams and photographs.

● We reviewed documentation such as the complaints procedure, service user guide, questionnaires and fire safety information which had been produced in different ways for people.

Improving care quality in response to complaints or concerns

● The service had an accessible and visual complaints policy. One person when asked if they could raise concerns or complaints replied, "Yes I can, to any staff who will listen."

● The service had received one complaint which had been investigated and actions taken.

● People were supported to use the complaint process. This ensured where people may not have been able to fully detail the nature of their complaint actions were taken to investigate the issue and make changes to address their concerns.

End of life care and support

● The service was not currently supporting anyone with end of life care.

● The manager was aware of planning for care in this area. End of life care plans would be developed as appropriate.

Good

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Relatives and social care professionals we spoke with were not clear about the name of the service who provided care and support to people. Documentation, such as the welcome guide given to people did not show the name of the service. By not having a clear understanding of the organisation name people and others important to them may struggle to liaise effectively with other agencies or to source relevant information. We spoke with the manager who said this would be addressed.
- Systems were in place to monitor, review and improve the quality of the service. This included areas such as medicines, health and safety, infection control and care plans. Governance systems included clear oversight from the provider.
- Notifications of important events were submitted to the Care Quality Commission (CQC) as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led and managed. A staff member said, "[The manager] is in the loop with everything." Staff told us they felt well supported.
- The organisation had a strong person-centred ethos. One staff member said, "I am so pleased they do practice what they preach. It is a good team and a good work ethnic."
- The service empowered people to direct their care and support. This had resulted in positive outcomes for people as strategies to manage anxieties and behaviours were effective. A health and social professional said, "I am impressed by the service."

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

- One person had given positive feedback about the service through an accessible questionnaire. This had included opinions around staff, choices and activities.
- Systems were in place to communicate information within the staff team. For example, through communication books, intranet, emails and meetings.
- Relatives told us they were kept well informed and involved. A relative said, "There is good teamwork, very much working together." This had positive outcomes for people as there was consistency and clear communication.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

● The provider understood their responsibilities of the duty of candour. There was open communication with relevant people. A relative said, "[There is] good communication from the [service]."

Continuous learning and improving care

● Team meetings were held regularly and were well structured. Meetings shared information about safety, training and reflected on staff practice. One staff member said, "[Team meetings are] constructive. You can contribute a lot, can ask anything. Looks to how we can improve things."

● Where issues had arisen, these were discussed to ensure staff were aware of what had occurred and what changes had been implemented. For example, where a person had accessed an object that may have caused them potential harm.