

Care Management Group Limited

Care Management Group - 57 Bury Road

Inspection report

57 Bury Road
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22 June 2018

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

57 Bury Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 57 Bury Road accommodates up to six people in one adapted building. At the time of our inspection six people were living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on 21 June 2018 and was unannounced. We returned on 22 June 2018 to complete the inspection.

There was a registered manager in post 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 and associated Regulations about how the service is run.

At the last inspection in November 2016 we identified that improvements were needed to the way people were supported to manage their medicines, the records about how risks should be managed, the support for people to take part in meaningful activities and the effectiveness of the quality assurance systems. At this inspection we found these areas had all been improved and the provider was meeting their legal obligations.

Staff interacted with people in a friendly and respectful way. They respected people's choices and privacy. Relatives and social care professionals told us staff had the knowledge and skills to meet people's needs and provided good care and support.

People and their relatives were involved in developing and reviewing their support plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Medicines were managed safely and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

Staff said they felt they were able to provide the care and support people needed. Staff understood the needs of the people they were providing support for and had the knowledge and skills to meet their needs.

Staff received a thorough induction when they started working at the service. They demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People and their relatives had regular meetings to provide feedback about their care and there was an effective complaints procedure.

The management team regularly assessed and monitored the quality of care provided. Feedback was encouraged and was used to make improvements to the service. The registered manager and leadership team had a good understanding of improvements that were needed in the service and had plans in place to implement them. Staff were confident in the skills of the registered manager and their ability to manage the service effectively.

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.

There were sufficient staff to meet people's needs safely.

Medicines were managed safely and people were supported to take the medicines they had been prescribed.

Systems were in place to ensure people were protected from abuse.

Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good ●

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and provided support for people to be able to make decisions.

Is the service caring?

Good ●

The service was caring.

Support was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning and reviewing their care. Staff had clear information about people's needs and how to meet them.

There was a clear complaints procedure and action was taken in response to concerns people raised.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager who promoted the values of the service, which were focused on providing person centred care. The registered manager ensured these values were implemented by the staff team.

Systems were in place to review incidents and audit performance. This helped to identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who used the service, their relatives, visiting professionals and staff. They were used to improve the quality of the service provided.

Care Management Group - 57 Bury Road

Detailed findings

Background to this inspection

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

This inspection took place on 21 June 2018 and was unannounced. We returned the following day to complete the inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider which we had requested.

During the visit we spoke with the registered manager, deputy manager, and three support workers. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We also looked at records about the management of the service. Following the inspection, we received feedback from a relative of a person using the service and a social care professional who had contact with the service.

Is the service safe?

Our findings

At the last inspection in November 2016 we identified that improvements were needed to the way people were supported to manage their medicines and the records of how risks should be managed. At this inspection we found the provider had made improvements to these areas and people were being supported in a safe way.

Medicines were managed safely and there were clear procedures in place for staff to follow when supporting people. Medicine administration records for the month prior to the inspection had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take them. Records demonstrated staff had followed these procedures. Staff had received training before they were able to support people with their medicines. The training included observations of their practice.

The provider had signed up to a national project to stop the over use of psychotropic medicines for people with a learning disability. Psychotropic medicines affect how the brain works and include medicines for psychosis, depression, anxiety, sleep problems and epilepsy. Sometimes they are also given to people because their behaviour is seen as challenging. People with a learning disability are more likely to be given these medicines than other people. These medicines are right for some people. They can help people stay safe and well. Sometimes there are other ways of helping people so they need less medicine or none at all.

As a result of their work with the prescribing doctors, three people's medicines had been reduced. The medicines people were prescribed were being reviewed on a regular basis and changed where it was assessed to be clinically necessary.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. We saw assessments about how to support people to remain safe when out in the community, manage their medicines and manage the risk of falls. Each person had a plan in place covering the support they would need to evacuate the building in the case of an emergency. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. The plans had been regularly reviewed and amended as people's needs had changed.

Where people presented behaviour that was seen as challenging, positive behaviour support plans had been developed. These set out reasons why people may become distressed and how they demonstrated that distress. The plans included strategies to provide support for people before their behaviour became challenging for staff. The plans had been developed with input from people, relatives, staff and a positive behaviour support practitioner employed by the provider. Staff demonstrated a good understanding of the plans and the strategies in place to support people.

People were not able to tell us directly whether they felt safe. We observed that people appeared comfortable in the presence of staff. People interacted with staff and attracted their attention to request support. A relative we spoke with was confident staff were providing safe support for people.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding people to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report alleged abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. None of the staff we spoke with said they had any concerns about the safety of people using the service.

Sufficient staff were available to support people. Staff told us there were enough of them available on each shift to be able to provide the support people needed, including being able to get out into the community regularly. The staff rotas were developed following an assessment of people's needs. These staffing levels were regularly reviewed with the local authorities commissioning care for people and had been changed where assessed as necessary.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any cautions or convictions that may prevent them working with vulnerable people. We saw that these checks had been completed for two support workers employed by the service in the previous year.

People were protected because staff followed good infection prevention and control practices. We observed staff following guidance and using protective clothing appropriately. People had been supported to keep their homes clean and staff supported people to complete their laundry safely.

Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. The review included an assessment of whether they could respond differently in the future. This ensured lessons were learned following incidents and reduced the risk of an incident re-occurring.

Is the service effective?

Our findings

At the last inspection in November 2016 we assessed the effective section of the report to be good. At this inspection we found these standards had been maintained and people continued to receive a good service.

The provider worked with health and social care professionals to assess people's needs and ensure support was provided in line with current best practice. Examples included input from occupational therapists, behaviour support specialists, speech therapists and an epilepsy nurse specialist. The information from these assessments was used to develop clear plans which set out the support staff should provide to meet people's needs. The social care professional who provided feedback to us said staff demonstrated a good understanding of people's needs and support was regularly reviewed.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded. The registered manager kept a record of the supervision and support sessions staff had received, to ensure all staff received the support they needed. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I have regular supervision meetings and feel very well supported" and "I am happy with the support I get. I have regular supervision and see the manager regularly."

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. The registered manager had an overview of all the training staff had completed and when they were due to complete refreshers. Staff were positive about the training, saying it was relevant to their role and the needs of people using the service. Training was provided in a variety of different formats, including face to face, computer based and practice based training. The registered manager completed observations of staff to ensure they were putting the training they had received into practice.

New staff were given a thorough induction. All staff had completed the care certificate, which is a national scheme to ensure all staff working in social care have a basic understanding of the way they should be working. Staff were supported to shadow experienced colleagues when they first started. They said this gave them a detailed understanding of people's specific needs and the support they needed. Staff told us they did not provide any support for people on their own until they were confident in what they needed to do.

People were supported to plan and prepare meals that met their individual needs. There was a menu plan that took into account people's likes and dislikes, as well as specific diets that people followed. Alternatives were available if people did not like the meal planned on a particular day. People were supported where possible to be involved in meal preparation. Staff monitored people's food and fluid intake so they could identify any problems early and seek additional support if necessary.

People were able to see health professionals where necessary, such as their GP, specialist community nurse or dentist. People's support plans described the support they needed to manage their health needs and to

attend appointments. The documents were regularly reviewed and updated where necessary.

Staff demonstrated a good understanding of the principles of 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. When people lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA.

Mental capacity assessments had been carried out to determine whether people had the capacity to make certain decisions. Each person had a detailed communication plan, which set out the support they needed to make decisions. The plans set out how people expressed their feelings, for example how they demonstrated they were happy, sad, in pain, bored and hungry. Where people did not have capacity to make decisions, we saw best interest decisions had been made following involvement of the person and others involved in their care, including their family, staff at the service, social workers and health professionals.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place for all six people who lived at Bury Road. The registered manager had a tracker to ensure applications were made to renew these authorisations when needed. The restrictions on people were regularly reviewed to ensure they were the least restrictive method of meeting people's needs.

Is the service caring?

Our findings

At the last inspection in November 2016 we assessed the caring section of the report to be good. At this inspection we found these standards had been maintained and people continued to receive a good service.

We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people's choices and privacy and responding to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had. Staff demonstrated a good understanding of people's needs. They had developed a strong relationship with people and demonstrated this in their interactions. Staff showed respect for people in the way they spoke about them with us.

A relative who provided feedback to us said staff were caring and their family member liked living at Bury Road. The person said their relative had "really flourished there. They are speaking more and making more decisions." The social care professional who provided feedback to us said staff were "friendly, warm and caring" towards people.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to keep in contact with family and friends. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care and the activities they liked to participate in.

Staff communicated with people in accessible ways, that took into account any sensory impairments which affected their communication. For example, each person had a communication plan, which set out their needs in relation to communication and how staff should support them. People were supported to use communication methods that were specific to them, including sign language, objects of reference and key word speech. Staff were observed using these methods effectively during the inspection.

We observed staff supporting people in ways that maintained their privacy and dignity. For example, staff were discreet when discussing people's personal care needs with them and ensured support was provided in private. Staff described how they would ensure people's privacy was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff also explained how they supported people to maintain their dignity when receiving support when out in the community.

Is the service responsive?

Our findings

At the last inspection in November 2016 we identified that improvements were needed to the way people were supported to take part in personalised activities. At this inspection we found that the provider had made improvements to the support people were provided with.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what their needs were and how they wanted them to be met. Where relevant, the plans had been developed with input from specialist health and social care professionals. This included detailed specific guidance on the support people needed to manage frustration and distress. This gave staff access to information which enabled them to provide support in line with people's individual needs and preferences.

People and their representatives had been involved in the development and review of their support plans. Plans were amended as people's needs changed and there were systems for communicating any changes with all staff. People and their relatives had regular meetings with their keyworkers to review how their support was going and whether any changes to their plan were needed.

People were supported to keep in contact with friends and relatives and take part in activities they enjoyed. During the visit we observed people taking part in a range of activities both in and out of their home. These included attending outdoor music events, visits to shops, karaoke and socialising with family. Each person had an individual activity plan, which they were supported to take part in. Staff kept a record of the activities people had participated in and how they had gone. The activities were regularly reviewed to ensure people were enjoying them and staff regularly discussed new opportunities for activities people might enjoy as part of the team meetings.

The service had clear systems to address any concerns or complaints that people had. The relative we spoke with said they knew how to complain and would speak to staff if there was anything they were not happy about. The complaints procedure was provided to people and their relatives when they moved in. The procedure was available in a more accessible, easy read format and was also explained to people.

The registered manager kept a log of any complaints made and reviewed these each month. Records demonstrated that complaints were responded to promptly, investigated thoroughly and action taken to address the issues raised. Learning from complaints investigations was shared with staff, to help ensure lessons were learned and changes made. The responses to complainants included an apology from the provider where appropriate.

At the time of the inspection the service was not supporting anyone who was at the end of their life. Staff had supported some people and their relatives to record their wishes regarding end of life care and think about what they wanted to happen after they had died. The registered manager said some people had found this difficult to do. The registered manager had worked with social care professionals to identify

resources that could help people think about these issues and was planning to complete further work by the end of 2018.

Is the service well-led?

Our findings

At the last inspection in November 2016 we identified that improvements were needed to ensure there was an effective quality assurance system in place. At this inspection we found that the provider had made the necessary improvements.

The service had a registered manager, who was present throughout the inspection. The leadership team also consisted of a deputy manager and two lead support workers, to assist the registered manager in the day to day running of the service. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on ensuring people's rights were maintained and providing an individualised service that met people's specific needs.

The registered manager was aware of their responsibility to report certain events to us and these notifications had been submitted promptly when necessary. The notifications had been completed in detail and set out the actions they were taking as a result of the incidents that were being reported.

There was a system of audits and reviews of the service, which was used to create a development plan to make the identified improvements. There were systems in place to track incidents and accidents in the service and plan action to minimise the risk of them happening again. The management team completed regular observations of staff. These were used to assess how staff were working and whether training was being put into practice. Where learning points were identified, action was taken to ensure these were implemented, either with individual staff or for the staff team as a whole.

A regional director for Care Management Group visited the service regularly and completed a quarterly 'full house audit'. Any actions that came out of these audits were included in a development plan for the service. These were followed up on subsequent visits to ensure action had been taken. Staff were confident the regional director had a good understanding of the service and said they had regular opportunities to provide feedback to them. Staff felt action would be taken if they raised any concerns with the senior leadership team.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "I love working here. We have a very good manager who is fair, listens and takes action" and "There is always someone available to help. We have a very supportive manager."

Personal confidential information was securely stored in a locked office and on protected computers. Staff were aware of the need to ensure information remained secure. We observed staff following these procedures and ensuring confidential information was not left unattended or unsecured.

Reviews included feedback from people who use the service. Satisfaction surveys were sent to people's relatives and health and social care professionals who had contact with the service. The results of the

feedback were collated and any actions from them were included in the development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.