

Care Management Group Limited

Care Management Group - 100 Goldstone Crescent

Inspection report

100 Goldstone Crescent
Hove
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Date of inspection visit: 14/11/2014
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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 

Overall summary

The inspection was carried out on 14 November 2014. 100 Goldstone Crescent provides personal care and accommodation for three adults with mild to moderate learning disabilities. The provider, Care Management Group (CMG) is a national provider of support to over 600 people with a learning disability. They offer a wide range of services to help all types of people, such as supported living services, outreach and home support, residential adult services and day skills/resource centres.

There was a registered manager in post. 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.

People were positive about the support they received and the staff at the home, one person said, "I feel safe

Summary of findings

here. I like living here.” Their relatives said that they were very happy with the care and support provided. One person told us, “My family member is so happy there that he does not wish to come home sometimes”. Staff were available to meet people’s support needs in a timely manner. So, for example, we saw that staff had time to spend supporting people in a meaningful way that respected individual needs.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the support they receive. There was a commitment to apply for DOLs where a mental capacity assessment has been completed for people who lacked capacity to take decisions.

People living at 100 Goldstone Crescent received effective support. The manager told us, “We are a small stable team, and one or two have known some of the people for a lot of their adult lives.” We found people’s preferences were met wherever possible, for example, people talked to us about their holidays and we heard that they took active decisions on the location and type of holiday they wanted.

During our inspection we spent time in the lounge, kitchen and dining areas and we took time to observe how people and staff interacted. We saw frequent friendly engagement between people and staff. Staff responded positively and warmly to people, they responded to people’s needs appropriately and with confidence.

People’s health care needs were assessed and support planned and delivered to meet those needs. People received their medicines as prescribed and at the correct time. People had access to other healthcare professionals such as GP’s. People told us they could talk with staff if they had a concern about their health and that staff then took the appropriate action. Staff told us that they felt people received the support they needed to maintain their health and that they were good at responding to people’s changing needs.

People were supported to eat and drink enough to keep them healthy and were encouraged to consider making healthy choices. People were supported to use their kitchen to access a range of snacks and drinks and had choices at mealtimes.

Support plans were reviewed monthly by staff and annually with people’s relatives or representatives. These were updated to reflect people’s changes of needs to ensure continuity of their support. People accessed a wide range of activities and were encouraged to maintain their wide circles of support networks. The manager told us, “We are always open to finding and using educational and social activities that people enjoy”.

Staff told us that they would raise concerns with the manager or others within the Care Management Group and were confident that any concerns would be dealt with. One person’s response was typical, “It’s a nice place to work. There is a good staff team who are supportive of each other and led by a very approachable manager”.

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?

The service was safe.

People appeared relaxed and happy, which reflected the safe and secure atmosphere created in the home. Staff were trained in safeguarding adults. They could recognise the signs of abuse and knew how to raise an alert with the appropriate bodies if they had any concerns. Their training in the safeguarding of adults at risk was up to date.

Risk assessments were centred on the needs of the individuals and there were enough staff on duty to meet people's needs.

Safe recruitment procedures were followed. Medicines were administered safely and people lived in a clean and well maintained environment.

Good



Is the service effective?

The service was effective.

All plans showed the most up-to-date information about the support provided. People's support needs, their choices and any associated risks were reflected in the most up-to-date information about the individual. This was reflected in the knowledge staff possessed of each person.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The requirements of the Mental Capacity Act (MCA) 2005 and DoLS were considered by the registered manager and discussed with knowledgeable staff. The manager had ensured that relevant applications for DoLS were in process of being submitted.

Staff were trained and supervised and felt supported in their role.

Good



Is the service caring?

The service was caring.

People were positive about the support they enjoyed and this was borne out by our observations of interactions with people and staff. The service promoted independence, healthy living and good health. Staff listened to people's individual preferences and could provide a good account for the joint decisions between people and staff. Staff respected people's privacy and dignity.

People were encouraged to maintain and develop their independence. For example, people made decisions about their day to day lives with support from staff when they needed it.

Staff knew the people they were supporting well and communicated any changing needs with the rest of the staff team.

Good



Is the service responsive?

The service was responsive.

Support plans were personalised and reflected people's individual needs and choices. Staff demonstrated to us that they knew how people wanted to be supported.

Good



Summary of findings

People accessed a wide range of activities and were encouraged to maintain their wide circles of support networks.

The service took account of people's comments and suggestions. The service had not had any complaints but had the facility to receive and record them.

Is the service well-led?

The service was well-led.

There was a registered manager in place who also looked after another location in Hove. They were aware of the day to day needs of the service and took the lead in establishing an open and positive culture that was person centred. They were able to monitor the service effectively.

Quality assurance systems were used effectively so that the service was able to deliver good quality, consistent care.

Good



Care Management Group - 100 Goldstone Crescent

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. The 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.

The inspection was carried out on 14 November 2014 by one inspector. The decision was taken to inspect with one inspector because of the small scale of the service and the intrusion that could be experienced by having more than one person in the home at any one time. It was an unannounced inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. It

included notifications. Notifications are changes, events or incidents that the service must inform us about. We sent out questionnaires to selected stakeholders, including health and social care professionals and spoke with the families of all three people who live at 100 Goldstone Crescent as part of information gathering process. We spent our day of inspection observing the support all people received. We spoke with all three people who used the service, the support workers and manager present. We looked at all three sets of personal records. They included individual support plans, needs and risk assessments and other records including staff files, quality monitoring and documents relating to the maintenance of the environment.

During our inspection we spent time in the lounge, kitchen and dining areas and we took time to observe how people and staff interacted. We saw frequent friendly engagement between people and staff. Staff responded positively and warmly to people, they responded to people's needs appropriately and with confidence.

Is the service safe?

Our findings

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Is the service effective?

Our findings

People living at 100 Goldstone Crescent received effective support. The manager told us, “We are a small stable team, and one or two have known some of the people for a lot of their adult lives.” One person told us, “Staff know me well.” A member of staff said, “It’s a small home so there’s always a chance to talk about anything that comes up.”

Staff used specific communication methods to converse with people. This included appropriate tailored language, including Makaton. Makaton is a language programme that used signs and symbols to help people to communicate. During a shift handover we noted that updates concerning people’s welfare were appropriately communicated to ensure continuity of support.

All plans showed the most up-to-date information about the support provided. People’s health and support needs, their choices and any associated risks were reflected in the most up-to-date information about the individual. This was reflected in the knowledge staff possessed of each person. People had separate health files in which their medical and health needs and health care professional visits were recorded with clear objectives and recommendations for staff to follow. For example, health care professional’s recommendations were noted following a review and recorded in their health file.

The service was proactive in promoting good practice. For example, there were appropriate arrangements to support a person whose behaviours could sometimes challenge others. Support plans were in place and backed up with charts that helped identify patterns of behaviour that may challenge others. These were used to help understand and meet behaviours as they occurred. We saw records to show staff had received training in topics such as preventing and managing challenging behaviour and communication. Those we spoke with felt they had sufficient skills from this training and also adequate support to manage people’s behaviours.

People’s support records showed that dietary needs were considered. The information about each person’s food preferences had been recorded. People told us about the food they liked, disliked and diets that they chose to follow, for example a healthy living diet. This matched the information in support files and what staff told us. Staff had the information available to meet people’s nutritional

needs. People’s choices formed the basis for menus. These choices were discussed at house meetings informed by knowledge of healthy options. People were also encouraged to consider healthy snacks as part of their diet. Their weight was individually monitored and recorded to ensure that a satisfactory weight was maintained.

The weekly house meetings also gave people an opportunity to express their views about the service. For example, we saw that the menu was a regular standing item on the agenda, with people expressing their choices about what food they would like to eat. We saw that these preferences had been incorporated into the menu.

Staff had appropriate training and experience to support people. All three people had key workers who were staff that took a special interest in them and was a point of reference for others to consult. Staff had a protected key working day once a month which was used to update files and send out the monthly communication with family members. Staff had appropriate training and experience to support people.

There were arrangements in place for the prompt referral to relevant health services when people’s needs changed. For example, a person had been referred to a GP as soon as staff became aware of a change in their health. People told us they could talk with staff if they had a concern about their health and that staff then took the appropriate action. For example, contacting the doctor for an appointment. Staff told us that they felt people received the support they needed to maintain their health and that they were good at responding to people’s changing needs. Health care professional contacts were recorded with clear objectives and outcomes for the person to follow, supported by staff.

Staff confirmed they had received a thorough induction and had demonstrated their competence before they had been allowed to work autonomously. We noted a new member of the bank staff took time to read people’s support plans to familiarise themselves with people’s individual needs. Records showed training was up to date and staff had the opportunity to receive further training, such as in Makaton, specific to the needs of the people they supported. We heard that staff had enough training and experience to support people and their sometimes complex communication needs.

We found people’s preferences were met wherever possible, for example, people talked to us about their

Is the service effective?

holidays and we heard that they took active decisions on the location and type of holiday they wanted. One person clearly relished the experience and told us all about the many fun and fulfilling experiences they had enjoyed.

All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal. A member of staff told us, "I feel supported to discuss any concerns at supervision or at any time outside of the one-to-one meeting". Supervisions were recorded and the manager told us staff could request additional supervision at any time if they wanted. Staff confirmed they felt able to do this. Supervision sessions covered areas such as working practices, practicalities concerning the house and any individual issues. Supervisions were an opportunity for the manager and supervisee to both contribute to the discussion.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the DoLS. The registered manager understood when an application should be made, and how to submit one. We did not observe any potential restrictions or deprivations of

liberty during our visit. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager. They demonstrated an understanding and knowledge of the requirements of the legislation. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation including changes in legislation. Staff were able to describe the circumstances in which they may need to submit a DoLS application. Staff meeting minutes showed that recent changes to the circumstances when DoLS applications should be made had been discussed.

The registered manager was in the process of assessing people's mental capacity regarding decisions about their activities of daily living. The registered manager demonstrated a good understanding of the principles underlying mental capacity. They showed us the relevant paperwork the provider used in conjunction with local authorities. These were to be used for people's mental capacity assessments and these reflected the requirements of the MCA 2005. They told us, "Consent is always sought from a person before there is any discussion of their support, for example within a care review."

Is the service caring?

Our findings

People looked happy, comfortable and relaxed in their home. One person told us, “The staff are very good”. Relatives told us, “The staff are simply brilliant, they are like an extended family and the care is excellent” and, “My family member is so happy there that he does not wish to come home sometimes”.

During our inspection we spent time in the lounge, kitchen and dining areas and we took time to observe how people and staff interacted. We saw frequent friendly engagement between people and staff. Staff responded positively and warmly to people, they responded to people’s needs appropriately and with confidence. Staff responded to the individual needs of one person with partial sight loss appropriately and followed the communication guidelines for that person. For example, they took their time to inform and update the person about any changes to the established routines that the person chose to follow. They demonstrated different forms of engagement were appropriate for the individual needs and used the created structures to allow for this.

We observed staff provided patient and sensitive support to people. Staff listened to people’s individual preferences and could provide a good account for the joint decisions between people and staff. Throughout the inspection we saw and heard staff communicate with people in a friendly and approachable manner that maintained the principles of independence and encouraged people to do as much as possible for themselves while their right to privacy was maintained. For example, we observed that people who had returned home from their activities were given options to relax and prepare for their evening meal by participating in activities in the kitchen, in their own bedroom or in one of the communal areas.

People were encouraged to maintain and develop their independence. For example, people made decisions about their day to day lives with support from staff when they needed it. People were able to spend private time in quiet areas when they chose to, either in the lounge or dining room or chose to remain in their room if they preferred. During our visit, a person chose to spend some time in their bedroom after they returned home from an activity and we observed as staff checked on their wellbeing in a discreet manner. All staff respectfully knocked on people’s bedroom doors, announced themselves and waited for an invitation to enter before going into people’s rooms. These measures respected people’s dignity and a right to privacy.

The service promoted independence and encouraged people to do as much as possible for themselves in the community. People were supported to travel on public transport and access facilities available in the community. A support worker said “We are encouraged to get people involved in the support they need and decision making comes from them”. The manager told us “Staff have time to construct a relationship of trust with each person”.

Staff had a kind and caring approach towards people they supported. Three relatives commented about the warmth, friendliness, caring nature and approachability of the staff at 100 Goldstone Crescent. Staff were knowledgeable about the people they supported and knew their needs well. Keyworkers arranged appointments, reviewed support plans and risk assessments, and discussed with the person their wishes, goals and aspirations. For example, one member of staff described to us the times that the person they supported might become anxious. They told us how they would recognise this and what action they might take to take away the person’s anxiety.

Is the service responsive?

Our findings

People's records of support were personalised to reflect people's wishes, preferences, goals and what was important to them. For example, they included 'My daily living skills', 'My activities and interest', 'How I travel', 'My mealtimes' and 'My feelings and behaviour'. The manager told us, "We are always on the lookout for new opportunities to offer people that they might benefit from." The support we saw provided was in line with people's needs, as outlined in their support plans.

A wide range of activities that were based on people's choice and needs were available. A relative of a person said, "The manager and staff are full of good ideas about activities". The manager told us, "We are always open to finding and using educational and social activities that people enjoy". For example, we saw that a popular video game console was used for home entertainment. In addition, people attended a popular night club for people with learning disabilities and their friends, there were outings to pubs, the cinema and other places of interest. We saw a busy and active house and heard that friends of the people who lived at 100 Goldstone Crescent were regular and welcomed visitors and they often visited people at other CMG locations nearby.

Staff told us how people were involved in food shopping. We saw that at these meetings people were encouraged to think about such things as activity and vacation plans but also they dealt with difficult subjects such as 'keeping safe'.

Support plans were reviewed monthly by staff and annually with people's relatives or representatives. These were updated to reflect people's changes of needs to ensure continuity of their support. People accessed a wide range of activities and were encouraged to maintain their wide circles of support networks.

Staff were responsive to people's communication styles. Staff gave people information and choices in ways that best met these needs. Staff were patient, understanding and respectful when speaking with people. Staff used plain English. Staff were able to communicate with one person in Makaton, a type of sign language. Staff told us how this person was able to use Makaton and encouraged them to learn and expand their own knowledge, actively learning from the people they supported.

Staff supported people to express their views and listened to them. Records showed that people had meetings with their key workers each month to discuss any concerns they might have. For example, people were able to decide how their rooms were decorated. We saw they were personalised with furniture, photographs, pictures and other possessions of their choosing.

The relatives we spoke with told us they were asked their views about the support people received. Staff told us how people's representatives were involved in assessments and care planning. Relatives said that the staff regularly contacted them to keep them up to date. We saw copies of the type of information that was shared, it included support and activity plans.

The service took account of people's complaints, comments and suggestions. People were aware of the complaint procedures. People's key workers checked with people that they were satisfied and helped them communicate if they were not. A relative told us, "I know there are ways to make a complaint. I have never had to make one [a complaint]. I can talk with the staff or the manager at any time. It really is wonderful." No complaint had been received over the last twelve months since our last inspection.

Is the service well-led?

Our findings

The service had a registered manager in post that also looked after another location in Hove.

People were supported by a staff team that had been trained and understood people's support needs. Relatives were complimentary about people's support. One relative told us, "Support is good and the staff give one hundred percent". Staff spoke positively to us about the culture of person centred support and planning that drove what they did. They told us how management of the service supported them to convert the aspiration of good quality support into reality for people. Staff told us: "I get training and feel well supported", and "It's a nice place to work. There is a good staff team who are supportive of each other and led by a very approachable manager".

Staff were supported with regular supervisions and team meetings. They told us that the registered manager was approachable and accessible. Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and discuss the way the service was provided in one to one or staff meetings. The manager encouraged staff to raise issues of concern with them, which they acted upon. For example, we saw that the morning routines for people were discussed and staff were able to reflect on how they worked and suggest new ways of working. Staff spoke positively about the culture and management of the service to us. One staff member told us, "We are encouraged to discuss any issues and the managers listen."

The registered manager monitored and reviewed the service through monthly audits. These audits looked at the environment, medicines, infection control and an analysis of incidents and accidents. The provider had analysed any

incidents and put measures in place to reduce the potential of further incidents reoccurring. Accidents and incidents were recorded in a way that allowed staff to identify patterns. The results from a recent audit for people's care plans had identified areas for improvements, for example in the recording of support plans and a response had completed the required actions.

An open culture was promoted that showed that the views of people, staff, relatives and visitors to the house were valued. A person said, "I like and get on well with [the other people who live here] but if I get upset at something I can have a word with [my keyworker] or [the manager] and they will sort it out." The home sought the views of relatives in different ways. One relative told us how they would receive and could respond to their relative's monthly communication and staff would always respond. The registered manager ensured they kept people's families involved in decisions concerning their family members' safety and welfare.

The busy and fulfilling lives of the people we spoke with reflected the ties built with the community. One person told us, "I get out to the shops with staff and go to college, I've just come back from there." We heard that there were good relationships with the local health practice. The same person told us, "I'm getting my bloods taken tomorrow. Staff helped to arrange it with me and I get my feet done – they come here to do that."

The manager was aware of their duties and responsibilities to send notifications to the Commission about incidents that affect people. We heard from the manager that with such an intimate service with three very settled people living at 100 Goldstone Crescent there were no incidents within the time frame from the last inspection that would generate notifications.