

Care Management Group Limited

Holmesdale Road

Inspection report

85 Holmesdale Road
Reigate
RH2 0BT

Website: www.cmg.co.uk

Date of inspection visit:
12 March 2019

Date of publication:
12 April 2019

Ratings

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

Overall summary

About the service:

Holmesdale Road is a supported living service for four people. This service provides care and support to people living in a supported living setting, so that they can live in their own home 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. At the time of the inspection four people were living at the service.

People's experience of using this service:

Staff developed good relationships with people and knew people well. People were supported to maintain relationships with family and friends. Efforts were made by staff to ensure that people took part in meaningful occupations that were important to them to maintain their independence. Staff were caring and respectful towards people.

There were sufficient staff to ensure that people received safe and effective care. Risks to people's care was managed well by staff. Staff received appropriate training and support from the provider to ensure that they were competent in the delivery of care. People were supported to live healthy lives and where needed accessed healthcare.

People, staff and relatives felt the home was managed well. There was a comprehensive system of audits to constantly review the quality of care. Staff worked well together and felt valued and supported.

Rating at last inspection:

This was the first inspection at the service.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Outstanding

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Holmesdale Road

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:

Our inspection was completed by one inspector.

Service and service type:

Holmesdale Road is a supported living service for four people. This service provides care and support to people living in a supported living setting, so that they can live in their own home 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. At the time of the inspection four people were receiving care from the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

Notice of inspection:

Our inspection was announced. We wanted to ensure that people and the registered manager would be present at the home. The inspection took place on the 12 March 2019.

What we did:

Our inspection was informed by information we already held about the service. We also checked for feedback we received from members of the public and local authorities. We checked records held by Companies House. We asked the service to complete a Provider Information Return (PIR). This is information

we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service, the registered manager and two members of staff. We reviewed two people's care records, two staff personnel files, training and supervisions for staff, audits and other records about the management of the service.

After the inspection we received feedback from two relatives.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People we spoke with told us that they felt safe living at the service. We saw that discussions were had with people during resident's meetings on what they should do if they did not feel safe.
- We saw that people felt relaxed and at ease with staff. One relative said, "I feel that she [their relative] is safe. I would know from her demeanour if something was happening."
- Staff understood what they needed to do if they suspected abuse. One member of staff said, "I would speak to the manager or whoever was on-call." Staff received safeguarding training and there was a whistleblowing policy that staff could access.

Assessing risk, safety monitoring and management:

- Assessments were undertaken to identify risks to people. These included the risks related to going out, moving and handling, behaviours that challenged and safe evacuation procedures.
- The risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people when they become exposed to the risk. For example, one person at risk near busy roads. Staff were to ensure that always went out with the person and to encourage the person to look left and right before crossing the road. They were also to get the person to seek confirmation from staff before crossing the road.
- Staff were knowledgeable about the risks to people and steps they would take to ensure people's safety. Staff told us that they would discuss risks with people.

Staffing and recruitment:

- People told us that there were enough staff. One person said, "[Staff] always around when you need them." Throughout the inspection people were supported by staff either in their home or when they went out to an activity. The registered manager told us that they always maintained their staff levels. Where agency were used they used the same staff for consistency.
- Staff agreed that there were enough of them to support people. One told us, "There are always enough staff to give the care we need to give. They [people] get to go on their activities."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely:

- There were appropriate systems in place to ensure the safe storage and administration of medicines. People's medicines were kept securely in their rooms.
- People's medicines were recorded in all the medicine administration records (MARs) and were easy to read. The MAR charts had a dated picture of the person and details of allergies, and other appropriate information for example if the person had swallowing difficulties. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use. We saw that one person was supported to administer their own medicines.
- The medicine audit was undertaken by the registered manager. Staff had been competency assessed to ensure that they had the skills required to administer medicines.

Preventing and controlling infection:

- Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading. One told us, "We wear gloves but always wash our hands after any personal care. We use red bags to wash soiled washing in to contain any bacteria." We saw staff washing their hands throughout the inspection.
- The registered manager undertook hand cleaning audits and ensured the environment was clean and tidy. Staff received infection control training and there was a policy in place.

Learning lessons when things go wrong:

- Where accidents and incidents occurred, staff responded appropriately to reduce further risks. For example, one person dropped a glass that smashed across the kitchen. This caused the person anxiety. Staff provided reassurance and ensured that the areas was cleaned up to prevent any injury.
- All accidents and incidents were reviewed by the registered manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, where one person was displaying a behaviour that challenged they looked for triggers that caused the behaviour. The registered manager drew up an action plan with the person to give them strategies to help them deal with their anxiety.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Information about people's choices and needs had been obtained by completing a 'transition care plan'. This was to ensure that they knew the service could meet their needs before they moved into the support living home.
- The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. The transition from home to support living was managed in a careful way. People stayed initially for one or two nights to see how they got on with other people at the service. One relative fed back, "We believe [their family member] coped very well with his move even so early in the process [of the service opening]."
- Information from the 'transition care plan' was then used to develop care plans for people.

Staff support: induction, training, skills and experience:

- People told us that they felt staff were competent in their role. One told us, "The staff are amazing."
- Staff completed a full induction before they started caring for people independently. One member of staff said, "The training here is good. We do online and face to face. We have autism awareness. It gives you the confidence to do your job well."
- Staff were provided with training that was specific to their role including, autism training, supporting people with a learning disability and person centred active support. Staff were also booked on to additional training including 'keyworker' training. We saw that staff had received all of the mandatory training.
- The registered manager undertook regular supervisions with staff to assess their performance and to provide support. One member of staff said, "It gives you an opportunity to discuss what's on your mind."

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

- People were provided a selection of nutritious food and drink that met their needs. Each person had their own individual menus but were able to help themselves to snacks throughout the day.
- People were supported to make their own meals and encouraged to eat healthily. One person was able to explain why it was important to not have too many takeaways. Another person said, "I can cook but staff will help me. They help me make healthier choices."
- Staff weighed people each month and more often if needed. If people were losing or gaining too much weight the staff consulted health care professionals to see advice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support:

- Staff worked well as a team to provide effective care to people. There was a handover at the end of each shift. One member of staff said, "We [staff] can bounce ideas off of each other."
- People told us that they were able to access health care services when needed. We heard staff making health care appointments for people on the day of the inspection.
- Staff worked alongside healthcare professionals and other organisations to meet people's needs. Information recorded in care plans showed that people had access to all healthcare professionals. Including the GP, dentist, opticians and hospital appointments. We saw that staff were following any guidance provided by health care professionals.

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.

- During the inspection we saw staff asked people for consent before they delivered any care.
- Staff were aware of the principles of MCA. One member of staff told us, "We always assume people have capacity and support them to make decisions even if this could be an unwise decision. If they lack capacity then we need to consider what's in the best interest of the person and the least restrictive option. This could be for an operation."
- Where people's capacity was in doubt MCA capacity assessments were completed and these were specific to the particular decisions that needed to be made. For example, in relation to receiving care and for staff to manage people's finances.

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

Ensuring people are well treated and supported; equality and diversity:

- Staff developed positive and caring relationships with people that they were supporting. One person said, "When I see staff helping people it's nice." Another person said, "Staff are nice. [The person's keyworker] is a lovely lady." We observed people joking and laughing with people throughout the day. One relative said, "They [staff] are caring."
- Staff made efforts to help people develop their social skills to help them to make friends and helps them to integrate into the community. One person was introduced to a person from another service who had similar interests. Staff arranged for them both to go to the Christmas pantomime together. The person told us that they enjoyed this.
- People invited their families to a Christmas meal that staff supported them to cook. One relative fed back to staff, "Thank you for all the lovely Christmas dinner we had last night. All the hard work and having to take care of your special people as well."
- Staff took the time to take people out on events that were important to them. For example, one person was taken to see their favourite football team. The member of staff said, "He [the person] was so happy. He loved it."
- The registered manager said, "One of the CMG values is opportunity to achieve and we like to make sure that all the tenants have equal opportunities regardless of their abilities, background or lifestyle."

Respecting and promoting people's privacy, dignity and independence:

- People were supported to learn new independent living skills. One person wanted to learn how to drive but struggled with taking the step of taking their theory test. The person told us that the registered manager encouraged and supported them. They said, "[Registered manager] came with me. I thought I was going to fail but I didn't. It's amazing. I passed my driving test and I now have my freedom."
- People took the lead on infection control and fire safety. Each took responsibility to check the cleanliness of the home and to check the fire alarms to ensure they were still working.
- One person volunteered every week at a local charity shop. They told us, "I use the till, its brilliant. It makes me feel good." Another worked at the office of CMG, they said, "I want to learn new skills" Their relative fed back, "This has been so beneficial to his development."
- People were treated with respect and dignity. We heard staff knocking on people's doors and waiting for the person to respond before they entered.

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

- People were asked about their care and how they would like to be supported. Care plans included information about people's interests and what was important to them. This information was used to help

develop people's routines.

- Examples of people's interests and hobbies being encouraged included one person who wanted to work with children. Staff had arranged for them to attend the library 'Rhyme Time' event each week with children. We asked them if they enjoyed this they told us they did.
- One person's hobby was art. Their framed artwork was displayed throughout the home. The person told us, "I feel calm seeing it on the wall."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support:

- There were detailed 'Person centred support' plans and 'Health action' plans for each person that outlined individual's care and support. The support plans were in picture format so that people could understand the care that had been agreed. They included information such as medication, medical history, communication and behaviours. There was detailed information about the person's background, their interests, hobbies, religious beliefs, preference over personal care products and measurements in clothes.
- Each support plan had a 'This is about me' booklet which had information on what made people happy and what triggered their anxieties. Staff were very knowledgeable about the people they provided support to. For people that had Downs Syndrome there was information for staff on what this was and how this impacted on people.
- Each person was allocated a key worker who regularly reviewed the care with the person. People I spoke with knew who their key worker was and told us how fond they were of them.
- The daily notes clearly recorded support that had been provided regarding the person's personal care needs. This assisted care staff in ensuring what care had been delivered and whether there had been any concerns they needed to be aware of.
- There was evidence that people and their families were consulted about their wishes at the end of their life. Records showed that people declined to discuss this at this stage in their lives.

Improving care quality in response to complaints or concerns:

- People knew what to do if they were unhappy about anything. One person said, "If I am upset then I will speak to [key workers name] and they make me feel better."
- We saw that people were provided with a copy of the complaints procedure that was in picture format to help them understand.
- People's concerns and complaints were listened and responded to and used to improve the quality of care. We reviewed the complaints records and saw that they had been investigated and responded to. For example, one person was unable to go to church on one occasion. The registered manager wrote to the family to apologise and acknowledged this was an error as an extra member of staff had not been booked on to cater for this. We saw that the relatives were satisfied with the response.

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

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:

- People were complimentary about the registered manager at the service. One told us, "[Registered manager] is good. This is the best care provider I have ever been with." One relative said, "She is the good voice to which [the family member] listens to."
- The registered manager stated on the PIR, "I want to show them [staff] that nothing is beyond me and that we are all working towards the same goals we just have different titles. Staff were positive about the registered manager. Comments included, "She is kind, firm and fair. She wouldn't ask us to do anything she doesn't do herself" and "She is a fun manager. She does such a lot of work. She always makes sure we are ok and that we have had enough rest."
- The registered manager knew people's needs in detail and understood the care that was required. They did not hesitate to interrupt conversations with us to assist people when it was needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People had the opportunity to feedback their thoughts on care through regular resident's meetings. We saw from minutes of the meetings that menus and activities were discussed. People were involved in how the home was decorated by choosing paint colours and pictures to hang.
- People and relatives were asked to complete surveys. These were all positive with comments including, "Thanks for all the support you're giving [person] and thereby helping me. In all this situation you are the one constant fighter. It's much appreciated" and "It's an outstanding service."
- Staff attended meetings and were invited to contribute to the running of the service. One member of staff said, "I find meetings so useful. I am actively encouraged to be involved. I can make suggestions to make improvements and [the registered manager] listens and is open minded."
- Staff were involved in team building events to help motivate them to work together and to develop their strengths. One member of staff said, "We write on post it notes three things that our colleagues are good at. We are motivated."

Continuous learning and improving care; Working in partnership with others:

- The provider and registered manager undertook detailed audits to review the quality of care being provided. The PIR stated, "At the end of each quality assurance visit, actions are created. These are then

provided to myself and I share them amongst the team and we work towards completing all actions." We saw that this was taking place and that the actions were regularly reviewed. For example, where it had been identified that care plans needed to be updated with information this had been done.

- The provider and registered manager worked with external organisations to drive improvements in care. The service liaised with other organisations such as the local and the registered managers network. The registered manager said, "I subscribe to LDE (Learning Disability England) updates and CQC updates. The company as a whole feeds back information and adds in additional training for new laws for example GDPR. We also get news from skills for care with updates."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- We saw from the records that relatives had been contacted where there had been an incident with their family member. Relatives confirm with us that they were contacted where incidents had arisen.