

Care Management Group Limited

Stanway Close and

Greenway Road

Inspection report

18 Stanway Close
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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

About the service

Stanway Close and Greenway Road is a residential care home providing personal care to up to eight people with learning difficulties, autism and mental health needs. At the time of the inspection there were six people living at the service.

People's experience of using this service and what we found

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 had effective relationships with staff who provided their care and support. People were supported and treated with dignity and respect; and involved in their care. Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop their independence.

There were enough staff on duty to meet people's needs and people were supported on a one to one basis where agreed. The registered manager told us they were addressing the current vacancies and filling gaps with regular agency staff. Recruitment checks were in place and demonstrated that people employed were safe to work with people in care settings, had satisfactory skills and the knowledge needed to care for people.

People received personalised support based on assessed needs and preferences. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person centred way. Learning was shared with staff during supervisions, handovers and staff meetings.

People received support to take their medicines safely. Risks to people's well-being and their home environment were recorded and updated when their circumstances changed.

The service was managed by a registered manager who had a clear vision about the quality of care they

wanted to provide. Staff were aware of their roles and responsibilities, and worked as a team to provide the appropriate support. A range of quality assurance checks were carried out to monitor and improve standards.

We received positive feedback regarding the leadership and management of the service. Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people.

Rating at last inspection

The last rating for this service was good (29 January 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 caring.

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.

Stanway Close and Greenway 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Stanway Close and Greenway Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This includes the statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with one person who used the service. We spoke with two members of staff including the registered manager and regional operations manager.

We reviewed a range of records. This included two people's care records and one medication record. We reviewed one staff file. We also reviewed records relating to the management of the service including policies and procedures. We spoke with three relatives by telephone and requested information from two health professionals.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. This included best interest decisions and complaints process.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm because staff had a good understanding of the types of abuse and how to respond to any concerns. All staff had received safeguarding training; this began at their induction and was regularly updated. Staff were able to discuss what action they would take if they had any concerns.
- Positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Staff were able to demonstrate they followed the plans.
- Where people were funded for two staff to keep them safe in the community this support was provided. One person told us they felt safe inside the service and in the community. Relatives confirmed they felt their loved ones were safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place which gave clear instructions for staff to follow to reduce the risk of harm. Assessments covered areas such as; epilepsy, accessing the community, mobility and other individual health conditions.
- People were supported to take positive risks to increase their independence. The registered manager informed us, " We work closely with people, and try to reduce their risks. For example, one person wished to go out without staff so we assessed the risk. By putting in positive steps and measures this has enabled [name] to achieve this wish. This has also reduced incidents for this person".
- Physical interventions were occasionally used by staff with some people using the service. Staff had all received appropriate training and confirmed that interventions were only used as a last resort or if the person put themselves or others at significant risk. Interventions had been individually risk assessed and clear recording and analysis took place following all incidents.

Staffing and recruitment

- There were enough staff on duty to meet people's needs and agreed staffing levels. The registered manager told us they were addressing the current vacancies and filling gaps with regular agency staff. A staff member commented, "There are enough staff. We do use agency staff but the same ones. Consistency is important. One of our agency workers has been amazing".
- Recruitment checks were in place and demonstrated that people employed were safe to work with people in care settings, had satisfactory skills and the knowledge needed to care for people. The registered manager explained that although there were current vacancies, only staff with the correct attitude and skills were employed. One relative told us, "There have been a number of staff changes recently, but I think that is

linked to the changes of the service".

Using medicines safely

- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed by senior staff. Medicine Administration Records (MAR) were completed and audited appropriately.
- Systems were in place to record any medicine errors. Where needed staff received additional support and training.
- There were regular audits in place to check medicines and MAR charts to ensure that all entries had been signed for and people had been given the correct medicine.

Preventing and controlling infection

- Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- Staff had received infection control training and understood their responsibilities in this area.

Learning lessons when things go wrong

- Staff took part in debrief meetings with the registered manager and senior team following behavioural incidents. These meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning. Learning was also shared with staff during supervisions, handovers and staff meetings
- The registered manager responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity.

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.

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

- People's support needs were assessed and monitored. Staff we spoke with were knowledgeable about the support needs of people they worked with. One staff member told us they worked closely with social workers and learning disability teams.
- Care plans contained information about health conditions and appointments with professionals. Information was kept updated with changing needs. Appropriate referrals to external services were made to ensure needs were met.

Staff support: induction, training, skills and experience

- Staff were positive about the induction and training that they received. Comments included, "Training has been really good. I had an induction when I first started, I have covered different training such as autism, epilepsy and first aid. I feel very confident to support people in the event of an emergency". "We receive good training opportunities".
- Staff told us that they felt supported and received regular supervision and staff meetings. They said that they could go to the registered manager or the seniors at any time, as they all made themselves available.

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

- People were actively supported to participate in the preparation and cooking of meals. Staff told us, people were supported to create their own menu's. Likes and dislikes were used to develop these. One person told us "I choose the food I like."
- The service worked with dieticians and the Speech and Language Team (SALT) to assess and support those who had additional needs in regards food and drink. Staff were knowledgeable in regards allergies and food intolerances for people.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight or needs changed they sought the advice of specialist professionals. The registered manager discussed how they also monitored people's choice of unhealthy food. They said, "It is difficult when people need to lose weight and choose unhealthy options, we try to encourage healthier opinions."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff, teams and the service were committed to working together to deliver joined up care and support to people.

- People had hospital passports which was information about their needs should they transfer to another service such as hospital.
- Health professional visits were recorded in people's care files which detailed the reason for the visit and the outcome.

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

- People had individual flats, each flat consisted of a bedroom, bathroom, lounge and kitchen area. There was a small communal lounge where people were able to meet if they wished to. One person told us they could invite family and friends into their flat, but people did not come in when they were not there.
- People told us they liked their homes and that their homes reflected their choices.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Some people using the service were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for areas such as personal care, positive behaviour support plans and finance.
- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- The service had a very flexible approach to restrictions it imposed on people and continuously reviewed these. Decision making profiles were in place which evidenced who would be involved in the decision-making process and how the final decision was made.

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; respecting equality and diversity

- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- The service supported people to maintain relationships with friends and family. Relatives told us they could visit when they wished and were made welcome.

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

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We give people options to support them to make decisions. We understand their needs and observe body language and facial expressions".
- People who were able to told us they were pleased with their care and that they felt involved in decisions. One person told us, "I like my flat, if I was not happy I would say so. I have been to Butlins, I met my friends. I make my decisions."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of treating people as individuals and referred to people in a respectful way. When needed people were given appropriate reassurance and support.
- The service had been proactive in supporting people to live independently. The registered manager told us, "By supporting people to be more independent, we have found this has reduced behaviours and made people feel valued and given them the confidence to live alone". One member of staff told us. "Getting the environment right for people is vital to move people on, we listen and reduce anxiety".
- People had effective relationships with staff who provided their care and support. Staff could explain how different things worked for different people, and how people reacted differently with each member of staff. This formed varied and positive relationships as staff worked with everyone in the service, and people had core teams of staff they worked well with.

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

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff. Care plans were personalised and updated in response to people's changing needs.
- People's likes, dislikes and preferences were known and recorded in care plans, this led to the delivery of personalised care. Staff told us they had time to read the information in the care plans and used this information to care for people in the way they wanted.
- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. One support worker told us, "I can't fault this service, there is a lot of person-centred care. From previous care experience, the care was rushed, here it is relaxed. This approach helps people to be confident with us".
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. They worked with people to remove the barriers. For example, where people had previously needed two to one staffing in the community, they were now able to access the community with one member of staff.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People's identified information and communication needs were met. Information and procedures were available in easy read formats for example, safeguarding, hospital passports and health plans and communication boards.
- Communication was being developed within the service. The registered manager told us, "We are developing our communication processes with training for staff with our communication lead. We are currently focusing on questionnaires for easy read, working with the campaign for change group, looking at the design of the questionnaires."

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 develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people using the service.
- Social stories were in place to prevent people from becoming isolated. The regional manager shared an example of using characters from one person's favourite television character to encourage them to take part in activities to promote their wellbeing and interests. They said the approach had worked well.

Improving care quality in response to complaints or concerns

- People and their relatives confirmed they would be happy to make a complaint if needed and felt confident the complaint would be addressed. One relative told us, "If I was not happy I would say. We have been sent information on the complaints procedure by the new service."
- The provider had a complaints procedure. The registered manager was able to evidence how they followed this policy. We reviewed one complaint that had been resolved in line with the providers policy.

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.

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

- The registered manager and regional manager showed us good evidence of a robust quality monitoring process for all aspects of the service. This included monitoring the staff team and supporting them to provide person centred, high quality care tailored to the needs of those using the service. They also monitored training and development of the staff to ensure that they had training appropriate to the needs of those living at the service.
- Staff had their competencies assessed for each aspect of their role including medication which all staff were trained to administer. Staff were positive about the management team. Comments included, "Staff morale seems upbeat, brilliant. I can't fault [registered manager name] best manager I have ever had. Very approachable". "We have a brilliant manager very open, we can go to them anytime."

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 registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Our previous inspection rating was prominently displayed at the service and was clearly in view for people to see.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. A range of quality assurance checks were carried out to monitor and improve standards. We received positive feedback regarding the leadership and management of the service.
- Staff were aware of their roles and responsibilities. For example, people would look for ways for people to take part in activities, employment and events in the local community.
- The registered manager made sure people received good care and support. The regional manager carried out regular visits to the service and had a good knowledge of all of the people who lived there. They told us, "I am at the service on a regular basis. I talk about the audits in supervision to check if there is any support required to meet targets. I feedback any action from senior managers meetings, to ensure [register manager name] is up to date. There is a very strong governance from the top down to ensure we are compliant and sharing lessons learnt".

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

- People and their relatives were provided with regular opportunities to share their views. One relative told us, " There is always someone around to speak too, we are asked if everything is ok."
- People had meetings with staff about their care. One member of staff told us, "We do house meetings [name] put he was feeling proud and happy. He is signing again, it is so good to see him so happy again. They used to be two to one staffing, and now has one to one staffing".
- People were involved in the service for example, meeting new staff at the interview process.

Continuous learning and improving care

- There was an effective system in place to check on quality and safety in the service. The management team and staff continually worked hard to improve the lives of people being supported by the service. Training was readily available in specialist areas and staff were keen to learn and grow in their roles.
- The registered manager had clear plans for the further development of the service. Their plans had people who used the service at the heart of the service and looked at how they would support people to enjoy and achieve their goals including making positive contributions to the wider community and moving on to more independent living.

Working in partnership with others

- The service worked collaboratively with other professionals to ensure the care people received consistently met their needs and their desired outcomes.
- The service had good links with the local community and key organisations reflecting the needs and preferences of people in its care.