

Care Management Group Limited

# Care Management Group - Shardeloes

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

- CMG Shardeloes 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.
- CMG Shardeloes accommodates up to nine people throughout one building and an annexe apartment, at the time of the inspection they had seven people living at the home.

People's experience of using this service:

- Staffing levels were not always safe to ensure that people's needs were met in a timely manner.
- Risks were assessed and recorded so that staff were clear on how to support people safely. Due to staffing levels it was not always clear whether these were being met, for example in personal evacuation escape plans.
- Quality assurance systems were not always conducted effectively in order to identify and drive improvements, predominantly in identifying low staffing levels.
- Medicines were managed in line with best practice guidance.
- The provider had documented staff training, supervision and appraisal in a clear format.
- We received views from people as to the care received, all people spoken with felt staff always displayed compassion and care.
- The provider had made efforts to make the environment and activities suited to the needs of the people living at the home. In some examples this had been completed.
- People stated that they were really happy living at the home and loved the staff that supported them.
- People's legal rights were followed according to the Mental Capacity Act and all staff were aware of each individual's legal rights.

Rating at last inspection:

- At our last inspection we rated the home 'good'. (report published 16 November 2016)

Why we inspected:

- All homes rated "good" are re-inspected within two and a half years of our prior inspection.
- 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 intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Care Management Group - Shardeloes

## **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 home, and to provide a rating for the home under the Care Act 2014.

Inspection team:

- This inspection was conducted by two inspectors.

Service and service type:

- CMG Shardeloes is a residential care home that provides personal care for to up to 9 people. At the time of the inspection seven people were residing at the home.
- The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection:

- This inspection was unannounced.

What we did:

- We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the home, what the service does well and improvements they plan to make. We looked at information we held about the home including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.
- On the day of inspection we spoke with five people living at the home, three care staff and the deputy manager.

- We reviewed four people's care files, three people's medicines records and a range of other documents in relation to the care people received. We reviewed two staff files and other relevant documents relating to the home.
- We reviewed records of accidents, incidents and complaints and audits and quality assurance reports.
- We also looked at environment and facilities within the home.

Due to the registered manager not being at the home on the day of inspection we requested further information not available to us on the day. This included documents relating to recruitment, training and staffing levels. These were sent promptly after the inspection.

# Is the service safe?

## Our findings

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

Some aspects of the home were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- Staffing levels were not always sufficient to ensure people's needs were always met promptly. One member of staff told us that staffing levels were "Dangerously low."
- During the inspection one person asked for assistance to get out of bed and was left for a long period of time before staff were able to meet their request. The person requested support to get up and receive their personal care at 10.20am. An hour later we asked staff if they had got them out of bed and they told us they had not as they required two staff to move the person. The person was left until nearly 1pm until they were assisted. Staff told us they encouraged the person to stay in bed as they had difficulty managing the behaviour of another person using the service, and it wasn't always possible to have two staff available to support him out of bed at all times due to staffing levels.
- We were told there should be four members of care staff during the day and two care staff at night. Prior to the inspection we had been notified by the provider that they identified the lack of qualified drivers on the staffing team in the Provider Information Return (PIR) and they hoped this to be an improvement they could work towards in the near future. On the day of the inspection there were three care staff however one of those staff spent a large period of time out of the home as they had driving responsibilities. This left two members of staff caring for four people. Two of those people required two staff to support them with moving and personal care and one person displayed behaviour that challenged. There had been a recent incident between two people and as a result staff needed to be present when both people were in communal areas. This was not always happening on the day of the inspection and placed people at risk and meant people were not consistently receiving the care they needed.
- We reviewed three weeks staffing rotas and saw for this period there were nine instances where there were two care staff to support seven people with complex needs. There were only four occasions out of 42 shifts when there were the required number of staff due to work.
- There were Personal Emergency Evacuation Plans (PEEPs) in place for people. These are personalised escape plan to give staff guidance on how to support someone to safely evacuate the building in the event of an emergency. PEEPs gave staff clear guidance on how to safely evacuate people, for example, how many staff were required to support the person and whether they required specific mobility aids. However, due to low staffing levels it was not clear how all of these would be achieved in the case of an emergency. The PEEPs viewed detailed that some people living in the home required assistance and constant reassurance in the case of emergency, there was also a person who would need two people to use a hoist to get them to safety. It is unclear how this would be prioritised in an emergency.

The failure to ensure there were sufficient staff to meet people's needs was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received care and support from staff that had been appropriately recruited. Staff records contained a completed application form, proof of identification, two satisfactory references and a Disclosure and Barring Services (DBS) record. A DBS is a criminal record check employers undertake to make safer recruitment decisions to determine people's suitability to work with people.

#### Learning lessons when things go wrong

- Although the registered manager ensured incidents and accidents were well investigated and recorded action was not always taken to ensure staff were fully updated. Staff were not always aware of changes made in direct response to any incidents.
- Staff were aware of a recent incident between two people and how they were monitoring the situation going forward short term, however, were unsure of the long-term plan to prevent a similar incident happening.

#### Assessing risk, safety monitoring and management

- Risk assessments were detailed and personalised to reflect potential risks and the appropriate action staff should take to mitigate these risks.
- Risk assessments were in place for areas including eating and drinking, choking and medicines management as well as guidance regarding people's behaviours. Staff were seen to support people that had SALT referrals and were on thickened diets.
- Risk assessments contained good guidance for staff and were robust and comprehensive. Two people who required support to mobilise had risk management plans which guided staff on the individual support they required, staff were seen to support people to mobilise appropriately.
- Systems and processes were in place to maintain the environment and help keep people safe. Records showed maintenance issues identified were addressed in a timely manner. Regular health and safety and fire checks were completed which included medication system monthly audit, monthly health and safety audit, monthly washer/dryer checks and fire safety monthly checks.

#### Preventing and controlling infection

- The environment was clean and well maintained. Staff used personal protective equipment such as gloves before providing personal care to people or when preparing food.
- Both hand soap and sanitiser were available at all sinks within the service with visual prompts to wash hands, staff were also seen to regularly use this in the kitchen area.
- Cleaning schedules were in place which covered daily, weekly and monthly tasks. Checks were completed to ensure that cleaning products were appropriate for their use and were safely stored.
- Infection control audits were completed to identify any hazards and how to avoid the spread of infection.

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

- People were safeguarded from the potential risk of abuse. Not all people were able to tell us their views. However, the people that could told us they liked the staff and were always happy with the way they treated them. We saw that people looked comfortable and relaxed in the home and with the staff who were supporting them.
- Safeguarding records showed they identified any incidents which led to an internal investigation to identify how to resolve matters in line with the local authority safeguarding procedures.
- Staff showed good knowledge of the different types of abuse, how to report concerns and what to do if they had a safeguarding concern. All staff confirmed they were confident to do this.
- Safeguarding posters were displayed on noticeboards in the home.

#### Using medicines safely

- Each person had a medicines administration record (MAR) with evidence of administration and signatures.

Medicines were stored correctly and people received support to self-administer their medicines where they were able to. Staff were seen to support people, verbally detailing the medicines and sitting with them whilst they took their medicines with water provided.

- There was a documented full audit from when medicines entered the home including discrepancies recorded and a list of authorised staff to support people to take their own medication. This information corresponded to the MAR charts. The effectiveness of people's medicines was also assessed to determine whether a referral to the GP was required.
- Each person had a medication profile which detailed the medicine name, dose, frequency, reason for prescription, possible side effects and this also contains patient information leaflets.
- Regular medicines audits were completed by the pharmacy. Records showed that all was in order at the last visit and no action was required.



# 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

- Records showed that people's needs in relation to areas such as nutrition and skin integrity had been assessed and reviewed in line with national guidance.
- Individual needs assessments covered areas people needed support with such as 'Looking after myself,' 'Organising my life,' 'Living my life.' The person had been included in the assessment process prior to them moving in to the home. Ongoing reviews were completed with people to confirm the home could meet their needs, an example of this was a person with behaviour that was challenging was having regular reviews, as this behaviour changed.

Staff support: induction, training, skills and experience

- The provider had systems in place to track the completion of staff training, supervision and appraisal.
- Staff confirmed their monthly supervisions took place and they were being encouraged to progress in their roles. Staff appraisals were also up to date.
- All staff that were working on the day of the Inspection were competent and knew their roles and responsibilities.
- All staff we spoke with confirmed a thorough induction process was in place. One staff member stated, "The induction process was great and the management ensured we were ready [to work without supervision] before finishing the shadowing process."
- All staff we spoke with stated they thought the training programme provided to them was good. They confirmed it is a mixture of face-to-face training and e-Learning. One staff member said, "The training is regular and relevant to our role."
- Records detailed staff had received training in areas including safeguarding, infection control, health and safety, medicine management, mental capacity and fire safety. Staff had also received training specific to the needs of people living in the home, an example of this was behaviour that challenges training.

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

- People appeared to enjoy the food available and were offered choices at lunch time.
- People had access to drinks throughout the day. Some people independently got themselves drinks and were encouraged to do this. People who required support were offered drinks regularly.
- One person showed us the meal planner for the week and explained people sat down together and chose their lunches and dinners. They told us as many people as possible were involved with making breakfast on a Saturday. The person enjoyed showing us the menu board and said, "We love being a part of it."
- Following three people receiving SALT (speech and language therapists) referrals they were placed on diets requiring thickener. All staff were aware of this and the new policies around thickeners and safety. Staff members were patient and kind when supporting people during the lunch period. Staff were talking to people regularly and ensuring they were enjoying their lunch and making conversation with them to

encourage and create a social environment, ensuring people received support at their pace.

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

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

- The provider and people told us they had access to healthcare professionals and this was reflected in people's individual health care files. Appointments were documented and showed that people were referred to healthcare professionals in a timely manner. People were supported to attend appointments at a range of healthcare services including the GP, eye clinic, dentist, chiropodist, health check clinics.
- People were weighed regularly and any significant changes were acted upon. One person had increased in weight and was being supported to reduce sugar in their diet. The person had also been encouraged to join and attend a local gym. The person said "I have been worried about my weight. Staff told me about sugar and how this can affect my weight. I have cut down on the sugar and it has made a real difference. I go to the gym and am interested in buying a bicycle so I could then cycle to my church and get fit."

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

- People's bedrooms were personalised, the people showing their rooms were proud of their own personal space. One person said, "I told the staff that I wanted to paint my room my favourite colours and they arranged for this to be done which made me really happy."
- Mobility issues were well catered for throughout the service. There was a walk-in shower downstairs, outside areas were flat, and flooring around the home was laminated. This minimised the risk of trips and falls and made it easier for people using wheelchairs to move around independently. Freedom of movement had been promoted which also included a ramp to and from the front entrance.
- There was an interactive sensory board with a variety of switches that turned on different lights and various different objects for people to interact with. One person showed us how they used the board told us they liked it.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments were completed regarding specific decisions such as money and finances, restricted access to cupboards and medicines and how people were offered support in how to manage their finances, an example of this was the sharp knives drawer in the kitchen was locked.
- Best interest decisions were made between people, friends, relatives, advocates and other people involved in each individual person's support system.
- DoLS had been submitted for individuals appropriately identifying their variety of support required as a result of the capacity assessments and best interests' meetings.
- All staff spoken with about MCA, had good knowledge of the processes and stated that if a new person moved in they would want to fully understand their capacity before assisting them. They confirmed this would help them ensure they were complying with any DoLS in place, and to ensure the person was happy

with the care they were receiving.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Comments we received from people about their care were positive including, "The staff are great and so helpful with everything I need." And, "All the staff are so lovely, polite and when they can, they take me out to do things I love."
- People were asked of their religious preferences when they moved into the home. People were appreciative of the support they received to follow any religious or cultural beliefs. Two people attended the local church masses.
- The way staff wrote care records demonstrated a respect for the person and positive language was used throughout.

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

- People's care records reflected that they, or their relatives, were always consulted on how they liked to receive their care, such as decision meetings for initial assessment and if care needs changed. Care records reflected people's views, likes, dislikes and change in behaviour triggers as well as other personalised details. All care plans were easy to navigate and regularly updated.
- Throughout the day all staff were aware of the individual needs of each person, the staff had all worked at the home for a considerable amount of time and all the people had lived in the home for a number of years. It was obvious this mixture of experienced staff and people living at the home long term had contributed to the knowledge staff held about each individual person. This was shown through interactions and staff knowledge of what people liked and disliked.
- Staff were constantly seen to make suggestions and ask questions encouraging choices throughout the day. This helped ensure consent to care remained. Staff asked if people were comfortable, if they wanted to complete an activity or if they wanted to something to eat or drink.

Respecting and promoting people's privacy, dignity and independence

- Doors were always closed during personal care to protect privacy, and when a person needed assistance but did not realise it staff showed respect in discreetly bringing it to their attention. Staff made sure people's dignity was upheld. One person had their jumper on inside out and a member of staff asked if they could help them and supported them to change their jumper, so it was no longer inside out.
- We observed staff knocked on people's doors before entering to respect their privacy.
- Staff supported people to be independent. Staff told us they encouraged people to make decisions about their care and what they wanted to do for activities to support their hobbies. Individual needs were also taken in to consideration when independence was being supported. Some people attended college and had part-time jobs. Others who were less mobile or independent attended a day centre to help maintain a degree of independence.

- People had their personal information kept confidentially by staff who understood the importance of this. Staff spoke discreetly about people and knew not to share sensitive information inappropriately.
- Although examples of good practise were seen, and people were involved in preparing their meals, particularly in the evening, this is an area that could be improved. Care plans detailed that people enjoyed making their own lunch. On the day of the inspection we saw staff offered people a choice of sandwich but did not actively support them to make the food themselves. This is something that would benefit people and increase their independence.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans identified regular engagement in activities for different people living in the home. However, due to reduced staffing levels people who required more support were left without stimulation or engagement for long periods of time. People spent time in their rooms despite their care plans clearly stating they liked to be in the communal areas.
- People were offered daily activities however this was affected due to the amount of staff available. For example when people required transport to go out this was not always offered due to only one member of care staff who could drive. This member of staff had to prioritise weekly food shops, healthcare and other appointments. One member of staff told us, "I would love to take the people out every day and I know they would love that but at the moment with one driver it is just not possible."
- Individual daily activities were listed on the notice board in the communal area for each person. However on the day of inspection some people did not take part in their allocated individual daily activities, so it was not clear how often this happened. One person's activity schedule stated "social inclusion" between 08.30 and 12.00 and then between 12.30 and 5.15pm. It was not clear what this meant and the person remained in their room all day.

We recommend there is a review of activities to ensure they are meaningful and meet people's needs.

- One person told us they enjoyed gardening in the summer, they went on to elaborate that they were encouraged to be involved with the general garden maintenance as this was something they enjoyed. The person took pride in explaining how they were involved with the garden upkeep and how this made them feel involved with maintaining the home. They showed us art that had been completed by people who lived at the home. This was displayed on a table in a "Craft area." Again, the person took pride in showing us all the arts and craft that had been completed by people and were hoping to display the artwork in the communal area.
- All people spoken with detailed trips that they had been supported to go on with staff. All trips described catered for their individual hobbies and passions, some of these examples included going to Windsor Castle and going to various beaches.
- The more independent people living at Shardeloes pursued interests and activities of their choosing. Activities included going shopping, out to pubs and restaurants, socialising with friends and going to the gym.

Improving care quality in response to complaints or concerns

- The registered manager ensured that complaints were appropriately recorded and responded to. Efforts were taken to ensure that issues were resolved to the complainant's satisfaction.
- Easy to read complaints procedure was on a display board in the home.

- One person stated that they had raised a concern about the old windows in a resident's meeting and they had been replaced with double glazed windows. This had a really positive effect on the person who had made the suggestion.

#### End of life care and support

- The service had put in place end of life assessment, care plans and advance care plans, to ensure people would receive the support they wanted when reaching the end of their life.
- Care plans were developed in paper form and kept in a separate file. The care plans show evidence of discussion with people and their family members/carers.
- Respect had been shown to people who did not want an end of life care plan and this had been signed by the person and their family.

## 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care

- The registered manager ensured that they notified the CQC of important incidents as they arose, and that any incidents were fully investigated.
- The registered manager had implemented person-centred care plans; however, delivery of care was sometime affected by the lack of staff.
- Quality assurance processes had not led to improvements in the service. A CMG Quality Monitoring tool had been completed in November 2018, however this did not highlight or reflect the low staffing levels and how this was impacting on people's lives. No shortfalls had been identified on the monitoring audit. Part of the audit looked at staffing levels and did not identify it was an issue.
- Staffing levels were limiting people to have the freedom of choice and make decisions. While some people were more independent and enjoyed going to college and part-time work, others, if they were not attending a day centre were left in their rooms for long periods of time during the day. For the less mobile and independent people there was a lack of community engagement linking back to the low staffing levels that in the quality assurance tool had not been identified as an issue.
- The registered manager was not always present at the site as she was also registered for another location. This affected staff morale and meant that there had been a lack of focus on the care provided to people.
- Staff did not always feel supported in their roles, staff stated they felt neglected as the Manager spent a lot of time in the office or focussing her efforts on the other site.
- Staff stated they were not comfortable to always approach the Manager to raise ideas or concerns.
- One staff member stated that when the registered manager was present she spent a lot of the time in the office or focussed on the other site.
- Staff did not feel they were able to contribute advice or suggestions to resolving concerns within the service.
- Staff attended regular team meetings to share best practice across the teams and receive organisational updates. Staff told us these were not always useful and stated they didn't get an opportunity to put across their ideas or issues. Team meeting minutes detailed staffing levels had been discussed but no changes made as a result.

Failure to effectively monitor the safety and quality of the service is a breach of regulation 17: Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014



- People and their relatives were invited to share their feedback on the home through regular surveys and home meetings. Records showed that people were invited to and express their views about developments and improvements across the home as well as a variety of topics. These were not always well attended but people told us they were happy with the resident's meetings. They said they felt some changes had been made when they had suggested them.
- The regular home audits that we reviewed included health and safety, fire safety and food and hygiene audits amongst others had been completed by the registered manager accurately reflecting the needs of the service. These were detailed and informative.
- The registered manager ensured that staff always received induction, supervision, appraisal and training. All staff confirmed that their induction and regular training was good, and their supervision was kept up to date by both the registered manager and the deputy manager.
- DoLS records were up to date and thorough in application follow up contact, and people's care plans were person centred and stored securely
- Care staff worked well together and communicated effectively. Staff told us, "I love working in this team, although we are tired we ensure all tasks are completed to the best that is possible with the current staffing levels."
- The registered manager provides the staff members with the Employee Assistance programme which is available every day of the year at any time of day. This offers staff support if needed. There is also a "perkbox" app available to all staff which assists with offers covering leisure activities and helpful ways to save money.

#### Working in partnership with others

- The provider worked alongside other healthcare professionals to meet people's needs. There were well documented details of previous referrals made in a timely fashion and the follow up checks made by staff to ensure people were getting updates from healthcare professionals.
- Links had been made with the community and people were attending college placements, day centres and working short shifts in a local charity shop.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to identify the insufficient numbers of staff to respond to people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider had failed to provide sufficient numbers of staff to respond to people in a prompt manner.