

Care Management Group Limited

# Care Management Group - 3a The Droveway

## Inspection report

3A The Droveway,  
Hove BN3 6LF  
Tel: 01273 541229  
Website: [www.cmgroup.co.uk](http://www.cmgroup.co.uk)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

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 took place on 12 August and was unannounced.

3a The Droveway is a care home that offers accommodation for two people. It provided personal care and support to two men who were in their twenties. The service offered specialist support for people with autism. Both people had associated complex needs, communication and sensory difficulties and behaviour that could challenge the service.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

We observed a medication error during our inspection. Medication was signed as given when it had not. We were told by the registered manager that there had not been a

# Summary of findings

recent medicine error but that our observation highlighted a need to re-evaluate current practice in the service. We have identified this as an area of practice that required improvement.

We saw people were supported by staff who knew them well, gave them individual attention and were confident to meet their sometimes complex additional needs. Risks to people safety were assessed and guidance provided clear guidance for staff to follow.

People relatives and health and social care professionals spoke positively of the service. They were complimentary about the caring, positive nature of the staff. We were told, "I feel staff knowledge of [my relative] is good. I think it is the best place for him." Staff respected people's privacy and dignity and their individual preferences. Our own observations and the records we looked at reflected the positive comments people made.

Staff and the provider were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

Staff received training to support them with their role on a continuous basis to ensure they could meet people's needs effectively. The training records we saw

demonstrated that staff had completed a range of training and learning to support them in their work and to keep them up to date with current practice and legislation.

People received regular assessments of their needs and any identified risks. Records were maintained in relation to people's healthcare, for example when people were supported with GP appointments. Feedback from a healthcare professional with knowledge of the service said, "The staff appear to be very attentive and caring and act in the best interest of the patient."

The provider was committed to the on-going improvement of the service and had completed a major restructure of the layout of the service to increase opportunities for individual living. The registered manager was transparent, honest and dedicated to the continuous improvement of the service.

Peoples relatives, staff and professionals who knew the service spoke positively about the registered manager and said they led by example. The relative of one person told us, "They are very good. They do the right thing for [my relative]," a member of staff said, "'The management are amazing. They have time for you and are respectful."

# 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?

3a The Droveaway was not consistently safe. An observed medication error identified a need to re-evaluate current practice in the management of medicines.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The registered manager assessed risks to individuals and gave staff clear guidelines on how to protect people.

Effective recruitment procedures were in place.

Risks associated with the safety of the environment and equipment were identified and managed appropriately.

**Requires improvement**



### Is the service effective?

3a The Droveaway was effective.

Staff and the provider were knowledgeable about the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink a healthy diet which met their dietary and health needs.

Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

**Good**



### Is the service caring?

3a The Droveaway was caring.

People's relatives and health and social care professionals said that staff were kind and compassionate. People were treated with respect.

Staff knew people and their preferences. The service made sure that staff understood how to respect their independence

People's dignity was considered and protected by staff so that people were valued.

**Good**



### Is the service responsive?

3a The Droveaway was responsive.

People's needs were reviewed regularly. Where the need for changes was identified, support plans were updated.

Staff supported people, listened and responded to what they wanted and treated them as individuals.

People's relatives were asked for their views on the service and they felt confident to approach the management with concerns.

**Good**



# Summary of findings

Programmes of activities were provided to suit individual interests and encourage social interaction and engagement.

## Is the service well-led?

3a The Droveaway was well-led.

Staff, relatives and professionals found the management approachable and open.

Effective processes were in place to monitor the quality of the service. Audits identified where improvements were required and action was taken to improve the service.

**Good**



# Care Management Group - 3a The Droveway

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

The inspection was carried out on 12 August 2015 and was unannounced. It was carried out by one inspector.

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 information about notifications. Notifications are

changes, events or incidents that the home must inform us about. We contacted selected stakeholders including three health and social care professionals, the local authority and the local GP surgery to obtain their views about the support provided. They were happy for us to quote them in our report.

During the inspection we spent time with people who lived at the service. We also focused on speaking with staff and observed how people were cared for. We spoke with the relative of a person, the registered manager and three support staff.

We observed the support people received. We spent time in lounges, dining areas and we took time to observe how people and staff interacted.

The last inspection was carried out on 27 November 2013 and no concerns were identified.

# Is the service safe?

## Our findings

Family members told us they felt their relatives were kept safe. One family member stated: “Yes, we are happy with everything there, [my relative] is kept safe”.

People were not always protected against the risks associated with medicines because although the provider had arrangements in place to manage medicines, these were not always followed. We identified a concern with the way medicines were managed. We observed the administration of medicine on the day of our inspection. We observed that a medicine was signed by a support worker as given even though the person was not due to be given the medicine until later in the day. The support worker had finished their shift and had gone home. They were contacted at home to check whether the medicine had been given to avoid duplication. Medicines were signed as given by two members of staff. However, in one side of the house where staff worked one-to-one with the person requiring support, the sole staff member checked off the medicine and showed it, in its pill pot, to another member of staff before giving it to the person. We were told by the registered manager that there had not been a recent medicine error but that our observation highlighted a need to re-evaluate current practice in the service.

Medicines were supplied by a pharmacist. They were stored safely in a locked medicines cabinet. Medicines that were required to be stored in a refrigerator could be stored appropriately. Temperature checks were recorded and carried out daily. Medicines were ordered and managed to prevent over-ordering and wastage. Medication Administration Record (MAR) sheets were signed and dated correctly. Audits of the MAR sheets were carried out to identify any errors.

Records of ‘as required’ (PRN) medicines provided sufficient information on when these should be administered. Guidance was available to staff on what action to take prior to offering a person PRN medicines. This ensured that medicines were only given when necessary. The MAR sheet was checked in relation to the frequency of this being used and was found not to be a frequent measure employed by staff. Staff were able to describe appropriately when PRN medicines should be administered.

Incident and accidents were monitored. Systems were in place for trends to be noted, which would then alert the registered manager to complete written guidance to prevent the likelihood of similar incidents.

We found that staff had a comprehensive understanding of safeguarding and whistleblowing procedures. They understood the types and signs of potential abuse. Training records showed all staff had undertaken training in safeguarding people against abuse, and that this was refreshed on a regular basis. Details were given of external agencies that could be contacted and this included the local authority safeguarding team and CQC. One member of staff, when asked about reporting abuse stated, “I would not hesitate to report it straight away, no delays, we’re here to protect people.” Staff felt both able to raise concerns and had confidence that the registered manager and provider would effectively deal with these.

People were kept safe by staff with the use of appropriate risk assessments, to ensure least restrictive options were used and proactive plans were implemented as necessary. For example, activities undertaken out and about in the community were written as useful proactive strategies. These were reviewed regularly. For example, people accessed the community with staff as they were not able to go into the community alone without support.

People’s support records showed where risks were identified, these had been assessed and information recorded. This was so staff would be aware of the risks and what to do to ensure people’s safety. Staff told us they were able to speak with others in the team or with the registered manager if they had a concern. The registered manager said there was an on-call system in place for staff to talk to one of the management team outside office hours. Notifications showed incidents were reported where there was a risk of harm. These had then been followed up with other agencies in order to reduce the risk and to prevent a reoccurrence.

Each person had their own personal fire evacuation plan. The staff were able to correctly identify what actions needed to be implemented in the event of a fire. Fire drills were regularly undertaken to ensure that staff were familiar with the procedure. We were told that they understood what they had to do during an evacuation. A contingency plan was in place for staff to follow should an emergency occur resulting in the building needing evacuation. A ‘buddy file’ was available and this contained alternative

## Is the service safe?

accommodation address, contact details for staff and professionals to call in case of the emergency. Fire equipment was regularly checked to ensure it was safe to use.

The registered manager told us that staff worked flexibly on combinations of early and late shifts to ensure that there were enough staff on duty to safely meet the needs of people. The support workers and registered manager provided 24 hour support. Two staff provided awake night cover on the premises each night. Rotas showed staff shortfalls were covered from within the team or by bank workers. In some circumstances staff from one of the provider's other services were able to provide staff cover. There were sufficient staff working per shift to keep people safe. Staff told us that additional staff were brought in at key times to enable more community activities to be undertaken. Feedback from people's relatives and the staff indicated there were enough staff to ensure that people's busy schedules were met as planned and people received a safe service.

The service was clean and tidy. Personal protective equipment (PPE) such as gloves were readily available for staff to use as required. Colour coded systems for cleaning products and kitchen equipment was used. This reduced the risk of cross contamination.

People were being kept safe, by robust recruitment procedures. This included obtaining references for staff from their previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. A robust system had been implemented to ensure staff were able to carry out their duties both safely and effectively. This included declaration of health and fitness, a documented interview process, reference character checks, gaps in employment explained, all of which were obtained and confirmed prior to employment being offered.

# Is the service effective?

## Our findings

Relatives and staff said the service was meeting people's needs and they were confident the support they received was good. A relative commented, "I feel staff knowledge of [my relative] is good. I think it is the best place for him."

People received support from staff in different areas of their lives. This included prompting around personal care, support related to maintaining social relationships and skill building in day to day tasks. Staff did what was agreed with people and were skilled and professional in how they provided support.

Staff members said they were well supported in their work. Training was described as good and one staff member said that requests for further training were well received. We were told the training covered a range of subjects relating to, for example health and safety, as well as other subjects concerning support and people's health needs. For example, training in epilepsy was provided as this had been identified as a training need for staff. Staff said they felt they were able to confidently support the person with epilepsy as they had received appropriate education about this.

New employees completed a comprehensive induction programme and a six month probationary period. The induction training involved shadowing shifts with an experienced staff member and progress was recorded in an ongoing record of induction. This was confirmed by a relatively new member of staff, they told us, "There is always help available for new staff. Here they give you the time to get to know people."

Some courses were completed through e-learning (computer training) while face to face training was held at local venues. The training records we saw demonstrated that staff had completed a range of training and learning to support them in their work and to keep them up to date with current practice and legislation.

Staff said they attended supervision meetings with their manager. The meetings provided staff with individual time to discuss their professional development and any issues they may have had about their work. A member of staff said, "Before I came to work here I didn't know what supervision was. Now I have time to speak with the manager about my work and it helps keep me happy." They gave us an example of how regular supervision had helped them overcome challenges in their work. For example, they

told us that they had worked out within supervision, a plan to work with a person for gradually extended periods of time until they built up a knowledge and rapport with that person. Records and feedback confirmed a structured approach was adopted to support staff. There was a plan for regular supervision meetings and records of each meeting held. The provider kept an overview of the provision of training across the service. This identified when staff were due to receive further training. A staff member told us that refresher training was arranged and this helped them to maintain their knowledge of subjects. Staff meetings were held and these provided the opportunity for staff to discuss and keep up to date with the range of issues about the people and the service itself.

Policies were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. The registered manager and staff confirmed they had received training in these areas and demonstrated a good awareness of the code of practice and were able to demonstrate this in relation to a best interest decision to pursue a course of treatment. Clear procedures were in place to enable staff to enable the assessment of people's mental capacity, should there be concerns about their ability to make specific decisions for themselves. We spoke with staff who were knowledgeable about the legal requirements of the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

People received the support that they required with their health care needs and records of support closely reflected the specific needs of the person. People's needs were regularly reviewed to make sure they got the right support for them. The service promoted the healthcare needs of people using the service and enabled them to access health professionals. From records we looked at we saw people had up to date health action plans. These gave a detailed view of the person's health needs, appointments with health professionals and acted as an indicator of change in health requirements. Each person was supported to have an annual health check. A staff member told us the support received from the local GP was



## Is the service effective?

excellent. Feedback from a healthcare professional with knowledge of the service said, “The staff appear to be very attentive and caring and act in the best interest of the patient.”

People received assistance to prepare food and drinks where it was appropriate. Information about this was recorded in people’s support plans. They were supported to have a balanced diet and adequate food and drink. Details of each person’s dietary needs were assessed and recorded. Records included any special dietary needs as well as people’s preferences for food. The relative of one person told us they enjoyed their food and were provided

with choices that they could manage and that did not overwhelm them about what they wanted to eat. Staff supported people at meal times. Because each side of the house had its own kitchen, staff were able to support them with a meal at a time they preferred. Staff encouraged people to learn new skills and increase their independence in the kitchen, such as helping with meal preparation. Staff supported people to maintain a healthy lifestyle and supported people to make healthy choices at mealtimes. One staff member described the training on healthy eating provided by the provider organisation and the handbook available to staff to help with this.

# Is the service caring?

## Our findings

The service was caring towards the people supported. Staff spoke respectfully and were warm and approachable. People appeared comfortable approaching staff for assistance or for general interaction. There was a calm and peaceful atmosphere within the service. Positive interactions were observed during meal times and around people's participation in activities.

We observed that staff took time to assuage any possible anxiety our presence within their home may have caused the two people living there. Staff reassured them and explained why we were there. Staff then engaged with the individuals by spending time on an activity that they enjoyed doing. They successfully managed people's anxiety.

People were able to be involved in decisions related to their support. A key worker system had been implemented within the service. This meant that one member of staff held primary responsibility to ensure that all documentation related to the support the individual received was in line with their needs. The support plans were reflective of this, for example we found that where appropriate these were written in the first person, for example, 'I would like staff to help me with...' The support plans were also reviewed with the individual or their representative, where possible. For example, people's support plans included a pictorial system to make them more accessible for those who did not have formal speech.

People were encouraged to gain independence. Within the service people were encouraged to do things for themselves, for example, assisting in food preparation and taking drinks when it was safe to do so. This was reflected within the support plans that offered guidance on how staff should encourage independence. The registered manager advised that they developed plans to encourage and promote people's involvement in their home life, they stated, "People should be able to do things for themselves, it encourages independence as much as possible and reinforces this is their home."

We observed staff encouraged people to make choices and express their preferences, for example about meal choices and activities. People spent time in their rooms and or within communal areas of the service, as they wished. Staff were respectful in their approach to people and knocked on doors before entering people's rooms. One person had an impressive collection of music and electronic games that demonstrated clear choices being made and understood by staff. Throughout the house, there were photos, symbols and picture. There were posters in easy read formats to promote people's understanding. We saw information displayed on social events and celebrations.

Relatives reported they felt that the service was caring. One family member stated, "Happy with everything there. They know them and look after them properly. I've noticed some positive changes in the way they behave."

People's privacy and dignity was respected and maintained. We saw a number of examples where people were discreetly prompted in aspects of personal care. Staff told us they maintained dignity for people by doing things for and with people that maintained their appearance while retaining their sense of identity. They told us they were vigilant about this and would assist people, for example, in their bathing routines. One member of staff said, "With [x] it's different. They don't like taking a bath and sometimes they choose not to. They need more prompting and for us it's about finding solutions. So we explain they may feel better in themselves, we may swap staff members so that an approach by a different person may succeed. For example, I took [x] his meds today. They ignored me but that was fine. They were showing their independence but they took it immediately when another member of staff tried." We saw that individuality was respected, for example, in the way people liked to dress, which staff respected. They were helped maintain their appearance, good grooming was encouraged and clothes people wore were freshly laundered and ironed. These actions helped promote their self-esteem and emotional wellbeing.

# Is the service responsive?

## Our findings

People had their needs assessed prior to them moving into the service and again following a period of time. The registered manager told us that an assessment of each person's needs had been completed to ensure the service could meet them. Each person was also assessed to ensure their needs were compatible with the other person currently living at the service. The registered manager stressed that it was essential that any person's needs would not disrupt the lives of the other person living there. Radical changes were made to the environment at 3a The Droveaway in response to the review. The property was altered to provide more self-contained living space for each of the people living there. The changes seemed to be well received by both the people living there and their representatives. Satisfaction was voiced by all that we spoke with about the changes made. A relative said, "[The provider] made adjustments specifically for the guys. It's like [my relative] has got his own place, which suits him down to the ground."

Support plans focussed on the individual. Information such as their past life history, how they liked things done and how they communicated their everyday care needs were evident in the plans. Support plans were amended as required and were signed to say they had been reviewed. The registered manager recognised the need to continually review people's plans. The plans were working documents that were amended as people's needs changed and were updated when changes had been made.

Documents in support plans advised staff how people liked to be supported. This gave detailed examples of a person's personal preferences including such things as favourite music, times they liked to eat, foods particularly liked or disliked and how they liked to be addressed. Pen portraits gave a quick reference that contained all pertinent information related to the person. This was located at the front of the file, and offered concise details of importance.

The information took as its starting point what the person was able to do for themselves, the plans also identified the need for staff to check with the person whether certain tasks had been undertaken, and to prompt them if not. This approach promoted the person's independence whilst

also helping to ensure they maintained their personal care routine. A relative said, "This area has got much better for [my relative]. It's a constant effort to maintain it but staff do their best."

Staff were well informed about the needs of people in their care. The service had support plans in place that contained details about individual choices and the decisions people made in relation to their care and support. Where relevant, people close to them, such as family members were also involved in decisions about their support. People utilised non-verbal skills to communicate and had illustrated communication guidelines that gave staff clear information about the ways they expressed themselves, for example sections of plans began, 'how I make decisions' and 'how I communicate.'

We observed that staff were responsive to people's needs. They were able to recognise when people were becoming distressed or needed assistance. For example, staff described how a person had developed a strong preference for turning right at a particular road junction and became distressed if this manoeuvre wasn't followed. In another instance we saw that a person followed their particular preference to prepare for a journey in the car. They selected the music cd that was to be played and adjusted the volume until it was to their liking. When a person became anxious while completing an activity, a member of staff approached the person, sat near them and gently talked them through the activity.

The service was responsive to people's individual preferences and choices. We found that people's bedrooms and communal areas had been furnished and decorated differently, with a number of personal items on display.

Activities that people participated in were under continual review and the registered manager told us the aim was to make them as individualised as possible. Activity plans were on display within the service. These were presented in pictorial and written format so they could be understood by everyone. Staff commented, "There is a real effort to think about the variety of activities. We are always thinking about how we can get integration into the community though activities for them." For example, we heard from staff and relatives how a day by the seaside was meticulously planned and researched to enable a successful and memorable birthday for an individual.

## Is the service responsive?

Key worker meetings offered an opportunity for interaction on a one-to-one basis with each person. They allowed the key member of staff to learn and share the preferences and needs of the individual and helped to ensure the package of support was responsive to their needs. This information shared with the team, through updated plans, handovers, and team meetings. We found documentation related to this in the team meeting minutes and observed this during handover.

Reviews were held annually or in response to changing needs. Relatives were involved, where appropriate, in the way the service responded to the needs of the people. A picture emerged from feedback and observation of a service that aimed to facilitate a high level of support that catered to the individual complex needs of the people.

There was a complaints procedure and information on how to make a complaint was displayed. Relatives told us they were aware of how to make a complaint. We reviewed the complaints log and asked the registered manager to explain what they would do should a complaint arise. They told us that they would make sure their management of the concern was entirely transparent, including a full investigation, with the complainant being told of the outcome. People's relatives were confident that the service would correctly deal with a complaint. One relative stated, "I'd go straight to the manager. [The registered manager] seems very good with managing."

# Is the service well-led?

## Our findings

People we spoke with had confidence in the management of the service. A relative told us they had a good relationship with the registered manager; they could approach them about anything and felt they took time to listen. They said, “The contact has been good. [My relative] is happy and I’m happy.”

There was a positive culture within the service. One member of staff said, “The service has made a number of changes for the better and it shows in the happiness of the guys. We have moved in the right direction.” The registered manager had an open door policy. Staff, relatives or other professionals had the opportunity to raise any concerns or complaints with the registered manager at any time. We observed how comfortable staff were to knock and enter the office to have a chat with the registered manager. One member of staff said, “The management are amazing. They have time for you and are respectful.”

There was an honest and open culture in the service. Staff showed an awareness of the values and aims of the provider and this fed down to the service itself. For example, they spoke about providing the best support and respecting people. One staff member said, “We give it our one hundred percent.” Staff told us the registered manager regularly worked alongside them and made themselves available to role model best practice. They said they felt able to voice their opinions or seek advice and guidance from them at any time. They told us the registered manager was open and approachable and created a positive culture, they were able to lead and if necessary, challenge themselves and others so that people received optimum support. One staff member said “This is a lovely little service and [the registered manager] is on top of everything that goes on. They are the figurehead and lead by example.” Another said, “It’s about creating a real home.” A relative stated, “They are very good. They do the right thing for [my relative].” The provider recognised the importance of giving staff the confidence to raise concerns. Lines of communication within the organisation had been set up that allowed staff to whistle-blow or speak in confidence to senior management.

The registered manager was transparent in their handling of complaints and concerns. They referred to the new Duty

of Candour (Regulation 20 of the Health and Social Care Act 2008 Regulations 2015). The registered manager told us they recorded and considered concerns as they were raised and responded to them appropriately. We found that the communication within the service was good. Handover and shift planners were used. These were verbally discussed and completed so reference could be made to them during the course of the shift. A communication diary was in place which allowed supplementary information to be passed onto staff. It was used to detail appointments and schedule meetings.

The management and staff at 3A The Drove way worked in partnership with external professionals. The input from professionals from the field of health and social care was welcomed and their advice was followed. Evidence of other professional’s involvement in support planning was evident in people’s files. For example, we found that guidance from a psychologist had been incorporated into the support plan for one person and reviewed, as required.

There were a number of systems in place to monitor the quality of the service provided. We saw that regular unannounced visits were undertaken by the regional director. The quality audit reports these generated focused on standards set by the Care Quality Commission and showed how the provider closely monitored service provision. Any areas for improvement were identified and these were kept under review by the regional and registered manager.

There was an annual quality survey carried out and questionnaires were sent to people, families, advocates and other professionals involved in people’s care. From the findings and analysis, an evaluation report was written up that identified the aims and outcomes for the following year. We found the service received a number of compliments. Relatives of people using the service told us they felt involved and were kept up to date by staff about their family members.

Regular health and safety checks were carried out on all aspects of the service; these included the premises and equipment. Other audits were undertaken weekly and monthly and looked at areas such as, food safety, infection control and fire safety.