Care Management Group Limited

Care Management Group - 374 St Helier Avenue

Inspection report

374 St Helier Avenue
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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

The inspection took place on 14 July 2016 and was unannounced.

374, St Helier Avenue provides care and accommodation for up to eight people and there were seven people living at the home when we inspected. These people were all living with learning disabilities some of whom were unable to communicate with us due to their complex needs.

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

People and relatives told us they felt safe at the home.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

Care records showed any risks to people were assessed and there was guidance to staff of how those risks should be managed to prevent any risk of harm.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

People received their medicines safely.

People's capacity to consent to their care and treatment was assessed and decisions were made in their best interests and in line with relevant legislation. We saw appropriate applications were made for people to the local authority for assessments under the Mental Capacity Act 2005 and for Deprivation of their Liberty where it was necessary.

People's support plans described the support they needed to manage their health needs. People had regular health checks with their GPs and other healthcare professionals.

People and their relatives told us that staff were caring and kind to them. Staff were observed to treat people with kindness and dignity. People were able to exercise choice in how they spent their time. Staff took time to consult with people before providing care and showed they cared about the people in the home.

Care was arranged to meet people's needs and provided in a way they preferred. Care plans were individualised and they reflected what support each person needed and what they were able to do for themselves. We saw people were assisted with engaging in their chosen social activities. Care plans were reviewed as people's needs changed or every three months.

There was in place an appropriate complaints procedure that people and their relatives knew about and felt confident to use. We reviewed the home's complaints records and we saw the provider responded to concerns and complaints and learnt from the issues raised.

There were good systems in place to monitor the care provided and people's views and opinions were sought regularly. Suggestions for change were listened to and actions taken to improve the service provided.

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. The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

Is the service effective?

Good

The service was effective. Staff were trained in appropriate areas to enhance their skills and they received regular supervision.

People's capacity to consent to care and treatment was assessed and staff were aware of the principles and procedures as set out in the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced and nutritious diet.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good

The service was caring. People were treated with kindness and dignity by staff who took time to speak and listen to people.

People were consulted about their care and their independence and privacy was promoted. People's preferences and choices were acted on.

Is the service responsive?

Good

The service was responsive. People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences.

There was a good activities programme for people.

The service had a complaints procedure and people knew what to do if they wished to raise a concern.

Is the service well-led?

Good

The service was well-led. We found there was an open and positive culture in which staff were encouraged to participate in the development of the service. Relatives told us the service was well-led.

There was a system of audits that the provider had put in place to monitor and ensure the quality of the services provided were of a consistently high standard. We found records we inspected in the home were well maintained and easy to access. Records management was of a high standard.

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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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 14 July 2016. It was carried out by one inspector. Before this inspection we looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths. We spoke with two people who used the service and observed care and support people received in the lounge as many of the people living at the home were not able to communicate verbally with us due to their complex needs.

We also spoke with three staff, the registered manager and the service manager. We looked at three people's care files and three staff files. We looked at other records related to the running of the service. After the inspection we spoke with three relatives and two local authority care managers.

Good

Our findings

People told us they felt safe at the home and that they received safe care. Relatives also made comments that people were safe at the home. One relative said, "They all know each other so well and they look after each other. They are safe, secure and happy." A care manager for one of the people living at the home told us they also thought people were well cared for and safe at 374, St Helier Avenue.

Staff told us they had received training in the procedures for reporting any suspected abuse or concerns to do with people living in the home. Staff said they would report any concerns to their line manager. One member of staff said, "I wouldn't hesitate to report any concerns I might have to the manager or higher if need be." Another member of staff said, "If I saw anything like that happening here I'd report it immediately to the manager."

We saw appropriate guidance and safeguarding procedures were available in the office for staff to access if necessary. These contained guidance on reporting any concerns to the local authority safeguarding team. The registered manager told us they discussed safeguarding procedures at team meetings so as to keep staff's knowledge of safeguarding procedures up to date. They also told us staff attended training regarding the process of investigating allegations and concerns of abuse. We saw documentary evidence of training undertaken by staff in this topic.

Staff told us that risks to people were assessed and recorded in their care files. We saw that risk management plans were incorporated in people's care plans so staff had guidance on how to support people to reduce the risk of injury or harm. Risks assessed were individualised according to people's needs but as an example these included risks related to falls, choking when eating or drinking and going out into the community. Our inspection of people's files evidenced that staff were required to read people's care files and sign to say they understood people's needs and support plans. Care plans, including risk assessments were reviewed on a three monthly basis so any changes in people's needs regarding risks could be identified.

Relatives commented that sufficient staff were provided to meet people's needs. One relative said, "Whenever I have visited I have felt assured as to the standard of care and the numbers of staff available to residents." Another relative said, "There's always enough staff on duty." Staff said they considered there were enough staff on duty to meet people's needs. We examined staff rotas and we saw there were good staffing levels provided for people. The registered manager said they knew people's needs well and when staffing levels needed to be increased. The registered manager added that the provider made resources

available to ensure additional staff could be provided when people's needs changed.

We looked at the staff recruitment procedures and we found they were satisfactory and "fit for purpose". References were obtained from previous employers and criminal record checks were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post.

We spoke with the registered manager who told us checks were made by suitably qualified persons for equipment such as gas equipment, heating, electrical wiring, hoists, the fire call points, fire safety equipment and alarms, legionella and electrical appliances. We saw certificated evidence that these checks had been carried out and we saw that each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises in the event of an emergency such as fire.

People were appropriately supported with their medicines. We saw evidence that staff who had received training and had their competency assessed by the registered manager, handled and administered medicines to people.

A record was maintained of any incoming medicines stock. The service used a monitored dosage system whereby most medicines were supplied by the pharmacist in blister packs instead of original containers. A record of medicines administered to people was maintained on a medicines administration record (MAR). The MARs and the blister packs of medicines showed staff administered medicines as prescribed. Staff recorded their signature on the MARs each time they administered medicines.

Where people had 'as required' medicines to be administered where specific symptoms were exhibited, there was guidance for staff to follow with a good level of detail. We checked the stock of medicines and the recorded balances against the actual levels of boxed medicines. We found they tallied. This meant that medicines were administered safely to people.

Good

Our findings

People told us they were supported by staff who knew them well and were good at looking after them. One person said, "The staff are great." A relative spoke highly of the skills of the staff, "They are very professional and seem to me to be well trained. A good example is set by this manager and the previous one. Staff have provided every assistance to my [family member]."

Staff said the training was of a good standard and equipped them for their role. Staff demonstrated they were enthusiastic about learning. One staff member said, "We get access to all the training we need and I enjoy it. I am keen to learn and develop my skills." Another member of staff told us, "The training is great and if we need training in something else we can ask and we will probably get it."

Staff told us they had access to a wide range of training courses such as in epilepsy, learning disability awareness, moving and handling of people, first aid, the Mental Capacity Act 2005 as well as specific training in social care such as the Diploma in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

We looked at the training records for staff which showed a number of courses were completed, such as in health and safety, infection control, nutrition, fire safety, equality and diversity, moving and handling, coping with behaviours that challenge, epilepsy and learning disability awareness.

We spoke with a new member of staff and they told us they had received good induction training when they started their new job. They said, "It prepared me well for this role and included shadowing experienced staff." We saw records were maintained to show newly appointed staff received an induction and what was included in it such as how the service operated as well as policies and procedures such as health and safety, fire safety, and care planning. This enabled staff to provide safe and effective care.

Staff confirmed they had supervision every six to eight weeks and there was daily management support where they could ask for advice or guidance. Staff said they had an appraisal annually. All the staff we spoke with told us they felt well supported through the supervision, training and ongoing support they received. We saw documented evidence of the staff supervisions and appraisals and staff told us they received copies of both for their information.

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. The application procedures for this in care homes and hospitals are 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 were being met. Where appropriate people's capacity to consent to care and treatment was assessed. These documented whether people had capacity to make specific decisions about their care. Where people did not have capacity and their liberty was restricted records showed an application was made to the local authority for a DoLS authorisation. Copies of DoLS authorisations were held with people's records. Where any restrictive care or support practices were carried out, there was a record in people's care plans which showed this was the least restrictive alternative. The process had included input from the person, their family, health and social care professionals and staff at the service.

Records showed staff were trained in the MCA and DoLS which they confirmed with us. Staff were aware of the principles of the MCA and DoLS and were able to tell us what the legislation was used for. Staff were observed to consult people before they provided care to them.

We observed people being supported to eat and drink during the inspection. Staff supported people to make choices about their food. Staff said they had a range of food available to offer people, based on people's known likes and dislikes. Staff provided support to people who needed assistance with their food and drinks. Support plans contained detailed information about people's specific dietary needs.

People's support plans described the help they needed to manage their health needs. People had regular health checks with their GPs, dentists and attended hospital appointments as necessary to meet their health needs. Their health care needs were well documented in their care plans. Each person had a hospital passport. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. This helped to ensure a smooth admission to hospital and discharge back home for them.

People's weight was monitored as part of checking their welfare and the registered manager was aware of those people who had lost weight and what action was needed to support them.

Relatives told us the registered manager and staff liaised well with health care professionals. One relative said, "Medical care when necessary was sought appropriately and I thought relationships between the care home staff and the local GP practice and community team were good." We saw records of each person's healthcare appointments in their care files and these included medical check-ups. A care manager told us staff liaised well with them regarding people's health care needs and made appropriate referrals for assessment or treatment. We saw that people had all the necessary health checks to meet their assessed needs.

Good

Our findings

People and their relatives described the staff as kind and helpful. One relative said, "We're happy with the staff, they are lovely, when we visit we always get a good welcome." One of the people we spoke with said the staff were "kind and caring."

Relatives told us staff knew and catered for people's individual needs and preferences. They said, "Staff do a wonderful job and our [family member] seems relaxed and happy." Another relative commented, "Staff are very professional, they treat people with dignity and loving kindness. Nothing was too much trouble and all possible options were explored to ensure their well-being."
Staff were observed to treat people with kindness and compassion as well as being patient with people. We spent time observing staff with people in the lounge and dining areas. The staff made eye contact with people and crouched down so people could see them when they spoke with them rather than standing over them. Staff were aware of people's needs and preferences and spoke to people calmly. People were asked by staff how they wanted to be supported.

Staff were observed paying attention to people if they became unsettled or agitated. We could see staff were aware of these people's needs and recognised they needed additional time to find out if they could be helped in any way or if they were in discomfort. Records made by staff when they supported people showed staff took action to support people who were in distress. Care plans included guidance of what staff should do to support people who were experiencing anxiety or distress and this guidance was followed by staff.

Staff were trained in equality and diversity and in person-centred care, which emphasises how people's individual preferences and needs should be met. This was also included in each person's care plan, which demonstrated people were treated as individuals and there was choice in how they spent their time.

A relative told us the staff and the registered manager always took the time to talk to their [family member] about the family, their interests and hobbies even though their family member struggled to communicate with them. They said staff always treated them with patience and understanding however busy they were.

Staff demonstrated values of compassion and said they provided care based on people's needs, and treated people in the same way they would treat a member of their own family. A care manager described staff as being kind, patient and having genuine relationships with people which helped people to feel they mattered.

People's privacy was promoted by the staff. We observed staff knocking and waiting before entering people's bedrooms. Each person had their own bedroom so they could spend time in private if they wished. We noted that since the last inspection people's bedrooms were more personalised with more of people's own furniture and belongings in place in their rooms.

Good

Our findings

One of the people we spoke with commented how they felt settled at the home. They indicated they were happy and enjoyed the atmosphere created by staff and the other people. Another person also told us this was their home and they thought the staff supported them well.

People and their relatives said care was arranged to meet people's needs and was provided in the way people preferred. One relative commented, "Every effort is made to treat my family member as an individual and respect their needs and preferences so that despite their disabilities they are able to enjoy the best possible quality of life." Another relative commented, "They always keep me well informed about what's going on. They invite me to reviews and they respond well to any suggestions we make."

Care records showed people's needs were assessed prior to being admitted to the service so the registered manager could ascertain whether the person's needs could be met. Once admitted to the service the registered manager and staff carried out comprehensive assessments of each person's needs and devised care plans based on those assessments. Care plans were comprehensive and recorded to a good standard with clear guidance on how people should be supported. For example, specific care for personal hygiene was recorded which included details about how the person preferred to be shaved, dressed and any oral care needs they had. People's learning disability needs were assessed and care plans included details about how the person liked to socialise and their mood patterns. The care plans were personalised to reflect what support each person needed, what the person could do for themselves and their preferred daily routines such as when getting up or going to bed.

Staff maintained daily records so that any changing care needs could be monitored. We saw that people's care needs were reviewed and updated to ensure they reflected the person's most up-to-date needs. Relatives confirmed with us they were consulted about these reviews.

Care records included details about people's life history and interests so staff knew what people liked to do. Staff had a good understanding of what people liked to do and any activities they liked to take part in. There was an activities programme displayed in each person's bedroom so they knew what they were going to do each day. The activities included bowling, walking in the park, football, swimming and going to the pub amongst a wide variety of others.

People and their relatives said they knew what to do if they were not satisfied with the service and were aware of the complaints procedure. The registered manager told us the complaints procedure was included

in the information brochure given to each person and their relative. We saw evidence of this. There was a complaints procedure setting out how any complaint would be dealt with. The registered manager informed us there were frequent discussions with people and relatives which gave them an opportunity to raise any concerns. We viewed the complaint's records and we saw that any complaint that had been made was resolved satisfactorily and within the home's procedures and timescales. We noted that a record was also kept of compliments made to the service to capture what they did well.

Good

Our findings

Staff told us they were able to contribute to decisions and they said their views were listened to. We were told there were regular staff meetings that took place and they were encouraged to give their opinion as well as being able to contribute to decision making. Staff described the registered manager as very approachable and committed to the home and the people living in it. They said they felt quite comfortable to raise any concerns with the registered manager. We found there was an open and transparent culture in the home where staff were encouraged to share in the development of the home for the people living in it.

The home had a registered manager and there was a system of senior care staff who took a lead responsibility for coordinating care for each staff shift. Staff said they had access to management support during the day and night. Staff were motivated in their work and were keen to improve their learning. The registered manager had completed qualifications in management in care and supported a culture where staff training and development was emphasised.

People and their relatives said they were able to give feedback on the service by completing family satisfaction surveys. We saw evidence of the 2016 survey carried out. People were asked about their satisfaction with the service they received and the feedback we saw was positive. Feedback from relatives was also positive, they stated they experienced good communication channels with the staff and registered manager. They said they were told if there were any concerns about their family member. Comments we saw included, "Communication with parents is good"; "Current staff group is very caring and professional"; "Overall the house under the new manager is run extremely well." The registered manager told us the results of the surveys were reviewed and where suggestions or issues raised, they were used as the basis for making any improvements.

We saw staff demonstrated values of compassion, dignity and respect for people. They were aware of the procedures for reporting any concerns and how people's rights should be upheld. A care manager described staff as having commitment and passion for their work.
We saw staff were required to read the home's policies and procedures and then sign to say they were understood. This had helped staff to keep up to date with all aspects of running the home.

The registered manager and relatives commented on the provider's commitment to improving and updating the environment. The registered manager added that the provider made resources available for these improvements and for other aspects of the service such as additional staffing when this was needed.

Records showed audits were carried out monthly and three monthly by the service manager together with the registered manager. Audits included checks on medicines management and the environment. Checks also took place that included health and safety, security, fire safety and documentation. Any concerns the audit checks flagged up were actioned appropriately by the registered manager.

All the records that we inspected in the home were well maintained and we found that the information we required to see was easy to access and chronologically stored. Old information had been archived appropriately but was also accessible if needed. This reflected on a well organised and efficiently run care home.