

# Care Management Group Limited

# The Paddocks

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

The Paddocks 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. The home is registered to provide support to a maximum of eight people. At the time of the inspection there were six people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in April 2016 the service was rated Good. At this inspection we found the service remained Good.

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 and associated Regulations about how the service is run.

We last inspected this service on 7 April 2016. During that inspection we found the service did not update people's care plans. At this inspection we found improvements had been made and the service had updated people's care plans. This meant that people had care plans that reflected their current needs.

We found care plans were personalised and risk assessments, which identified potential risks to people and guidance for staff on how to manage them, were completed and reviewed. This ensured that risks to people were minimised.

During this inspection, we found the registered manager's arrangements for staff supervision and appraisal, and the management of people's personal allowances were not effective. We noted that the registered manager listened to people, relatives and staff; sought feedback, and was ready to work with all the stakeholders.

The service's staff recruitment was robust to ensure that new staff were appropriately checked and inducted before starting to work with people. There were enough number of staff, who received training in adult safeguarding and were able to support people. Training included adult safeguarding and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety.

People were encouraged and supported to live as independently as possible. Their care plans were

personalised, and people could choose what and when to eat and drink. Staff ensured people's preferences of diet, whether it was because of health or culture, were respected.

The service sought and included people's views for further improvement of the service. We noted the service listened to and addressed people's concerns and complaints.

The service met people's health needs. Medical check-ups and appointments with health professionals were made and people were supported to attend them to ensure they had appropriate treatments. Medicines were safely recorded, stored and administered to ensure people received them as prescribed.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service was responsive. People and relatives were involved in the planning and staff were able to provide care and support that met people's needs.

People were supported to take part in a range of activities both within the service and outside the service.

There was a complaints procedure in place. Staff listened and responded to people and relatives' complaints.

### Is the service well-led?

Requires Improvement ●

The service was not always well led. The arrangement put in place for staff supervision and annual staff appraisal were not implemented as planned. The processes of managing people's personal allowances needed improvement to protect staff and reduce a risk of financial abuse.

The service sought feedback from people and relatives to improve the quality of the service.

There was a clear management structure in place. The registered manager was transparent and willing to listen to ideas and improve the service.

# The Paddocks

## **Detailed findings**

### Background to this inspection

We carried out this unannounced 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 inspection was carried out by one inspector and took place on 28 June 2018.

Before our inspection, we reviewed the information we held about the service. This included a Provider Information Return (PIR), in which the provider tells us what improvements they plan to make and what they do well. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also contacted the commissioners of the service and Havering Healthwatch to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with three people and contacted two relatives by telephone. We spoke with two members of staff and the registered manager. We looked at three people's care records and other records relating to the management of the home. This included three staff files, duty rosters, accident and incidents, complaints and health and safety records.

# Is the service safe?

## Our findings

People and relatives felt safe in the service. One person told us they were "safe" in the service. A relative said, "Yes, [the person using the service] is very safe. I do not have any worries [about the safety of my relative]."

Staff had a good understanding of adult safeguarding. They knew the different types of abuse such as physical, financial, emotional abuse and the action they would need to take if an abuse had occurred. We noted staff knew about the provider's whistle blowing policy which enabled staff to report any concerns they have about their employer to authorities, such as social services, the Care Quality Commission or the police. Records showed the provider had an adult safeguarding policy, reported incidents to relevant authorities, and acted following investigation of allegations of abuse.

Risk assessments detailed 'identified risks' and 'measures to be taken to reduce the risks' by the staff. We saw staff supporting people to stay safe, whilst supporting them to maintain independence and choice. For example, staff stayed with people and supported them to make hot drinks in the kitchen to reduce risks.

Relatives were happy with the staffing level at the service. A relative told us there were enough staff at the service. Staff confirmed that there were enough staff deployed at all times. The staff rota showed there were a minimum of five staff during the day shift and three waking staff at night. The registered manager told us they often used agency staff, but they had a good relationship with the agency to ensure the same member of staff were sent to the service to ensure continuity of care.

The service had effective staff recruitment processes in place. New staff were employed after completing application forms, undergoing interviews and providing evidence such as two written references and a proof of identity. The service carried out enhanced criminal records checks to find out if staff had any convictions or were barred from working with people who used services.

People, relatives and a healthcare professional told us the service was always clean. We noted infection control procedures were in place to help protect staff and people who used the service. The registered manager said they undertook weekly monitoring of infection control. Staff told us they used gloves and aprons to prevent the risk of infections spreading when providing personal care.

Staff administered medicines safely. We checked medicines and medicine administration records sheets (MARS) and found that they were all correct. We noted a pharmacist recently visited and audited medicines. The registered manager told us that the service also carried out regular medicine audits. All staff who administered medicines had completed relevant training and had been checked to ensure they were competent to administer medicines safely.

The service used external contractors to maintain and service equipment, which included electrical and gas systems. All systems had a certificate to evidence they had been assessed as safe at the time of the inspection. Staff also completed weekly and monthly health and safety checks such as fire alarms and emergency lights. Individual personal emergency evacuation plans (PEEPS) were in place, which provided

guidance on the support people would require if they needed to evacuate the service in an emergency.

# Is the service effective?

## Our findings

People's needs were assessed before they started using the service to confirm it was suitable for them. For example, the registered person was completing pre-assessment for one prospective person. The registered manager told us that the purpose of the 'pre-admission assessment' was not only to ensure the service was appropriate to the person's needs but also to check if the new person was compatible with the people currently using the service. People's pre-admission assessment included their background and support needs. They told us that the service would accept new people only if their needs could be met.

The service was committed to staff training and records showed staff had received training in a range of areas, which included health and safety, medicine, food hygiene, first aid, fire safety, challenging behaviour and adult safeguarding. Moreover, there was a programme of induction, which all new staff had to complete before they started working unsupervised. The induction included policies and procedures of the service, and shadowing experienced staff. Staff told us they were satisfied with the training opportunities they had and with their induction. A member of staff said, "[I had] too much training here. I have done lots of training to support people. I am fully trained."

Staff told us the manager was supportive and approachable. However, they told us they had not had regular one-to-one supervision for a long time. Records confirmed that staff supervision was not consistent, and the registered manager said, "Supervision has not been done consistently. The idea was to do supervision one every month. I have delegated the responsibility of some supervision to the deputy and shift leaders, who had relevant training." Records showed that this issue had been discussed. However, we also noted that annual appraisals were not completed for some staff. This meant that the processes put in place for staff supervision and appraisal were not effective. The registered manager said the service would consider these as a priority and the issues would be addressed.

Staff had training and understanding of the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA. We found that capacity or best interest assessments for people were completed in accordance with MCA and people's consent to care was sought when required. We found that a DoLS authorisation had been received for one person and applications were submitted for others based on their MCA assessments.

Staff sought people's consent before they provided support. A relative said staff asked people's consent before they provided care. Staff told us they always asked people if, how and when they wanted to be supported. A member of staff told us people could go to bed or get up when they wanted. We observed staff asked people to choose what they wanted for lunch or snacks. We also noted that staff sought people's consent before entering their rooms.

People enjoyed nutritious food. They told us they liked the food provided at the service. Relatives gave



positive comments about the food. One relative said, "The food is fine. They give [my relative] traditional food, which makes [my family] happy." Discussions with staff confirmed that people were involved in the menus and the service provided meals that reflected people's preference.

People's health was monitored and they were supported to be in the best of health. Records showed each person had their own GP and appointments were made for them to see various health professionals. Regular medical checks on weights, diabetes and epilepsy were undertaken and appropriate action taken by staff. This included referring people to and assisting them to attend appointments with healthcare professionals.

## Is the service caring?

### Our findings

We observed staff were caring. We saw a member of staff sitting by the side of one person, holding their hands and communicating with them in a friendly and caring manner. People were relaxed when engaging in tasks such as preparing meals or taking part in activities with staff. A relative told us staff were, "very caring and friendly".

Staff were compassionate, committed and caring. A member of staff said, "[Caring] is self-fulfilment. It gives me satisfaction to care for people." Another member of staff told us, "To make a difference to people's lives gives me satisfaction, it makes me feel good. I enjoy caring for people. It's brilliant."

Staff understood people's likes, dislikes and needs. We saw them communicating with people and supporting them when they were anxious. We saw there was always a member of staff around to listen to and support people with their needs. All the staff we saw were able to tell us people's individual needs and how they provided them with appropriate care and support.

The service provided care and support that reflected people's diversity and preferences. People were encouraged to be independent and were able to decide how they wanted to be supported. A relative told us that a person's preferences and their cultural needs were met. For example, they said that staff took a person to an ethnic restaurant and events. We also noted that staff had good knowledge of equality, diversity and how to meet people's needs.

People's privacy and dignity was respected. We saw staff knocked on the doors and asked permission to enter bedrooms. Staff explained how they respected people's privacy, for example, when supporting them with personal care. A member of staff said, "I make sure that the door is shut keeping in mind that their privacy and dignity is respected." We saw that people's care plans and other records were kept safely in rooms and filing cabinets to ensure people's privacy.

# Is the service responsive?

## Our findings

At our last visit in April 2016 we found the service was not fully responsive. Although people's care plans were personalised and comprehensive, they were not always up to date. At this visit we found that all care plans were reviewed and up-to-date.

Care plans were personalised. we noted that care plans were written in first person explaining what people liked to have, how, at what time and by whom (male or female) they wanted to be supported. Although some of the care plans were not signed by people or relatives to confirm their involvement, a relative told us that they had attended a person's care review meeting. The registered manager told us they invited relatives to care plan reviews and kept them informed of any changes. This meant people received care and support which was responsive to their changing needs.

People's care files included information about their history titled "My History". This was presented in a pictorial format and explained people's family background, their likes and dislikes. Staff told us they found this information useful to be able to respond to people's specific needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint.

Staff were able to communicate with people. A member of staff explained how they used visual aids and Makaton to communicate with people. Care plans contained preferred communication styles and we observed staff communicated with people using various methods including objects, pictures and gestures to encourage them to make choices.

Each person had a key worker. A key worker is a member of staff with a special interest in the ongoing care and wellbeing of a person using the service. A key worker regularly meets with a person and reviews their plans and makes sure that staff follow to meet their needs. Staff we spoke with were able to explain their roles as a key worker. Records confirmed that key workers regularly met with people, and discussed reviewed their support. This ensured staff monitored and met people's ongoing support needs.

People benefitted from a range of activities. Relatives told us that they were happy with the activities provided at the service. We noted each person had an activity plan. For example, one person's activity plan for a day included activities around the home such as vacuuming, tidying, dusting, weeding, and watering plans. Activities outside the home included travelling to places and walking in the parks. The service had two cars, which staff used to go to the city or place with people. We observed people riding bicycles in the gardens and socialising with staff in the home. A relative told us, and records confirmed, that people had been on holidays with staff. A relative said they were pleased with the holidays. They told us they were pleased, "because staff rang and updated me how [my relative] enjoyed. They even sent me photos from the holidays".

Relatives told us they knew how to make a complaint. They told us that if they were not happy with the service they would contact staff or the registered manager. We noted the registered manager had received, investigated and addressed the complaints they had received.

## Is the service well-led?

### Our findings

The governance systems at the service were not always sufficient. Although the service provided support and training for staff, the arrangements put in place for their supervision and annual appraisal were not effective. A member of staff told us that they, "have not had supervision for a long time". Staff files showed that supervision and appraisal were inconsistent with some staff not receiving supervision for over a year and no annual appraisal. The registered manager was aware of the issues, however, the plans put in place did not result in significant changes. This meant that staff may not be supported at all times to ensure people received safe and effective care.

We also noted that the arrangements in place to manage people's personal allowances were not robust. We saw that the processes had shortfalls which could put both people's money and staff at risk. For example, the ways the 'I Owe You' slips were recorded and kept when taking money out before spending and the methods the tokens were used to secure the money bags were not reliable. During our visit, we found people's monies and the records of transactions and balance were correct but there was a need for the registered manager to put a system that could be audited with clear accountability and responsibility. The registered manager reassured us that they would put robust systems in place to address the issues of staff supervision, appraisal and management of people's personal allowances.

Relatives and staff told us the service was well managed and the registered manager was approachable. A relative said, "It is a well-managed [service]. Staff are doing a good job." Another relative told us, "I am very, very happy with everything [about the service]. The service is good." A member of staff said, "I can talk to the manager. [The registered manager] listens and is approachable. I can tell [the registered manager] if I am not happy."

The service had a range of policies and procedures governing how the service was run. We looked at the policies and the procedures and found they were up-to-date. Staff we spoke with told us they read and knew how to follow and use the policies and procedures.

The service had a clear management structure. We noted that the registered manager was supported by a deputy manager and shift leaders. The registered manager said there was always a named leader on a shift. A regional manager visited the service regularly and carried out various audits. The registered manager explained and showed us examples of the audits and the actions needed to make improvements. The area manager also provided the registered manager with support and supervision. The registered manager told us that other senior managers from the head office of the provider visited and provided them with support when needed.

The registered manager and staff carried out monthly and weekly audits to ensure the service was managed and people's needs met. Audits had been completed on care plans, finance, training, safeguarding, medicine and health and safety. We noted that feedback was sought from families through questionnaires. The last quality assurance questionnaires, sent out in June 2018, were yet to be completed and returned in full. However, the registered manager knew that the feedback should be analysed and a plan of action

formulated to address any areas that needed improvement. This meant that there was a culture of continuous improvement.

The registered manager had experience of managing care homes. We found the registered manager was transparent and willing to improve the service. Records showed, and staff confirmed, that staff discussed care practice and management issues in their monthly meetings. We noted the service worked well with families, health and social care professionals and the CQC. A Healthwatch report, published in 2017, did not identify any concerns relating to the management of the service.