

Care Management Group Limited







# Care Management Group - 5 Fengates Road

## Inspection report

5 Fengates Road  
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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	

### Overall summary

5 Fengates Road provides accommodation and personal care for up to five people who have a learning disability, such as Asperger's or epilepsy. People's accommodation is arranged over two floors. All bedrooms are for single occupancy, with en-suite showers. There were five people living at the home on the day of our inspection.

There was a registered manager in post. 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.

Medicines were safely stored and medication administration records were complete. Although people held their medicines in their rooms, staff had oversight of medicines administration to ensure people received the medicines they required, when they required them.

# Summary of findings

People lived in an environment which felt like a home. There were personalised items throughout and people were seen to answer the telephone and the front door. Everyone took part in the cleaning and general housework duties around the home and they were all involved in shopping for the food for meals.

People decided on the food that was to be cooked each day and staff ensured they were provided with a range of health nutritious foods, fruit and vegetables they could help themselves to. External healthcare professionals were accessed when appropriate to help ensure people remained healthy and well.

People's independence was encouraged by staff and we heard people choose what they wished to do. We saw people go out and return from activities having had a good time. There was a range of activities available for people. These were individualised and meaningful.

Staff had identified and assessed individual risks for people. This meant they could continue to lead their lives but in a safe way. Accidents and incidents were recorded by staff and we read when these happened staff put measures in place to prevent reoccurrence.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). No one was restricted in the home and were free to come and go as they pleased.

We found a sufficient number of staff to meet the needs of people. Staff were always on hand to support people when they needed it, but people were also enabled to act independently when they wanted to. Staff clearly knew people well and understood their individual characteristics. We heard staff speak to people in a respectful, kind and caring way and the interactions between staff and people were positive.

Staff were supported to carry out their role in an effective and competent way because they were provided with a range of training by the provider. This included training specific to people's needs, for example, autism.

Annual appraisals and one to one meetings took place between staff and their line manager to allow staff to discuss any aspect of their work. Staff told us the provider had good management oversight of the home and responded to any concerns they may have.

Quality assurance audits took place to ensure the care of the service was of a standard people should expect. Some people living at 5 Fengates Road were involved in these audits. Action was taken on any areas identified as needing improvement. Relatives and external stakeholders had the opportunity to feed back to the provider on their views of the quality of the service provided.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place. We read people would be evacuated to another of the provider's homes should the need arise.

Appropriate checks were carried out to help ensure only suitable staff worked in the home, such as a criminal record check. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand.

# 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?

The service was safe.

Medicines management procedures were in place and people received their medicines in a safe way.

There was a sufficient number of staff on duty each day to meet people's needs. Appropriate checks were carried out to help ensure only suitable staff worked in the home.

Individual risks to people had been identified by staff and people were supported to remain safe. Staff understood their responsibility in relation to safeguarding and knew how to report any concerns should they have any.

Staff had guidance to follow should there be an emergency of the home needed to be evacuated.

Good



### Is the service effective?

The service was effective.

People were independent in relation to their food and chose the daily menus. Staff supported people to remain healthy by ensuring there was a range of fresh fruit and vegetables.

External health care professional input was sought when appropriate for people.

Annual appraisals and one to one's were held with staff so they could discuss all aspects of their work.

Training was provided to staff which allowed them to carry out their duties in a competent way.

Staff had followed legal guidance when people were unable to make decisions for themselves or their liberty was restricted.

Good



### Is the service caring?

The service was caring.

Staff displayed kind, caring, empathetic care to people.

People were respected by staff and enabled and supported to make their own decisions in the care they received.

People's privacy was respected and staff encouraged people's independence as much as possible.

Relatives and visitors were able to visit the home at any time.

Good



### Is the service responsive?

The service was very responsive

Activities for people were wide ranging and when people chose not to continue with activities staff respected this and suggested alternatives. People had meaningful lives as a result of the activities they were involved in.

Care plans were comprehensive and regularly reviewed and people and their relatives were heavily involved in the development of them.

Good



# Summary of findings

Complaint procedures were available for people in a way they could understand.

## Is the service well-led?

The service was well-led.

People had regular meetings and staff listened to their feedback and suggestions. People, relatives and external stakeholders had the opportunity to give their views on the service.

The provider and staff carried out quality assurance checks to help ensure people received a good quality of care.

Staff felt the provider had a good management oversight of the home and supported them when they needed it.

**Good**



# Care Management Group - 5 Fengates Road

## 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 was 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 was an unannounced inspection that took place on the 21 October 2015. The inspection was carried out by three inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give

some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

We spoke with three people during the inspection and observed the care and support being provided by staff. We talked to three relatives following the inspection.

As part of the inspection we spoke with the registered manager, one member of staff and one health care professional. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at four staff recruitment files.

We last inspected 5 Fengates Road in August 2013 when we had no concerns.

# Is the service safe?

## Our findings

Staff followed good processes in handling medicines which meant people received their medicines in a safe way. We saw medicines were stored in people's bedrooms in a lockable cabinet, secured to the wall. The keys for the cabinets were kept in the office. We spoke with the registered manager about this who told us people were not always able to remember when and how to take their medicines.

Medication Administration Records (MAR) were completed appropriately to show people were receiving the medicines they required. We viewed MAR charts and found they had been completed correctly with no gaps. Each MAR had a photograph in place which ensured correct identification of people. PRN (as required) protocols were in place for people when it was appropriate. We saw protocols in place for some PRN but not for everyone. This was because most people would be able to communicate to staff if they required them.

Accidents and incidents in relation to people were recorded by staff. Details of the accident or incident was logged, together with the action taken and the measures put in place to help ensure there was less likelihood of reoccurrence. The registered manager gave information to head office each month on the number of incidents that took place. The registered manager said recording of accidents and incidents came through them they had a good understanding and knowledge of people's individual occurrences.

Staff had access to information in relation to safeguarding and what they should do if they suspected abuse was taking place. Staff knowledge on safeguarding was good. They were able to give us some examples of the different types of abuse that could take place. We saw there was a flowchart available for staff and a copy of Surrey's Multi Agency safeguarding policy as well as a whistleblowing policy for staff. Safeguarding information in pictorial format was displayed for people. This gave them guidance on who they should speak to should they have any concerns.

People were enabled to carry on with daily life as they wished, but in a safe way as staff had identified people's individual risks. For example, one person who liked going into community liked talking to people they met. Staff had recorded ways on how they could support this person to continue to do this, without restriction, but in a safe way. There were other risk assessments in relation to one person going abroad on holiday, finances and travelling on public transport and the potential risks associated with that, for example losing their bus pass.

There was information and guidance for staff in relation to contingency planning and actions to take should there be an emergency within the home. Each person had their own personal evacuation plan (PEEP) and if people needed to be evacuated they would be taken to another of the provider's homes.

There were a sufficient number of staff on duty and the registered manager planned the staffing rotas early so staff had advance knowledge of when they would be working. The registered manager told us there were usually two staff on duty during the day and sometimes this was increased to three depending on people's activities. She told us staff undertook cleaning, laundry and cooking within the home but as people were involved in this too all tasks were achieved with sufficient time left to socialise with people. Staff felt there were enough staff on duty to support people. People felt so too. One told us staff were always around if they needed help. They said staff, "Come quickly." We noted a recent call bell response time audit showed the maximum wait was two minutes. The results of the audit had been analysed to see if this was an acceptable time which staff determined it was.

Suitable checks were carried out to help ensure suitable staff were employed to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

# Is the service effective?

## Our findings

Relevant training was provided to staff (such as autism and epilepsy). Staff told us the training they received was wide ranging and covered all aspects of the job role as well as being specific for the needs of the people they were caring for. We read staff undertook the provider's mandatory training and where staff required refresher training this was being planned in. The training included an introduction to learning disabilities, moving and handling, the Mental Capacity Act and person-centred support.

Staff supervisions were held and supervisions which needed to be scheduled in the diary were being arranged. The registered manager showed us they were scheduling supervisions into the diary over the next two weeks to ensure all staff were up to date with these. Supervisions allow line managers to monitor staff competency to ensure staff are carrying out best practice and following any training they have received. Staff told us they felt supported by the registered manager and deputy manager and could approach them at any time.

Staff were able to meet with their line manager once a year to discuss all aspects of their work. Annual appraisals allow staff to discuss any concerns, what they feel works well, training requirements and their professional development.

People sat together each week to put together the menu for the following week and everyone was involved in what food was eaten in the house. Staff said everyone took a turn in suggesting a meal and if this wasn't agreed by others they discussed it until an agreement was reached. We heard how people would shop for the ingredients to cook their chosen meal and then participate in the cooking of it. We saw pictures and the menu displayed in the kitchen and read today's menu matched with what people told us they were having.

There was good nutritious healthy food available for people. We found two large bowls of fruits in the kitchen which people could help themselves to. One person told us they could have fruit whenever they wanted. At lunch time we saw the meal was omelette and this had been prepared with fresh vegetables. People were keen to show us they were eating a healthy meal. We saw people having their lunch and they could choose where they wished to sit. Some people sat in the living room, whilst others sat at the

dining table. Care records held details of people's likes and dislikes in relation to food. We spoke with one person and the information in their care records matched what they told us their preferences were.

Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and ensured that any decisions made were in people's best interest. Staff had discussed individual circumstances with people to understand their capacity for making specific decisions. For example, one person required dental treatment. Staff told us the person was fully consulted by staff and the dentist to make sure they could understand and retain the information and to understand the risks and benefits. We spoke with the person who was able to tell us about the treatment and why they needed it and that they had agreed. This showed us a mental capacity assessment best interest decision was not needed.

There was restrictive practice in place for one person in relation to their medicines. Documentation recorded possible consequences, guidance for staff and details of the decision making and consultation. Records showed this person's family were involved in the decision around this and it was recorded it was in the person's best interest that staff were to help this person with their medicines.

People were able to consent to refuse treatment but remain safe. We noted one person had refused to have blood tests taken. Staff accepted this but had consulted the person's GP to check for possible impact/ill effects before doing so.

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. We saw that one DoLS application had been submitted by the registered manager in relation to one person who required constant staff support and observation and because they were unable to leave the home without staff accompaniment.

People could expect to receive effective care from staff when they needed it. There was information in people's care plans on how they may communicate particular needs. For example if they were angry, ill or unhappy. There was guidance to staff on what they could do, for example reassure someone or observe body language for signs of

## Is the service effective?

pain. One relative told us they had seen an overall general improvement in their family member since they had lived at 5 Fengates Road. They added they felt staff anticipated possible needs in advance.

Staff supported people to maintain good health. People had health action plans in their care records where staff

recorded health appointments people had received. We saw evidence in care records that people had received input from external health professionals such as the GP, chiropodist or dietician. One person told us they had an optician's appointment the following day and they went to see the dentist.



# Is the service caring?

## Our findings

One person told us, “The best thing is I get on with everybody, including staff. I like living here.” They said, “Staff are nice.” Two other people told us they were very happy living in the home. One relative said, “We are really pleased.” Another told us, “Very happy with them (staff). Nothing more they (staff) could do.” And a further commented, “X loves it there. The staff are wonderful and know them well. We are very, very happy.”

People were living in a house, not a care home. People’s rooms were individualised and personalised. Communal areas were bright and homely and we saw photographs of people who lived in the home displayed on the wall which gave the impression of one family. Two people showed a real pride in their home and took pleasure in showing us around. Staff asked if they wished help to do this, and respected their decision when they said they didn’t need it.

Staff showed people kindness, respect and dignity. We saw one person who required help from staff and staff immediately responded to attend to this person. They did so in a quiet, respectful way. Other people who were unable to communicate so clearly to staff were given attentive care when they needed it.

People could have privacy when they wished it. One person chose to have a lie down in the afternoon and staff respected this and we saw how other people responded to their need for privacy and quiet. One person told us, “I can lock my door if I want to.”

The home was people’s not staff’s. When we arrived the door was answered by one person living in the home. We saw this happen throughout the inspection and heard individual’s answer the pay phone in the hallway rather than staff. We heard staff encourage people to do this.

Staff showed people consideration and made them feel included. We heard staff show an interest in people and what they said. Whenever people asked staff a question we heard they were always answered and staff gave appropriate responses. The interaction between staff was friendly, amicable and easy going. There were definitely good relationships between people and staff and we heard laughter and banter throughout the inspection.

People’s individuality was recognised by staff and they were encouraged to maintain relationships with others. One person loved to go for a coffee and ‘people watch’ and we saw them and one other go out in the afternoon to do that. We saw a friend who lived at 1 Fengates Road accompanied them. We saw people were involved in the decoration of their rooms; each room was painted in a colour of the person’s choosing, we saw pictures and photographs of friends and family members.

People were encouraged to be independent and make decisions when they could. One person told us, “I used to go horse riding. I don’t do it anymore because I don’t want to.” We saw this person involved in making their own lunch and staff reminded them earlier in the day it was their job to do the cleaning that day which they did. A relative told us, “They are encouraged to be independent.” Another said, “They are very involved in things in the home.” And a further told us, “They (staff) try to involve her in decisions and offer her choice wherever they can.”

Relatives told us they were able to visit when they wanted and were made to feel welcome. One relative told us, “They (staff) all know me as well as my brother and sister.”

# Is the service responsive?

## Our findings

There was a complaints procedure written in a way for people to understand and displayed clearly. This gave information to people on how to make a complaint. People told us they could tell staff if they were unhappy. We saw evidence people had raised concerns with the registered manager and she had addressed these. We looked at the compliments book and saw relatives had written to thank staff for the support they provided. One had written, 'I am impressed by the warm welcome of this house and would recommend to others'. A social care professional had written, 'Thank you to the excellent staff team and managers. Lovely home!'

People had access to a wide range of individualised and meaningful activities. Each person was involved in choosing their own activities and it was their choice whether or not they wished to continue with them. For example, two people had decided not to carry on with their trampolining classes and staff respected this. Each person had their own weekly activity plan which had been developed around their wishes. Relatives told us they felt there was enough for their family member to do. One said, "They are encouraged to do activities." Another told us, "Plenty of activities."

There was an opportunity for people to maintain community links. We saw people had been involved in recent celebrations for Black Culture Day and one person showed us the photograph of how they had dressed up in appropriate costume to celebrate this. Routines were flexible and people could choose to do something when they fancied it. People had access to a bus to take them to day centres and activities further afield. At present they were reliant on a driver from a neighbouring Care Management Group home but this had not stopped people attending their various activities.

People received care responsive to their needs. For example, one person told us they were being supported by staff to, "Live in supported living in my own flat." They told us they, "Practiced travelling with staff." Staff we spoke with had a good knowledge of people's interests, activities and their support needs. A relative said staff were, "Very responsive."

Care plans were comprehensive and person-centred and contained relevant information about people to ensure they received the correct support and treatment. The records were well organised so information was easily accessible for staff. We spoke with one person about their past life, their needs and their wishes in terms of their support and found all of the information they gave us had been reflected in their care records. There was a good detailed introduction to the person included in their records. Hospital passports were seen which is a document which includes useful information about the person should they need to go into hospital. We read goals had been recorded. These were clear and gave guidance to staff on what support they could give a person in order to achieve their goals. Some goals were broken down to smaller steps to help support a person attain their goal in a more focused way.

Each person had a keyworker. This was a member of staff who was responsible for ensuring the kept information about an individual person up to date and relevant and they work to ensure care and treatment needs are being met for the person. We read keyworker meetings were held monthly with people to ensure accurate information was recorded. We read information about people was written in a positive way and focused on putting people first. Records were about what a person could do for themselves and when they needed support from staff. Keyworkers took on specific tasks if necessary, for example during a recent fire evacuation two people stayed in their beds. We read that the keyworkers were responsible for talking to the individuals about the importance of evacuating the building when there was a fire.

People told us they were involved in their care plans and the reviews of these plans. One person said, "I have a care plan and I get to look through it with staff." This person knew when their care review was due and who would attend the meeting. We saw evidence of this throughout the care records where people had signed documentation or risk assessments. We read in one person's care plan they had telephoned their family to invite them to attend their care plan review.

# Is the service well-led?

## Our findings

Regular audits were carried out by staff to quality monitor the home and the service provided to people. These included fire checks, electrical testing, water and monthly first aid and infection control audits. The registered manager completed a monthly provider report which recorded various information, such as accidents or incidents, health and safety, staff supervisions and appraisals and other similar information in order to monitor the daily running of the home. Finance audits were carried out and we saw these were recorded on the monthly report. We read no issues had been identified in the environmental checks.

People were involved in keeping the home safe. We saw a health and safety checklist on a form which used pictures and colours which could be completed by people living in the home. We read one person had completed the last one. This checklist covered areas of the home such as the stairs, trip hazards, fire exits and windows and general cleanliness.

The provider inspected the home each quarter to carry out specific and focused audit. We saw a copy of the most recent provider visit in July 2015 which covered a wide range of topics, for example, care documentation, training and premises. The provider audits identified areas where improvements were needed. We saw that where shortfalls were identified action plans were developed and these were followed up on at the subsequent visit or during supervisions with the registered manager.

Staff had the opportunity to meet as a team on a monthly basis to discuss general information as well as individuals

and any good news or concerns they had. We read the minutes of the last two meetings which had good attendance by staff. We read provided information about Care Management Group was cascaded to staff and safeguarding had been discussed. Other discussions included new staff and individual people living at 5 Fengates Road and any concerns or highlights staff wished to report.

Staff said higher management had a good oversight of the running of the home and they responded to any concerns staff may raise with them. Staff understood the ethos of Care Management Group and said through supervisions management checked they were following this ethos. The registered manager was aware of their responsibility for notifying the Care Quality Commission of events and they had submitted notifications to us appropriately.

People were involved in the running of the home. We read residents meetings were held each month where people could get together to discuss all aspects of living in the home. Where people could, they signed to say they had attended the meeting. We saw a good attendance at these meetings. We read menus were discussed as well as activities and anything else someone wanted to say.

People were supported by staff to give their feedback and views on the care they were receiving.

Relatives and stakeholders were encouraged to give their feedback of the home. Relatives told us communication was extremely good between them, the staff and the registered manager. One relative told us they were, "So happy" with the registered manager.