

Care Management Group Limited

# Care Management Group - 1 Fengates Road

## Inspection report

1 Fengates Road  
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Date of inspection visit:  
08 November 2017

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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

1 Fengates is owned by Care Management Group Ltd. The home is a detached property providing accommodation for up to six people who have a learning disability. People's accommodation is arranged over two floors. All bedrooms are for single occupancy, with en-suite showers. At the time of our visit six people lived at the service.

At our last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were supported by sufficient, skilled staff to meet their needs and robust recruitment processes were in place to ensure only suitable staff were employed. Staff were aware of their responsibilities in safeguarding people from abuse.

Risks to people's safety were identified and control measures implemented to keep people safe. People received their medicines safely and in line with prescription guidelines. Accidents and incidents were reviewed and action taken to prevent them happening again. The provider had developed a contingency plan to ensure that people's care would continue in the event of an emergency.

Staff received on-going training and induction to support them in their roles. Staff received regular supervision and told us they felt supported by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have nutritious food of their choosing. People's care records were person centred and completed in detail. Care plans were regularly reviewed and updated to ensure staff had up to date guidance regarding people's care. People had access to a range of individual activities in line with their interests.

People received support from staff who knew them well. Staff treated people with kindness and were aware of their preferences. People's religious and cultural needs were respected and staff demonstrated a good understanding of people's communication preferences. People were supported to remain healthy, and referrals were made to appropriate healthcare professionals should the need arise.

Systems were in place to monitor the quality of the service provided and ensure continuous development. There was a complaints policy in place and relatives told us they would feel comfortable in raising concerns. The service worked proactively with other agencies and shared best practice through their attendance at registered managers meetings.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

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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 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 service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 8 November 2017 and was unannounced. Due to the small size of the service the inspection was carried out by one inspector.

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 it does well and improvements they plan to make

As part of our inspection we spoke with three people who lived at the service and observed the care and support provided to people. We also spoke with the registered manager and two staff members.

We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, two staff files, medicines administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person told us, "I'm safe, I have my mobile phone, we all have them, so staff can contact us or we can contact them when we are out."

Risks to people's safety were assessed and action taken to minimise the risks to people. One person said, "Some people need one to one support when they go out, which they give. I'm more independent and can go out on my own if I want. They talk about safety with me especially with things that can happen when I am out." Comprehensive risk management plans were in place and support plans gave guidance to staff on how to minimise risks to people's safety and well-being. Staff understood the need to help keep people safe, without restricting choice and risk taking. One staff member said, "We have to consider the risks of an activity and assess with the person. We have to try and not stop their choice in what they want to do."

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse people may experience and their role in reporting any concerns. Guidance in an easy to read format regarding reporting concerns were clearly displayed in the home for people, visitors and staff to refer to should they need to.

People's medicines were managed and given safely. Medicines were securely stored in lockable cabinets in people's rooms. Each person had a medicines administration chart (MAR) in place which detailed prescribed medicines, an up to date photograph of the person and any known allergies. All MAR charts were fully completed. Guidance was provided to staff regarding the administration of 'as and when' required medicines (PRN).

People were cared for by an appropriate number of staff. When people went out to their individual or group activities there was a sufficient number of staff available to accompany them in order to keep them safe.

Appropriate checks were undertaken before staff were employed at the home. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK.

People lived in an environment that staff checked regularly to help ensure it was safe for them. Regular health and safety and maintenance checks were completed to ensure the premises were safe. These checks included, fire equipment servicing and testing, practicing emergency evacuations and looking for hazards around the home. Personal emergency evacuation plans were in place for each person which detailed the support they would require to leave the building in the event of an emergency. A contingency plan had been developed which provided contact details and guidance to staff on the procedures to follow should the building not be available for use. This meant that people would continue to receive their care in an emergency situation.

Accidents and incidents were recorded and reviewed by the registered manager to ensure appropriate action had been taken. Actions taken, such as working with people to talk through what had happened, resulted in very few repeat incidents taking place.

People were cared for in a clean and safe environment. There was a clear schedule which detailed responsibilities for people and staff to keep the home clean and tidy. Observations around the home during the inspection confirmed infection control processes were safe. Kitchen and toilets were clean and hygienic; there were no unpleasant odours in the home and food safety checks had been completed.

## Is the service effective?

### Our findings

People's needs had been assessed before they moved into the home to ensure that their needs could be met. People were involved in this process. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. These needs had been effectively met by staff.

People were supported by trained staff who had sufficient knowledge and skills to enable them to care for people. The registered manager maintained detailed training records which showed staff had completed training in areas including first aid, food hygiene, moving and handling, equality and diversity, dignity and respect and infection control. In addition training specific to the needs of the people living at the service was provided including epilepsy. New staff went through an induction when starting work at the service to get to know people they would support, and how to care for them in a safe way.

Staff were effectively supported. Staff received regular supervisions to monitor their performance and support them in their job role. Records showed that supervisions were completed in line with the provider's policy. Staff told us they found the process useful for their development.

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). Where DoLS had been authorised by the local authority conditions set were being adhered to. We observed staff gaining people's consent and agreement prior to providing care.

People were supported to access healthcare professionals when required. Records of healthcare appointments were detailed and advice provided was followed. The service worked closely with the community learning disability team to ensure people received the support they required to understand their own healthcare needs.

People were supported to have a healthy diet in line with their preferences. Menus were discussed with people on a weekly basis and they were involved in shopping for the items chosen. Guidance was available to staff regarding people's preferences and how they required their food to be prepared. We observed that this was followed and that choices were offered.

People lived in an environment adapted to their needs. The house was decorated in a style to suit the interests and lifestyle of the people that lived here. Flooring was in good condition and smooth to aid people's mobility, and reduce the risk of trips and slips. People were independently mobile so very few adaptations to the home were required at this time.



# Is the service caring?

## Our findings

People told us that staff were caring and respectful. One person told us, "It's very homely here, and the staff are lovely, they'll help us in any way we want, 24 hours a day."

We observed people and staff had developed positive relationships. People had lived at CMG 1 Fengates for a number of years and staff knew them well. Staff we spoke to demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed that staff interacted positively with people and respected their wishes.

People's dignity and privacy was respected. We observed that staff knocked on people's doors before entering and staff asked people's permission before we entered communal areas of the house. People were supported by staff to dress appropriately for the activities they undertook. This gave people a sense of pride and confidence in their appearance when out in the local community.

People were supported to maintain relationships with those important to them. Family were able to come and visit and people often went out with family and friends on social activities.

People's independence was supported. Staff encouraged people to open their own mail, and let staff know if they needed any assistance, such as with booking appointments for medical checks. People were involved in keeping their house, and rooms clean, and carried out tasks such as doing their own laundry and cooking. People were confident when they spoke with us and had a clear understanding of how to look after themselves and be independent within the home and in the local community.

People's cultural and religious beliefs were respected. Care records confirmed that people were supported to practice their faith and staff were aware of people's individual needs. Different cultures and beliefs were well promoted with the service. The registered manager and people within the home had led on CMG's 'Black History' month. This involved organising a large party with different foods and clothing for people to try. This gave people information and contact with other cultures to promote understanding, and expanding their life experiences.

Staff demonstrated a good understanding of the way people expressed themselves. Care records contained detailed descriptions of people's communication needs. We observed that staff communicated well with people in a manner which suited their individual needs. People confirmed that they felt involved in decisions made about their care and support.

## Is the service responsive?

### Our findings

People told us that staff ensured they were involved in their care and were open to suggestions. Everyone we spoke with knew they had a support plan, and where it was stored.

Care was person centred and individualised. Care plans were completed in detail and reflected people's personalities and preferences. People met with their keyworkers on a monthly basis to discuss the support given, and if any changes were required. Reviews of care plans were held and families were fully involved in this process where appropriate.

People had access to a range of activities in line with their interests. During the inspection we observed a number of people attended various day services whilst others went out for coffee or shopping. Staff were able to tell us what activities people enjoyed and how they liked to spend their time when relaxing.

There was a complaints policy in place which was clearly displayed in a pictorial format. Records showed that one complaint had been received since our last inspection. Staff had worked with both people involved, to resolve the issue. Staff told us that complaints and feedback were welcomed because, "It means we have room for improvement. We would discuss the issues with the manager and learn from them so they didn't happen again."

The process for supporting people at the end of their lives was under review at the time of our inspection. No one was currently being supported for end of life care. The staff team were working with individuals to discuss choices and plans, in a sensitive and compassionate way.

## Is the service well-led?

### Our findings

There was a registered manager in post who was present during the inspection. 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 told us they felt the service was managed well. One person said, "We have regular house meetings that we chair. We discuss any issues we may have and talk about things like health and safety and hygiene." We observed that the registered manager and the staff knew people living at 1 Fengates well. The vision of CMG was to give people they support every opportunity to fulfil their potential. Observations made during our inspection demonstrated staff understood this and how their roles helped this vision to be achieved. One staff member told us, "We have to support people do the things they enjoy, and help them become independent. We respect them and treat them as individuals."

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There was a positive, person centred culture within the service. Staff we spoke to were able to describe the way in which the team worked together and were clear that a person-centred approach was at the centre of their role. Regular team meetings were held and staff told us they felt able to contribute ideas to develop the service.

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. Audits were also completed by a senior staff member within the organisation to monitor care and support. The Chief Executive Officer for CMG was well known by the people and staff for his unannounced visits to the home to check CMG values were understood and being implemented. Records showed that any concerns identified from the various audits and checks were responded to promptly and reviewed during the next audit.

The service worked proactively with other agencies. The registered manager attended a number of manager's forums including Surrey Care Association and Skills for Care. The registered manager told us they found the meetings helpful in sharing best practice.

Records were stored securely and in an organised manner which provided staff with quick access to information. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.