

Care Management Group Limited

# Care Management Group - 1 Charmandean

## Inspection report

1 Charmandean Road  
Worthing  
West Sussex  
BN14 9LB

Tel: 01903231971  
Website: [www.cmg.co.uk](http://www.cmg.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 25 July 2017. We gave the registered manager 24 hours notice of the inspection to ensure that there would be staff available to talk with us. 1 Charmandean Road is a small care home registered for up to eight adults living with physical and learning disabilities, sensory impairments and complex health needs including epilepsy. People have different communication needs; some people were able to hold conversations independently and others needed support from staff to express their views, thoughts and feelings. The home is located in Worthing, close to shops and a short distance from the seafont. At the time of the inspection there were eight people living at the home.

The home 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. At the last inspection undertaken on the 8 and 9 June 2015 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to inadequate processes for assessing and monitoring the quality and safety of services provided. The provider sent us an action plan stating they would have addressed all of these concerns by 30 September 2015. At this inspection we found that the registered manager had made improvements and this breach of regulation had been addressed.

Staff understanding of their responsibilities with regard to the Mental Capacity Act 2005 was not consistent and embedded within practice. Some staff did not have a clear understanding of Deprivation of Liberty Safeguards (DoLS) and some mental capacity assessments and best interest decisions were not always completed in line with legal requirements. This was identified as an area of practice that needed to improve.

People told us they felt safe living at the home and relatives said they felt their relations were safe. One relative said, "I have seen very good, safe practice." People were receiving their medicines safely and risks to people had been assessed and plans were in place to manage risks. There were enough staff to care for people safely and the provider had a robust recruitment system to ensure that suitable staff were employed. Staff were able to explain how they would recognise signs of abuse and knew what action to take.

Staff told us that they felt well supported and received the training and support they needed to carry out their roles effectively. Training provided was relevant to the needs of people living at the home.

People told us they enjoyed the food at the home and a relative told us, "The food is very much home cooking and it looks really good." Risks associated with eating and drinking had been assessed and were managed effectively. Advice received from specialist, such as speech and language therapists (SALT), had been incorporated into people's care plans and staff were following these instructions carefully. Some people were living with complex health conditions and staff were proactive in supporting them to access the health care services that they needed.

People and their relatives spoke highly of the staff and the caring relationships that had developed. Staff knew people well and supported them to be involved in planning their care and support. One person told us, "All the staff are nice, they help me." A relative said, "The care is amazing." People were treated with dignity and their privacy was respected.

People were leading full and busy lives. Staff supported people to follow their interests with a range of activities and people accessed the local community regularly. People were supported to maintain relationships that were important to them.

Care plans were personalised and enabled staff to provide care in a person centred way. Staff were observant and noticed small changes in people's needs. One relative said, "Staff have to watch for changes daily, sometimes hourly. They are very responsive." Any concerns or complaints were dealt with promptly and people and their relatives told us that they would feel comfortable to raise any issues with staff.

The registered manager was approachable and provided clear leadership. Staff were clear about their roles and knew what was expected of them. One staff member told us, "It's a good place to work, and morale is very good." People and their relatives also spoke highly of the management of the home. One relative told us, "From what I have seen I would rate the manager very highly."

There were effective systems in place to monitor the quality of care and the registered manager had oversight of the running of the home. Incidents and accidents were monitored and analysed to ensure that care plans were adapted and updated to prevent further occurrences. Staff described an open culture where they felt able to raise any concerns and where their views and ideas were welcomed. Relatives described a good relationship with staff and the manager. One relative said, "The management of the home is more consistent and thorough now and the staff take personal pride in the care they provide."

## 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

There were enough suitable staff to keep people safe.

Risks to people were assessed and managed effectively. People received their medicines safely.

Staff understood how to protect people from avoidable harm or abuse.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staffs understanding of their responsibilities with regard to the Mental Capacity Act 2005 was not embedded and sustained consistently within practice.

People were supported to have enough to eat and drink and risks associated with nutrition and hydration were managed effectively.

Staff received the training and support they needed to carry out their roles and responsibilities.

### Is the service caring?

Good ●

Staff were caring.

People had developed positive relationships with staff who knew them well.

Staff respected people's dignity and maintained their privacy.

People were supported to be involved in making decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and reflected their preferences and wishes.

People were supported to lead full and active lives and to maintain relationships that were important to them.

People and their relatives felt comfortable to make complaints and were confident that their concerns would be acted upon.

**Is the service well-led?**

**Good** ●

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service.

The registered manager was approachable and provided clear leadership.

People, staff and relatives were included in planned developments and there was an open culture where people felt about to raise ideas or concerns.

# Care Management Group - 1 Charmandean

## **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 inspection took place on 25 July 2017 and was announced. The provider was given 24 hours' notice because the location is small and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection. The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We spoke to two people who used the service and two relatives. We interviewed three members of staff and spoke with the registered manager. We spoke with one health care professional. We looked at a range of documents including policies and procedures, care records for four people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including three recruitment records, supervision and training information as well as team meeting minutes and we looked at the providers systems. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The last inspection of 8 June 2015 identified one breach of the regulations. The overall rating for the service

was Good.

# Is the service safe?

## Our findings

People told us that they felt safe living at the home. One person said, "I have no worries, no problems here." Another person said, "I do feel safe." People's relatives also confirmed that they felt people were safe and well cared for. One relative said, "There's always plenty of staff around and I'd know if there was something wrong, I know they are all safe here." Another relative said, "I have seen very good, safe practice." A health care professional who visited people at the home on a regular basis told us, "I have never seen anything worrying at all."

Staff had a clear understanding of how to keep people safe from avoidable harm and abuse. They were able to tell us how they would recognise signs of abuse and who they would report any concerns to. Some people had been identified as being at particular risk of certain types of abuse including financial abuse. Risk assessments identified ways for staff to support people whilst maintaining their freedom and respecting their autonomy. Staff also told us about the provider's whistleblowing policy. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff were aware of the policy and their responsibilities to report any concerns. One staff member said, "I would definitely report anything that I thought was not right."

People living at 1 Charmandean Road had a range of complex needs. Risk assessments had been undertaken for all aspects of people's care needs and were detailed and comprehensive. There were clear plans in place to guide staff on how to care for people safely and how to reduce identified risks. For example, some people needed support to move around. Risk assessments detailed any risks associated with moving around, equipment that was needed and included clear guidance for staff. Risk management plans incorporated person centred information about how to use specific equipment to support people and provided detailed instructions and photographs to guide staff.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP) in place.

The service followed safe recruitment practices. Staff told us that they had received a throughout induction before starting work. Staff files included application forms, previous work history, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with people. There were enough staff on duty to care for people safely. One relative told us, "There are always enough staff on whenever I visit." The registered manager said that staffing levels were consistently maintained and rotas were planned well in advance to ensure that enough staff were available. They told us "We use regular bank staff to cover any shortfalls and it works very well." We noted that staff rotas had been planned for two months in advance and staff confirmed that there were enough staff on each shift. One staff member said, "The shift



leader always checks that there are enough staff on to manage all the activities that are planned." Another staff member said, "There is always enough staff on duty, we have a lot of people who need one to one support and rotas are planned well in advance to make sure there are enough of us around to cover. We very rarely use agency staff."

People were supported to receive their medicines safely. We observed a staff member administering medicines in a safe and effective way. Medication Administration Record (MAR) charts were completed accurately and recording was consistent. Medicines were stored safely and kept within recommended temperatures with systems in place to check this. Some people had been prescribed with PRN (as required) medicines. There were clear protocols in place to identify when and how these medicines should be given.

## Is the service effective?

### Our findings

People and their relatives told us that staff were well trained and provided effective care to people. One relative told us, "I see the way the staff work with people and I can tell they are very well trained. They know how to use the equipment and they are all very competent." Another relative said, "I can't praise them (staff) enough, they are all very good." Despite these positive comments we found some areas of practice that needed to improve.

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 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 or authorisations to deprive a person of their liberty were being met.

Staff had some understanding of the principles of the MCA and their responsibilities to act within the legislation and guidance. For example, one staff member described the importance of ensuring people's rights were respected and offering them choices. Another staff member spoke about the need to involve family members with decisions that were in the person's best interests. We observed staff checking with people to gain their consent before providing care and staff told us that this was important saying, "We can't force someone to do something if they don't want to." The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the Local Authority. Although some staff told us that they had heard of DoLS, they were not clear what this meant and could not explain why someone might need a DoLS application.

Documentation within people's care plans indicated an inconsistent approach and lack of understanding with regard to MCA. Mental capacity assessments and best interest decisions were not always completed in line with legal requirements. For example, some care practices were implemented to keep people safe but could have been considered as a restriction on people's freedom. This included the use of bed rails, foot straps and lap belts. Risk assessments had been completed and indicated that these measures were necessary to keep people safe, however an assessment of people's capacity to consent to their use had not been undertaken. If people are not able to consent to a restriction of their freedom, the process for deciding if this is in their best interest should be recorded in line with the legislation. This should include an explanation of the need for the restriction, other options that were explored and confirmation that this is the most appropriate and least restrictive option available in the person's best interest. Some aspects of this documentation had been completed but it was not clear and consistent for every person. This was discussed with the registered manager who confirmed that this was an area of practice that needed to improve.

Staff told us that they had access to the training that they needed to be effective in their roles. One staff member said, "The training is very good, I have completed some on-line training and attended some face to face. If there's anything particular we want to do we just have to ask." Records confirmed that staff had completed training that was relevant to the needs of the people they were caring for, including moving and handling, epilepsy and diabetes training. Staff told us that they were supported to undertake qualifications and described the managers as, "Very encouraging and supportive."

Staff told us that they had received a thorough induction when they began working at the home. One staff member said, "I had time to read about people first and then spent time shadowing. I did feel confident when I began providing care because I knew what to do." Staff who were new to care were supported to complete the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There were systems in place to ensure that staff training was up to date and to identify when staff members were due to complete courses. Staff told us that they received supervision on a regular basis. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. One staff member said, "I have regular supervision meetings, about every 6 weeks I think. I can speak to the manager anytime in between."

People were supported to have the food and drink that they needed. We observed the lunchtime meal. One person told us "I like the food. It is nice." Staff were providing support to those people who needed help to eat and drink. The atmosphere was calm and quiet. A staff member said that Speech and Language Therapist (SALT) had advised that having a quiet space at meal time was important for some people who were at risk of choking, as it helped them to concentrate on their meal. People's care plans identified specific risks and nutritional needs. For example, one care plan included clear guidance for staff in how to support a person with swallowing difficulties who needed a soft diet. This included detailed directions about how staff should support the person to be positioned in their chair together with clear instructions in how to support the person to eat their food. We observed that staff were following these instructions confidently. They supported people patiently and nobody was rushed. Staff members were encouraging people to eat in different ways according to their needs. Some people were able to manage independently using adapted utensils and plate guards. We noted that staff gave appropriate encouragement and spoke with people about what they were eating and checked that they were enjoying their food. Records were completed consistently to show how much food people had eaten and weight records were kept to monitor any concerns about unplanned weight loss or gain. Staff demonstrated a good knowledge of people's likes and dislikes and were aware of specific risks. For example, staff had identified that one person was not always eating their food and had lost weight as a result. Following advice from the GP supplementary drinks were introduced to boost the person's calorific intake. Staff knew that they should offer these if the person had not eaten their meal. The person's monthly report written by their keyworker indicated a significant weight gain following introduction of these drinks. This showed that staff were proactive in supporting people with their nutritional and hydration needs.

Staff supported people to access the health care services that they needed. One relative said, "The staff notice changes and refer to the doctor if they are concerned. They always let me know and I don't have any worries about how well they are looking after (person's name)." Another relative also confirmed their confidence in the staff team saying, "They would definitely recognise if something was wrong and would know to get help and to tell me." People were living with a range of complex health needs and staff demonstrated a good understanding of their individual needs. Each person had a health action plan which identified their care needs and included risk assessments and support plans for particular conditions such

as epilepsy and diabetes. Where appropriate, family members had been involved in developing these plans. Records confirmed that staff were proactive in ensuring that people were supported to attend regular health appointments including GP, dentist, optician and chiropody appointments as well as requesting advice and referrals to more specialist practitioners such as SALT and physiotherapist.

## Is the service caring?

### Our findings

People and their relatives told us that the staff were kind and caring. One person said, "All the staff are nice, they help me." Another person said, "I'm very happy with the care." Relatives spoke highly of the caring attitude of the staff saying, "The care is amazing," and, "I know (person's name) is happy here because she is always happy to go back and we can tell if she is happy or sad."

Throughout the inspection we observed staff talking with people in a caring way, listening and communicating with them. Staff were knowledgeable about people and knew them well. They were able to tell us about people's particular likes and dislikes and their life history. They knew what was important to the people they were caring for and gave specific examples to demonstrate this. We noted that people were relaxed in the company of staff members and some people reacted with pleasure and excitement when particular staff members came into the room. Staff were gentle in their approach and it was clear that they had developed positive relationships with the people they were caring for. One relative said, "There are particular staff that (person's name) is really fond of, you can tell when they walk in and she recognises them. It's lovely to see."

Staff told us that they supported people to be as involved as possible in making decisions and plans about their care and support. For example, we observed a member of staff supporting a person to make a phone call about some equipment that was faulty. The staff member was careful to include the person throughout the discussion, checking that they were happy with the outcome. A staff member told us, "We do all we can to offer people choices and to respect their views. For example, we try and offer different options for holidays, including where they go and who goes with them." People's rooms were well personalised with furnishings, pictures and personal items that reflected people's choices and interests. Staff told us that a person had been supported to choose bedding and soft furnishings in a particular colour of their choice. One staff member said, "We could tell how much they liked it by their body language and giggles."

Staff reported having positive relationships with relatives of people and said that they ensured regular communication to keep them up to date. A relative confirmed this, saying, "Communication is very good, we are informed of events such as barbeques or if there is a meeting that we need to attend. Sometimes we get a telephone call, other times it's an email. Staff are very on the ball in that way."

Some people had difficulties with communicating their needs and wishes. Care plans contained clear guidance for staff about how to facilitate communication with people. For example, one care plan stated, 'Look at me at my eye level and talk slowly and clearly. Please ask me things at least twice and give me time in between.' We observed staff using this technique to communicate with the person and noted that they took time to double check that they had understood. Care plans gave clear descriptions of how people conveyed specific emotions such as sadness, anger or happiness. This meant that staff were equipped to interpret people's body language, vocalisation and specific movements. We observed staff using this information when offering people choices about their care. One relative told us, "Sometimes (person's name) can be difficult to understand, the staff use prompts to help her to express herself. They need to be attentive and they are so patient, they wait until they understand her."

Staff spoke to people in a respectful and considerate way. A relative told us, "Staff are very respectful, I've watched them helping (person's name) and they are very competent. The way they talk to her is very nice, they respect her dignity." We observed that staff were polite and mindful of people's privacy. Staff knocked on people's doors and checked with the person that it was alright before entering. They were able to explain how they protected people's dignity when providing care and recognised the importance of this. We observed staff speaking to people quietly and discreetly when they needed some support with personal care.

People's religious beliefs were respected and staff recognised the importance of protecting people's privacy and allowing them private time. People's personal information was stored securely and staff understood how to maintain confidentiality. Relatives told us that staff were always welcoming and there were no restrictions on when they could visit.

## Is the service responsive?

### Our findings

People were receiving personalised care that was responsive to their needs. A relative described how their relation's needs could fluctuate saying, "Staff have to watch for changes daily, sometimes hourly. They are very responsive." They went on to tell us how staff had recognised when their relative became unwell, saying, "The staff noticed straight away and recognised that they needed help. They would always call the doctor and then let me know." Records confirmed that staff were observant and noticed small changes that indicated when someone was not well and that they took action to seek medical advice.

Care records were well personalised and provided detailed information to guide staff. For example, one person preferred specific brands of toiletries and these were listed within their care plan. A staff member said that one person loved to be pampered. Their care plan detailed how they liked this to happen, including the type of music they preferred and to have sensory lights on in their room. Another care plan detailed the favourite television programmes and films that a person enjoyed. This enabled staff to provide care in a personalised way.

People were leading full and busy lives. Staff supported people to follow their interests with a range of activities. People were offered choices about how they spent their time. A staff member said, "It's my job to make sure they have the best quality of life possible." Some people had been supported to have holidays and others were planning their trips. Staff told us that people had expressed preferences about where they wanted to go and who they would like to go with. We observed staff asking one person about going out for a day trip and they confirmed that they were happy for another person to go along too. During the inspection everyone had gone out during the morning but people had chosen to go to different places and to do different things, staff had been able to accommodate this. One person told us, "I get involved in lots of things, the staff help me." Records showed that people were supported to be active in the community and regularly accessed local facilities such as the cinema, shops and restaurants and places of worship.

People were supported to maintain relationships that were important to them. Staff told us that family members were invited to celebrations for birthdays and other social events. We saw that the dining room had been decorated with balloons and banners for a person's birthday. Staff told us that people would choose their favourite meal for their birthday and that usually everyone joined in the celebrations. One person told us how staff had supported them to attend a family wedding. Another person was supported to attend religious services regularly and staff described the active social life they led. One staff member spoke about the different interests that people had and the importance of getting to know their individual interests, saying, "Just because they live together doesn't mean they all like the same things. Some activities took place in the home, for example people were supported with art work and modelling and their work was displayed around the home. Records confirmed that people were taking part in a wide range of activities inside and outside the home on a regular basis.

The provider's complaints policy was on display in the hallway. Relatives told me they knew how to make a complaint and would feel comfortable to do so. One person said that they had made a complaint previously and it had been taken seriously and dealt with by the registered manager. They said, "I would tell the staff,"

and named the staff members that they would speak to. The registered manager said that any complaints were taken seriously and dealt with straight away. Records confirmed that complaints were recorded along with actions taken to resolve the issue.



## Is the service well-led?

### Our findings

At the last inspection in June 2015 we identified a breach of the regulations. This was because there was not an adequate process for assessing and monitoring the quality and safety of the services provided. At this inspection we found that the registered manager had followed their action plan and this breach had been addressed.

People, their relatives and staff described the service as being well led. One person said, "It is very good, no complaints." Relatives comments included, "I think it's very well managed," and, "It is well run, although it's relaxed there is a professional aura." Staff were also positive about the management of the home. One staff member said, "It's very stable here now, the manager is lovely, very easy to talk to and will help out when needed." Another staff member said, "It's a good place to work, and morale is very good."

There were effective systems in place to monitor the quality of the service. This included a number of regular audits that identified any shortfalls. The provider had also undertaken an audit and an action plan was developed with clear timescales for completing improvements. This showed that the registered manager was using quality assurance effectively to drive improvements in the home. Feedback from people, their relatives and health care professionals was also used to develop the service. For example, one person had commented that they would like to have more music related activities. Some activities with a music therapist were arranged as a result. The registered manager attended regular forums run by the local authority to keep up to date with local and national industry changes.

Records were robust and provided detailed, accurate and timely information about the care people were receiving. The registered manager had systems in place to identify any gaps to ensure the completeness and accuracy of records. Incidents and accidents were recorded and monitored to ensure any patterns were identified. These were also monitored by the provider to ensure that all actions were taken to prevent further incidents. Management systems ensured that the registered manager could plan staff training and support in advance to ensure that staffing levels were maintained. Staff described being well supported with consistent management.

There was a clear management structure and staff knew what was expected of them. One staff member said, "There are clear shift plans and shift leaders so we all know what to do and communication is good." Staff told us that the registered manager was "Always available to talk to," and provided clear leadership. One staff member said, "She is so approachable and it's good that we all work together." A relative told us, "From what I have seen I would rate the manager very highly. The management of the home is more consistent and thorough now and the staff take personal pride in the care they provide."

Staff had developed links with the local community and described good working relationships with health care professionals. One visiting health care professional spoke highly of the staff and said, "I think it's a really good home and I would be happy for a member of my family to be living there." The values of the service were embedded within staff practice and evident throughout the inspection. Staff spoke of an open culture where they felt comfortable to raise issues or concerns. One staff member said, "We have regular

meetings and we can talk about anything." Notes from staff meetings confirmed they were well attended, staff contributed to the discussions and their ideas were encouraged and welcomed. Relatives meetings were also held regularly and one relative told us that they found the meetings useful. They said, "We are a strong group of parents and we meet with staff about two-monthly."