Care Management Group Limited

Care Management Group - 16 Kings Road

Inspection report

16 Kings Road
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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection and took place on 15 and 30 July 2014.

Care Management Group Limited is a national provider of services for people with learning disabilities, physical disabilities and mental health needs. There is support to the registered manager and staff from a regional management team and a team of trainers. This service is registered to provide care and accommodation for up to

Summary of findings

six people with a learning disability. At the time of the inspection there were six people aged 19 to 43 years living at the service who had a range of learning disabilities. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that staff were skilled in communicating with people and showed warmth towards the people they provided care to. Staff used innovative communication methods to gain people's views and to find out what people wanted. These included the use of pictorial cards and tablet computer programmes which helped people to communicate. People had regular meetings with their designated member of staff called a 'keyworker' to review their needs and preferences. People who used the service, and their relatives, told us the staff treated people well and provided a good standard of care.

People were supported to attend a range of educational and occupational activities as well as being able to develop their own independent living skills. Staff supported people to undertake a choice of leisure activities within the home and in the community.

People's needs were comprehensively assessed and care plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support reflected their preferences.

The registered manager and staff had a good knowledge of the Mental Capacity Act 2005 and the procedures they needed to follow where people were unable to consent to care and treatment.

There was a good emphasis by the registered manager and staff on protecting people from possible harm. Staff knew how to report any concerns about people's welfare to the appropriate authorities. People were provided with information in an easy to read format and were aware they had a named staff member they felt most at ease raising any concerns with.

Staff had a thorough knowledge about people's needs and were trained in a range of relevant subjects so they provided safe and effective care. People and staff had a rapport so people were comfortable with staff and enjoyed the company of staff. Sufficient numbers of staff were provided to meet people's needs.

The home was well led with systems to check that the care of people was effective, the staffing levels sufficient, and staff trained so they had the skills to provide safe care. The views of people who lived at the service were sought and the provider empowered people to be involved in making decisions about how the home was decorated and furnished as well as choosing the meals. People were also involved in the recruitment of staff.

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?

Good

The service was safe. Staff knew how to keep people safe. They knew the correct procedures to follow if they thought someone was being abused.

There were effective systems to manage risks to people so they were able to carry out daily activities. Staff were trained to keep people safe when people's behaviour was challenging to others. Care plans gave clear guidance on how staff should support people when people's behaviour challenged others.

Staff had assessed the mental capacity of people and took the correct action where people's liberty was restricted by making referrals to the local authority for a Deprivation of Liberty Safeguards (DoLS) authorisation to restrict people's liberty for their safety.

Staffing levels were flexible and staff were provided in sufficient numbers to promote people's safety.

Is the service effective?

Good

The service was effective. We saw people and their families were involved in their care and were asked about their preferences and choices. People received care from staff who were trained to meet their individual needs. Staff used a number of tools to communicate with people so people were able to express their views about their care.

People were able to choose the food they ate and were supported to have a nutritious diet. People enjoyed meal times.

People were involved in the decoration and design of the home.

Is the service caring?

Outstanding

The service was caring. Staff interacted well with people and showed warmth and humour towards people.

Innovative and imaginative tools were used to communicate with people so staff knew people's needs. These tools were also used so that people were able to choose activities they preferred to attend.

Relatives of people who lived at the home told us the staff were exemplary in how they treated people. Staff supported people to maintain regular contact with their families.

Is the service responsive?

Good

The service was responsive. People's changing needs and preferences were taken into account so they received personalised care.

People and their relatives were consulted about people's needs and preferences. Care plans were detailed and enabled staff to provide a good standard of care and support which reflected people's preferences. Staff used a number of techniques and skills to check the care and support people required.

Summary of findings

People were supported to attend social, recreational, occupational and educational activities of their choice. These included holidays.

Is the service well-led?

Outstanding ☆

The service was well-led. Staff said they felt supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home. Managers monitored incidents and risks to make sure the care provided was safe and effective. The provider used systems to make sure there were enough staff to care for people safely. Staff were skilled and were supported by the home's management.

The home's management reviewed the way they worked in order to improve the way people's needs were met. There were effective and comprehensive audits and checks by the home's management. The provider empowered people to express themselves and to be involved in decision making in the home.

Care Management Group - 16 Kings Road

Detailed findings

Background to this inspection

We visited the home on 15 July 2014. We also returned to the home at the earliest possible time to complete the inspection on 30 July 2014. The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. We also looked at information we held on the service such as when the service notified us of any significant incidents in the home.

We last inspected the service on 25 February 2014 when we found our standards were being met.

During the inspection we spoke with four people living at the service and to the registered manager. Some of the people living at the service had limited communication so we spent time observing staff working with them. We also joined people and staff at a buffet meal to celebrate a person's birthday. We spoke with three relatives and three health and social care professionals who worked with the home to meet people's needs. These included a nurse and a consultant psychiatrist from a learning disability team, as well as a care manager from a social services team.

We looked at care records for four people, staff training and supervision records as well as staff duty rosters. We spoke with three staff about their work, and, how they were supported in their job. We spent time looking at records relating to the management and running of the service, which included audit reports, records of people's money held by the home for safekeeping and reports by the regional director for the organisation.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. Family members also told us they considered the service was a safe place for their relative to live. Relatives said the staff made sure people were safe and knew how to support people who had behaviours which challenged others. Each person had information in their room called 'Say No,' which gave details in a pictorial format about discrimination and abuse and how people could report any concerns. The registered manager also explained how each person had chosen a designated staff member who they felt they could go to if they had concerns. These were displayed with photographs of each staff member so people knew which staff member to approach. One person showed us which staff member they could speak to if they had any concerns.

There were policies and procedures regarding the safeguarding of vulnerable adults which staff knew how to use. Staff told us they were trained in procedures for safeguarding people which was also confirmed by training records. Staff were aware of what to do if they had any concerns about the safety or welfare of people by reporting these to the registered manager or to the organisation's regional management. Staff were also aware they could report any concerns to the local authority safeguarding team and said people were safely cared for as they knew what to do to keep people safe.

Incidents were reviewed and action plans devised to keep people safe. For example, there were records of how the registered manager and staff worked with the local authority safeguarding team so there was clear guidance on how people needed to be protected. A social services team manager told us the manager and staff worked well with them regarding any safeguarding issues. The manager told us how the organisation's management team monitored any issues regarding people's safety. This involved the manager completing a monthly return to the regional director about any safeguarding alerts, any meetings with the local authority safeguarding team and the outcomes of these. This was used to monitor and identify any trends so action could be taken to reduce the likelihood of any reoccurrence.

Each person had a monthly review with a designated staff member, called a keyworker, where people were asked if they had any concerns about their welfare and safety. We saw copies of these review meetings. People told us they attended these meetings which enabled them to discuss any concerns they had.

Staff dealt with people's behaviour which challenged others. This was done in a way which respected people's rights and promoted their dignity. Each person's needs were assessed and there was a care plan called 'Positive Behaviour Support Plan.' These showed how staff identified behaviours and the specific actions they needed to take such as distracting the person to more constructive activities. We spoke with one person about their 'Support Plan' and they confirmed they agreed with the care plan and that it was useful to them in managing their behaviour. A relative of someone who lived at the home said staff were skilled in diverting people away from behaviour which challenged others. We saw a record was kept of any incidents regarding behaviour so that the manager and the organisation's management could monitor any trends in people's behaviour. These included a behaviour observation chart which had comprehensive details about the incident so this information could be used to analyse and review so staff knew what to do to prevent a reoccurrence.

We saw the service had policies and procedures regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Each person's needs were assessed regarding their mental capacity to consent to their care and treatment. This included an assessment of the level of supervision people needed and if any interventions could be classed as restraint. Referrals were made by the registered manager to the local authority where it was considered a person may need to be assessed for a (DoLS) authorisation. Records showed staff were trained in the Mental Capacity Act 2005. Staff demonstrated an awareness of the procedures to follow if people did not have the mental capacity to consent to their care.

Risk assessments gave information for staff on how to safely support people in activities such as using public transport, bathing, using the kitchen and going out in the community. Details included how many staff were needed to support people as well as the type and duration of the support needed. There was a record of staff signatures to say they understood individual's risk assessments and staff were aware of how to safely support people where there was risk . There were clear procedures regarding

Good

Is the service safe?

emergency support people needed; for example when dealing with allergic reactions. These were also in photographic form so that people could easily understand them. One person, for example, had a photographic display of the emergency procedures for dealing with a medical need and showed us how this was recorded in their care plan. Staff were aware of people's risk assessments and the procedures for providing emergency support when a person had an allergic reaction as well as safely supporting people in the community.

There were robust systems to help people manage their finances and to protect people's finances from possible misuse. These involved a number of checks and records made by staff each time they supported someone with their finances. This included a system of recording of any amounts handled.

The registered manager told us how staffing levels were assessed for each person using an assessment tool. A staff duty roster showed between three and five staff were on duty from 6.45am and 9.15pm. Additional staff were provided when people's needs indicated this was required. For example, one person had two staff to support them to access community activities. Records showed staff were assigned to people based on their preferences for either a male or a female staff member. Staff told us they considered the home had sufficient numbers of staff to meet people's needs and that staff worked well as a team. Relatives also said there were enough staff to meet people's needs. We observed staffing levels were provided as planned by the manager and that these met people's needs.

The service's recruitment procedures showed appropriate checks were made on newly appointed staff. A recently appointed staff member told us the recruitment process involved three interviews as well as an examination of their written and numerical skills.

The registered manager told us how staff performance was monitored and that staff disciplinary procedures were used if staff performance identified people were not safely cared for. Records of these were maintained.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and to effectively meet people's needs. Staff were observed to have a knowledge of people's needs and wishes which enabled them to engage with people in a way that people responded to. People, and their relatives, told us they considered the staff provided people with the right care and support. A relative said how staff had the skills and knowledge to effectively manage people's behaviour when it challenged others. Another relative said newly appointed staff were well trained and that the staff team were skilled in meeting people's needs.

Newly appointed staff received an induction to prepare them for working with people. They were required to achieve certain competencies in working with people before they completed their probationary period. We saw records which showed that newly appointed staff had their competencies assessed at intervals in the first six months of their employment. A newly appointed member of staff told us their induction gave them the skills and knowledge to meet people's needs.

The organisation had a team for the support and training of staff. This team included a community psychologist and a mental health nurse, a personal behaviour support mentor, and provided advice, training and support. Records showed staff were trained in subjects relating to the needs of people who used the service. For example, training was provided in specific subjects so that staff were skilled in meeting people's needs regarding the care of those with epilepsy and behaviours which challenged others. Staff told us training was provided on a regular basis and was of a good standard as it gave them the skills to provide effective care to people. Staff were able to develop their skills and knowledge base so they could provide effective care to people. For example, staff said they had opportunities to suggest relevant training which was then provided. Also, the manager told us eight of the 17 staff had attained level 3 of the Diploma in Health and Social Care and that the remaining staff would have opportunities to complete this training in the near future.

Staff were skilled in communicating with people and responded appropriately to their requests. For example, staff were observed to take time to talk to people to find out what people wanted.

Staff told us they received regular supervision where they were able to discuss their training needs as well as the care of the people who lived in the home. Staff said they were supported in their role and felt able to raise any issues with the manager, the deputy manager or at the regular staff meetings. There were records of regular staff supervision, although we noted one staff member had received just one formal recorded supervision since September 2013. This staff member said they felt fully supported in their role and had daily contact with their line manager where they discussed any issues about their work or the care of people as well as their training needs.

People were supported to have a balanced diet and adequate food and drink. Details of each person's dietary needs were assessed and recorded. This included any special dietary needs such as diabetes as well as people's preferences for food. The service had its own healthy eating facilitator and information from the NHS about healthy eating. A relative told us arrangements were made so that people received a nutritious diet that took account of any specialist dietary needs. People's weight was monitored using a body mass index calculation so action could be taken if people lost or gained significant weight. There was a weekly menu plan showing varied and nutritious meals. People told us they enjoyed regular theme nights when national dishes were provided to celebrate specific events.

Staff told us people were involved in choosing meals. Communication tools were used for this such as allowing people to chose meals from photographs. People were also supported to cook the meals supported by staff. We observed the meals provided to people on two separate occasions. One was a buffet style party to celebrate a birthday of one of the people who lived at the service and the other was an early evening meal. Both meals consisted of ample portions so people received an adequate diet. People told us they liked the food and we saw people were able to help themselves to food when they wanted.

People were supported to maintain good health and had access to health care services. Each person had comprehensive assessments and care plans regarding their health. People had regular health checks with the dentist, optician, chiropodist, and podiatrist. People were also referred for more specialist support and treatment from the community nursing services and diabetes services. A health care professional told us the registered manager was quick to liaise with them for any advice or support regarding the

Good

Is the service effective?

care of individuals. Another health and social care professional told us the staff supported people to attend health care reviews and staff gave a full summary of the person's relevant health needs when they supported them to attend appointments with health care professionals. A relative told us the staff worked with a GP and the diabetic clinic so that staff were able to manage the person's diabetes.

People's needs were supported and their lifestyle enhanced by the design and decoration of the home.

People said they were consulted about the decoration and design of the home. At house meetings, people were able to use photographs to choose colour schemes and furnishings in their rooms and in the communal areas. We also saw a photographic display showing people and staff taking part in a project to re-design the garden. People told us they liked the garden and were involved in building the garden furniture. We observed people using the communal areas of the home which included the lounge area, dining room, a games room and the garden.

Outstanding ☆

Is the service caring?

Our findings

Staff treated people with kindness and warmth. People were comfortable approaching staff to ask them questions and staff responded appropriately to this. Staff and people were observed having meals together and playing games which we saw people enjoyed. We also observed people and staff laughing and chatting together. Staff had a thorough knowledge about the best ways to communicate with people which we observed made people laugh and enjoy their daily life. We saw an outstanding example of how staff treated a person in a way which engaged the person to have fun. This involved staff recognising the importance of a toy animal to the person and how the person interacted with the toy for fun. The staff and person had constructed a wooden kennel for the toy animal to live in. A staff member engaged the person in impromptu and imaginative activities with the person and the toy animal, which involved the toy being placed in the kennel. The person responded well to this in a lively manner and with laughter. The staff member, in turn, responded with warmth, humour and consideration.

Relatives of people who lived at the home told us the staff treated people with respect, kindness and as individuals. For example, one relative said, "They treat my son/daughter with respect. The staff get to know them as an individual and tailor his or her care around his or her needs. They take account of him/her as an individual and what he/she would like to do. They take that extra time to find out what he/she prefers." Another relative described the staff as "absolutely amazing," adding that staff have fun and laugher with their relative. Another relative said the home was "like one big happy family," and another relative said it was like a "home from home." Relatives told us they were consulted and involved in issues about the home and those relating to their relative.

People's personal preferences were assessed and recorded in care plans. These included the name the person preferred to be called and information about communication and important relationships. Care reviews included sections entitled 'How do You Feel' and 'Why Do You Feel Like This.' These showed people's emotions were assessed and that staff had information about this.

There were numerous examples of people being listened to and being actively involved in decisions about their care. These included house meetings where people were able to discuss issues about the home as well as monthly reviews with individuals to discuss their life and any current needs they had. We saw how people had an activities timetable so they knew what they planned to do and pictorial aids were used to help people choose what they would like to do. One of the people we spoke to showed us their activities timetable which they said reflected what they wanted to do. Various methods were used to communicate with people so that staff knew what people needed and preferred. For example, we saw one person communicated with staff by the use of picture cards which they carried with them. We also saw how one person used their own tablet computer to communicate by activating picture icons which in turn spoke the word or phrase which the person then said. We considered this innovative and was not something we had seen before in similar settings.

Staff showed sensitivity and empathy about people's situation and told us they wanted to improve the quality of people's lives as much as they could. A health care professional told us the staff were good at advocating for people's needs where they perceived people needed support. This professional also said how staff were genuinely concerned about people's welfare and supported people where staff considered this was needed.

Relatives of people who lived that the service told us how the registered manager and staff aided communication with their relative who lived at the home. A relative said how staff would transport their relative to their family's home and that they and other relatives were able to visit at any time they wished. We saw a copy of a letter which was sent by the manager to each relative asking how they would like to be contacted about any updates on their relative's care.

People were able to exercise their right to privacy by locking their bedroom door when they went out. Each person had their own bedroom with its own en suite bathroom, which also promoted people's privacy. Relatives told us staff treated people with dignity and respected people's privacy. We observed staff treated people with dignity by talking to people in a polite way, listening to them and then responding so that people understood them.

Good

Is the service responsive?

Our findings

People, and their relatives told us the staff responded to people's changing needs. This included people and their relatives having opportunities to discuss people's changing care needs and how people liked to be supported. Relatives said their was 'open' communication between themselves and the manager and staff so they felt able to raise any issues they had so that people received the right care. A relative said how they frequently spoke to the manager and anything that was raised was always acted on straight away. People told us they had access to a range of activities which they were able to choose.

The service was responsive to people's changing needs and people's preferences were taken into account so they received personalised care. Each person's needs were assessed; people, and their relatives, were involved in these assessments. People were encouraged to express what was important to them at their monthly meetings with their designated staff member. Copies of these were available and showed how staff had discussed with each person their preferences and needs such as activities they would like to attend and what they would like to do for the summer. Staff were observed offering people choices in what they would like to do. Care plans were personalised to reflect people's preferences. For example, one care plan included details about how the person preferred to be supported with personal care including details of the type of shampoo to be used. We also observed how people were encouraged to express what they wanted by the use of programmes on tablet computers.

Additionally, each person had a 'person centred care plan,' which reflected their personal preferences, and was presented in a way which they could understand. For some people this took the form of pictorial diagrams, for others photographs. They included an activities timetable outlining a range of social, recreational, educational and occupational activities for each person. People told us they were able to make choices about what they wanted to do.

Pictorial displays were used to display group activities available to people. A health care professional told us the staff were skilled in engaging people with "meaningful" activities and that a variety of communication tools were used so activities reflected people's choices.

People told us they enjoyed attending activities in the community and relatives also told us people were supported in this. The registered manager told us how people had opportunities to go on holiday which was confirmed by one of the people we spoke with. People had access to educational and occupational activities as well as being supported to maintain hobbies. For example, one person said how they were supported to attend premier league football matches for the team they supported.

The provider responded to people's experiences and concerns to improve their quality of care. There were records of 'house' meetings where staff and people discussed issues about life at the home. Relatives told us they felt able to raise any concerns with the home's manager. A relative said the registered manager was "approachable" and encouraged them to raise any issues or concerns they had. Relatives also told us they had a copy of the provider's complaints procedure. There was also a complaints procedure in pictorial format so people who lived at the home could understand it more easily. The registered manager told us there had been no formal complaints made to the home. We saw there was a system for recording and dealing with any complaints which included a procedure for passing these onto the provider's regional management team so the provider was able to monitor the complaint was handled appropriately.

Relatives told us they were kept informed about any issues regarding their relative. Staff supported people to complete a 'newsletter' which was sent by people to their relative to say how they were getting on at the home and what they had done. Relatives said staff responded to people's requests. Health and social care professionals told us the staff of the home contacted them appropriately regarding advice where people's needs had changed.

Outstanding ☆

Is the service well-led?

Our findings

The provider promoted a culture that was well led and centred on people's needs. People told us how they were involved in decisions about their care and how the home ran. The management and running of the home was 'person centred' with people being consulted and involved in decision making. People were empowered by being actively involved in decision making so the home was run to reflect their needs and preferences. For example, there were regular house meetings where people made decisions about activities and meals as well as regular meetings between individual people and a designated staff member. People were also involved in the recruitment of new staff. This involved prospective staff visiting the home where people had opportunities to ask the prospective candidate questions about working at the home. The provider supported staff to ensure care was 'person centred,' which meant care reflected people's preferences as well as needs.

There was effective communication between staff and the home's management. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the home, which was encouraged at supervision and staff meetings. One staff member said how there was a culture whereby staff meetings could be critical of the service so that improvements could be made. The registered manager updated staff on policy developments such as changes to the safeguarding procedures. Staff were also supported by the provider's telephone advice line which was available all of the time.

Updates on people's changing needs were emailed to each staff member on a daily basis so staff were aware of any developments or changes. The registered manager and deputy manager were accessible to staff and frequent discussions took place between the registered manager and staff regarding any issues about the running of the home. Staff were aware they could use the home's whistleblowing policy to report any concerns to the organisation. The registered manager told us staff were asked to give their views on the service by completing a questionnaire. The results were compiled into a report which we saw; this included areas where the provider identified how improvements could be made. We saw how checks were made by the provider that any identified actions were completed.

The organisation sought the views of people's relatives and health and social care professionals in a questionnaire. The results of these were compiled in a report which identified areas for improvement and any actions the provider needed to make. The registered manager and staff were accessible to relatives who felt able to raise any issues they had.

The organisation had four statements of its values which were displayed in the home. This included treating people with dignity and respect as well as giving people opportunities to develop. Evidence of these values was reflected in both the way staff treated people and in the lifestyles people were supported to lead. For example, staff treated people with dignity and people had opportunities to attend work schemes and to prepare their own food. The provider informed us these values were discussed at staff meetings so staff had a clear understanding of them.

The provider was able to demonstrate good management and leadership as there was a system of management support to staff at all levels. The service had a registered manager in post. There was also a deputy manager. Staff had opportunities to complete training in the effective supervision of staff. We saw a record of how staff would be completing this training. Regular meetings of the home's management team were held. A member of the management team told us these meetings involved an "open discussion where staff felt able to criticise" so the service reflected the needs and preferences of people.

The registered manager and staff investigated and reviewed incidents and accidents in the home. This included incidents regarding people's behaviour which challenged others. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager completed a monthly report about people's care which was sent to the organisation's regional director. These included details about any incidents and accidents and how they were dealt with plus details about staff training and any issues regarding the environment. There were corresponding action plans of how any improvements were to be made. Follow up checks were made to monitor the effectiveness of the changes.

Outstanding ☆

Is the service well-led?

There were effective systems to monitor and check the performance of the service. These included a comprehensive monthly health and safety check to identify the service was safe for staff and people and if any improvements were needed. We also saw records of regular checks on the staff duty roster, infection control and cleanliness in the home.

The organisation's management monitored that the service was operating effectively and that people's needs were safely met. This involved the manager completing a detailed monthly report for the regional director regarding the monitoring of care records, staff working hours, the maintenance of equipment in the home and staff training. The use of any of medicines administered on an 'as required' basis was included so the provider could check this was appropriately used. Further checks were made by a visit every three months to the home by the organisation's regional director and chief executive officer.

This included the completion of a report to show that staffing levels were sufficient to meet people's needs and that accidents and incidents were reviewed and improvements made where needed.

The registered manager and staff were committed to continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. We also saw a document completed by the deputy manager entitled, 'Implementing the Driving Up Quality Code – a service point of view.' This was a self-assessment tool for evaluating the service. The views of people and their relatives were included and the focus of the evaluation was on the experiences of people who lived at the home. Areas were identified where improvements could be made so the service met the needs and preferences of people better. Action plans were devised where it was identified improvements could be made in service provision. For example, additional staff training and adjustments to staff shift patterns were included in action plans which were then implemented so the service was more focussed on meeting people's needs.