Care Management Group Limited

Care Management Group - 290 Dyke Road

Inspection report

290 Dyke Road
Brighton
East Sussex
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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

About the service: Care Management Group – 290 Dyke Road is a residential care home providing personal care to five people living with learning and physical disabilities at the time of the inspection. The home is single storey with access to a garden at the rear. There is a shared lounge and conservatory area.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

•At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.
•The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focussed on opportunities to gain new skills and maintain current independence and work toward more independence.
•Staff knew people, their needs, wishes and abilities well.
•People were treated with kindness and compassion and received personalised care.
•People's independence was promoted. Staff supported people to use assistive technology to increase their independence. For example, a large touch button in place of a doorbell.
•People's needs and any risks were assessed and planned for. Staff had a positive approach to risk, and balanced this with ensuring people had opportunities suitable for them.
•People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.
•People, their relatives, staff and other professionals were involved in the development of the service.
•Specialist needs that people had, such as health conditions or nutritional needs, were supported. Staff had training to ensure they could meet people's needs, and their competency to do so was assessed.
•Staff were recruited using safe recruitment practices. When joining the service, they were supported with induction, and this support continued with regular training and supervision.
•Staff worked in partnership with health and social care professionals to ensure people received the right support.
•The quality assurance framework supported the registered manager to continuously learn and improve.

Rating at last inspection: At the last inspection the service was rated Good (22 April 2016).

Why we inspected: This was a planned inspection to confirm that this service remained Good.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe Details are in our Safe findings below.	Good
Is the service effective? The service remained effective Details are in our Effective findings below.	Good
Is the service caring? The service remained caring Details are in our Caring findings below.	Good
Is the service responsive? The service remained responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service remained well-led Details are in our Well-Led findings below.	Good

Care Management Group - 290 Dyke Road

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Care Management Group – 290 Dyke Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Care Management Group – 290 Dyke Road accommodates five people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 3 days' notice of the inspection visit because it is small and the people and staff are out and about in the community. We needed to be sure that they would be in.

What we did:

Before the inspection:

•We used information, the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
•We looked at information we held about the service including notifications they had made to us about important events.
•We reviewed all other information sent to us from other stakeholders, for example, we spoke to a health and social care professional.

During the inspection:

•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.
•We spoke to two people's relatives, the registered manager, the deputy manager and two staff.
•We looked at two care records, three staff recruitment files, records of accidents, incidents and complaints, audits and quality assurance reports and other records relating to the running of the service.

Following the inspection:

•We spoke to two health and social care professionals.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

•People were protected from the risk of harm and abuse.
•People's relatives told they felt people were safe.
•Staff had training in safeguarding and knew how to report any concerns about people's safety.
•One member of staff told us they would, "make sure the person was safe." They explained how they would then raise concerns with the registered manager or another manager in the organisation. They understood they could also raise concerns with the local authority and the police.
•There was a whistleblowing policy in place and staff understood how to use this.

Assessing risk, safety monitoring and management

•Risks to people were assessed and lessened.
•People needed support to maintain their skin health and prevent skin breakdown. This included regular repositioning. Guidance for staff on how to do this safely was clear and included photographs to ensure people were positioned correctly.
•Staff had a positive approach to risks.
•For example, one person enjoyed walking around the home. This person was assessed to be at risk of falling, and had a history of falls, but enjoyed being able to move around their home. Staff used their judgement when to offer the person additional assistance. This support meant the person had not experienced a fall in over five years and was still able to move around their home as they chose.
•People had also been supported to go ice skating locally. The risks around people undertaking this activity in their wheelchairs had been considered and lessened, to ensure people were able to experience this activity.
•Risks around the environment and equipment were assessed and planned for.
•For example, one person's ceiling tracking hoist had recently developed a fault. A mobile hoist was in use until the fault was resolved.
•There were regular checks on environmental and fire safety. Personal emergency evacuation plans were in place for each person. These included pictorial guidance on supporting someone to evacuate in the event of an emergency.

Staffing and recruitment

•There were sufficient staff available to meet people's needs. Staff had time to spend with people and support them individually.
•When people were allocated specific staffing levels, such as one to one support, staff were clearly allocated

for this on the rota.
•Staff were recruited using safe practices, such as ensuring references were received and criminal record checks through the Disclosure and Barring Service (DBS). These checks were completed before people started work at the service.

Using medicines safely

•Medicines were managed safely. Staff supported all people living at the home to take their medicines.
•Staff were trained to give people medicines and their competency to do so was assessed.
•Medicines were stored safely and securely. Records were kept of when medicines had been given.
•Some people took their medicines through enteral feeding tubes. Pictures within people's medicine files showed how people took their medicines. A policy guided staff in how to manage this, and there was detailed guidance in place for each person.
•Some medicines were prescribed to be given 'as required'. There were clear protocols in place for staff to understand when these medicines should be given.
•When people were prescribed new medicines, or medicine doses were changed, staff completed a medication alert. This drew the attention of any staff giving people medicines to the change.
•Medicines and medicine records were regularly audited. This included the registered manager observing staff giving people their medicines. When needed, actions were identified to improve the medicine process.

Preventing and controlling infection

•People were protected by the prevention and control of infection.
•Staff had access to personal protective equipment, such as gloves and aprons. We saw they used these items when supporting people with personal care.

Learning lessons when things go wrong

•Lessons were learnt when things went wrong. For example, one person had fallen. The registered manager explained that the person's support plan had been altered to reduce the likelihood of this happening again.
•Learning from within the organisation, such as safeguarding enquiries which had happened at other services, was shared with the staff team.
•Staff understood what to do in the event of an accident or incident.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

•People's needs were holistically assessed and planned for.
•Regular records were completed to confirm care had been provided in line with these assessments.
•Staff explained that people's keyworkers checked the assessments and support plans regularly to make sure they were accurate.
•Keyworkers also completed regular reports about how people were and what they had been doing.
•Needs that could be met with assistive technology had been assessed.
•For example, one person had a touch button in their bedroom which controlled their television. This meant they could control when they wanted their television on or off. Staff had worked with the person to introduce the button, and assist the person's use of it.

Staff support: induction, training, skills and experience

•Staff new to the service were supported with an induction.
•This included getting to know the people, and undertaking training. Staff told us they also shadowed experienced staff to learn how to work with people.
•Staff new to the service had regular probationary reviews to discuss their work and any additional training or support needs.
•Personalised induction videos for each person were being created to complement existing induction training and support.
•Staff were supported to ensure they had the right skills and knowledge to provide care and support.
•For example, staff had training in supporting people with learning disabilities, mental health and dementia and supporting someone with a gastrostomy tube.
•One member of staff told us about how a person centred active support training course they had recently attended helped then to support people. They explained that they were able to use the skills with the people using the service to track their progress.
•Some staff had been trained as lifeguards so they could support people to use the swimming pool.
•Some staff had completed qualifications to support people with profound and multiple learning disabilities. Others were completing Regulated Qualifications Framework (RQF) qualification in social care at various levels.
•Staff were supported with regular supervision and appraisals.
•One member of staff said, "It's very useful, I need feedback to know if I'm going in the right direction."

Supporting people to eat and drink enough to maintain a balanced diet

•People were supported with nutrition and hydration. People living at the home had their nutritional needs met through gastrostomy tubes. These are tubes which connect directly to a person's stomach.
•Staff had training on how to support people with their gastrostomy and their competency to do so was assessed.
•There was guidance in place for staff about how and when to provide people's feeds and the exact quantities.
•When people had allergies or specific dietary requirements these were known by staff and recorded.
•People's weights were checked monthly and they had regular checks with the dietician.
•Although most people living at the home did not eat food orally, people were involved in the preparation of food. For example, spending time in the kitchen whilst food was cooking.

Staff working with other agencies to provide consistent, effective, timely care

•People accessed different day centres. Staff shared information as needed, and ensured people's needs were known and met.
•A health and social care professional said, "On a professional level - all staff consistently implement any guidance or advice that I have developed. They are also good at keeping me informed of progress as well as alerting me to any concerns they have."
•Another health and social care professional told us staff were, "Responsive and always accommodating in providing information. Friendly and welcoming."

Adapting service, design, decoration to meet people's needs

•Assistive technology had been used to support people's use of their home. For example, there was a large button sited at the right height for people using a wheelchair instead of a conventional doorbell.
•Some people living at the home were blind or partially sighted. The use of lights had been considered to support people's comfort and understanding of their spaces.
•Bedrooms were highly personalised, including murals in some people's bedrooms which reflected their interests.

Supporting people to live healthier lives, access healthcare services and support

•People were supported to access health care services and support.
•A health care professional told us, "The continuity and caring and in-depth knowledge of each service user makes them very easy to work with and, above all, the care of each service user is individualised and expert."
•One person's relative told us, "They do all the right things."
•Records were kept of healthcare appointments and the outcomes of these.
•When people were diagnosed with specific health conditions, such as epilepsy, these were well supported.
•Staff had training in epilepsy.
•There was clear guidance about potential triggers and the support people needed in the event of a seizure, which was updated as required.

Ensuring consent to care and treatment in line with law and guidance

•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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
•We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•Staff had training in the Mental Capacity Act and understood the principles and day to day application.
•People's capacity was considered, and assessed as appropriate. For example, one person's capacity to understand and consent to being given medicines had been assessed. They were found to lack capacity about that specific decision. Relevant people, such as the person's GP, a health facilitator and their family had taken part in deciding what decision was in the person's best interest.
•Restrictive practices had been considered and assessed. For example, the use of lap belts when people were using their wheelchairs.
•When people had authorised DoLS staff were aware of this and had complied with any relevant conditions. For example, a condition for one person was for their medicines to be regularly reviewed by a healthcare professional, which was happening.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

•People were treated with kindness and compassion. One person's relative told us, "I'm very, very happy with the service there. [Person] is safe and happy and it gives [them] an independent life."
•Another person's relative said, "I love it, absolutely. Very caring, I'm very pleased."
•A health care professional told us, "The provider and staff are second to none. The staff are knowledgeable and above all caring. I would have no hesitation for any member of my family being looked after at 290." They added, "The care given is the best of any care environment I have worked with in the last 15 years."
•Another health and social care professional said, "I visit a lot of homes in Brighton and I feel that 290 Dyke Road consistently demonstrate excellent practice and communication. But above all of that 290 always feels very homely and welcoming whenever I visit - my overriding feeling is that it is a happy place to be."
•A member of staff said, "It is a home, it doesn't feel like a care facility. We're laughing, joking and active."
•People's preferences about who supported them were respected.
•People's relatives told us they were welcome to visit when they wished. One person's relative said, "I go regularly to see [person]. Sometimes I turn up unannounced, I've never had a problem."
•Staff supported people's relationships with friends and families. There were contact agreements in place to support people to contact their families at times which worked for both parties.
•A newsletter showing activities and outings people had taken part in, any celebrations and events, was sent out quarterly.
•Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.
•For example, two people had been supported to attend an event celebrating their cultural heritage run by the organisation.

Supporting people to express their views and be involved in making decisions about their care

•People were supported to make choices about their day to day support.
•People living at the home communicate in various ways, though not through speech.
•Staff knew people well and understood their communication. We saw that staff took time to understand people's wishes, and checked they had understood them correctly.
•A member of staff told us, "I keep them informed with what is going on." They explained how people would show that they did not want to continue with support or an activity.
•Another member of staff said, "Never just assume what they want or that they can't make a choice."

Respecting and promoting people's privacy, dignity and independence

•People's privacy and dignity was respected. For example, staff told us how they would protect people's dignity during personal care by ensuring doors were closed.
•Staff respected people's privacy by knocking on doors before entering.
•People's independence was encouraged and promoted.
•For example, one person was doing some painting as an activity. Due the person's physical disability, staff held the paper they were painting on. The person was enjoying painting on both the paper and the member of staff. The member of staff was encouraging the person to continue painting, and both were laughing.
•Another person had recently been supported to learn how to close their drawers.
•People's information was kept confidentially. Staff understood their responsibilities to protect people's information and had undertaken training in data protection.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People received personalised care.
•People were matched to staff. A tool was used that considered the types of support people needed, the personality staff should have and shared interests. For example, one person and their keyworker had shared interests in going out, massage and relaxation.
•Staff knew people well. One person's relative told us, "They know [person] as well as I do, well nearly."
•Support plans included information on people's life histories, interests and how they liked to live their lives.
•Staff understood the Accessible Information Standard (AIS). From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs.
•People's communication needs were identified, recorded and staff were aware of these. People had communication passports. Staff were knowledgeable about how people communicated and the aids that could help understanding.
•A health and social care professional said staff were, "Very skilled in communication techniques and practice for people presenting with substantial communication difficulties."
•Assistive technology was used to support communication with people. For example, talking books and picture frames which contained a recording related to the photograph in the frame.
•People and staff were in the process of creating induction videos for new staff. These included an instructive video with a physiotherapist about positioning of people and the precise preparation of their gastric feeds.
•Staff worked with people to achieve their goals. For example, one person enjoyed swimming. The person was very energetic when in the swimming pool. Staff worked with a physiotherapist and knew how to keep the person safe and well supported whilst in the pool. This included ensuring they did not damage their skin when moving in the water.
•A health and social care professional told us, "Staff are very proactive in supporting residents to access the CMG hydro pool/public pools. This is a great adjunct to posture and respiratory care. The enthusiasm of the staff is vital in this working. I am developing hydro programmes in partnership with staff and it feels they are really taking ownership of this."
•Assistive technology was in use to promote people's independence and involve them in activities. For example, a dice randomiser had recently been purchased to allow a person to take their turn in a game in a meaningful way.
•People were supported to take part in activities and attend local events. For example, people had taken part in a drama therapy club, regularly had musicians visit the home and had attended Brighton Pride.

Improving care quality in response to complaints or concerns

•Information on how to make a complaint, and what people could expect if they needed to complain, was available to people and their relatives.
•One person's relative told us, "If I have any concerns [registered manager] knows I'll come and talk to [them]."
•Another person's relative said, "I could raise concerns, it's dealt with very well."
•Concerns were listened and responded to. For example, a concern had been raised about the regularity of communication with one person's family.
•The registered manager had responded to the person quickly with an identification of actions to take to resolve the issue. These were to raise awareness with staff, add an alarm to prompt the person and staff and to ensure planning systems, such as the diary and shift plan, reflected when a telephone call was due.

End of life care and support

•People's end of life preferences had been discussed with people and their families.
•Some people and their families had completed plans with the staff. For example, one person's end of life plan was personalised with photographs and details of who was important to them.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•A positive and person-centred culture was promoted by the registered manager.
•A member of staff told us, "290 is a place where young people live and do young people things. A profound and multiple learning disability is only a part of that."
•There was a positive approach to people's abilities and potential. A member of staff told us, "We assume that everybody can do something," and, "We think about how to engage them."
•One person's relative told us, "It's just fantastic every time. They treat [person] as a human being. Know [their] likes and dislikes."
•A health care professional told us, "The care given to each service user is exemplary. from the manager to the care staff to the massage therapist and physio every member of the team has the needs of the service user at the core of their approach."
•The registered manager understood their responsibilities under duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

•The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
•Staff told us the registered manager was supportive. One member of staff said, "[Registered manager] takes time to listen, really supportive manager."
•A health and social care professional told us, "They are well led by [registered manager] who has helped facilitate really effective communication between staff and visiting professionals as well as the families of the residents at 290 Dyke."
•The governance framework was clear and supported the identification of issues for action and continuous improvement.
•Quality assurance audits were completed regularly and items for action were identified. For example, a health and safety audit had highlighted the need for some flooring to be replaced. This had been completed.
•The regional manager completed regular checks on the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

•People's views were respected and encouraged. For example, one person was supported by staff to campaign for the Changing Places campaign. The Changing Places campaign is for the provision of toilets accessible, safe and comfortable to people with profound and multiple learning disabilities and people with other physical disabilities.
•Questionnaires had been sent out to people's relatives and health and social care professionals, seeking their views on the service provided. The registered manager told these were collected and reviewed centrally by the organisation.
•Comments and positive feedback received from people's relatives and professionals had been detailed and shared with staff.
•Staff were supported with regular team meetings, when they could discuss the running of the service with their colleagues and the registered manager. Topics included the needs of people living at the home, management of medicines and how shifts were planned.
•Staff told us they were well supported by the registered manager. One member of staff told us, "[Registered manager] sets the example and always supports. Never negative feedback, which makes us feel brave."
•The registered manager was proactive in ensuring that diversity and cultural differences were promoted and supported amongst staff. For example, a staff member who had made a change in their own identity whilst working at the service had been supported. They told us this made them feel, "totally safe and comfortable."
•The service maintained open and honest relationships between staff and people where diversity issues were both protected and celebrated.

Continuous learning and improving care

•Staff stayed up to date with current guidance about how to provide support. Staff attended regular forums within the organisation which focussed on supporting people with profound and multiple learning disabilities.
•An annual service development plan assisted the registered manager to identify areas for further improvement of the service.

Working in partnership with others

•Staff worked in partnership with other agencies.
•A health care professional told us, "The manager and staff are very approachable and enthusiastic and professional."
•Another health and social care professional told us staff were "willing to listen and act upon any guidance given. Open to ideas and suggestions."
•The registered manager sought opportunities to work with others. For example, they had taken part in a project group which created the Stop Look Care handbook with Brighton and Hove Clinical Commissioning Group.