Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Care Management Group - 361 The Ridge

361 The Ridge, Hastings, TN34 2RD

Tel: 01424755803

Date of Inspection: 04 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care Management Group
Registered Manager	Mrs. Victoria Louise Stapley
Overview of the service	361, The Ridge in Hastings, East Sussex provides accommodation and personal support for people who have a learning disability.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People we spoke with said that the home was comfortable and that the care staff looked after them well. One person said that they were "Really happy living at the home and went to college as well as spending time in their home." Another said they were "Happy and loved living there." One person showed us their room which was personalised with photographs and personal items important to them.

We found that people were involved in decisions about their life as far as was possible. We also saw that people were involved in the decisions about how the home was run and the décor of their rooms. Care plans and risk assessments were in place and reflected people's needs and aspirations. The home was clean and comfortable and the food provided was varied and nutritious.

We saw that quality assurance systems were in place and were audited regularly to ensure that the service was run in the best interests of the people who used the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw documentary evidence that care plans were developed in consultation with the people who lived in the home and with their relatives where possible. We saw a care review being held with one person and their family. One person proudly showed us their care folder pointing out friends and places where they had been. Two people who lived in the home wrote up their own care plans and reviews on the home's computer.

The information recorded was comprehensive and person centred. People's wishes and personal goals were documented and included how support had been provided to meet their individual needs. We saw that their goals evidenced six steps to reach the top of the pyramid. They were signed off by their care worker at every step. Once the goal was reached, a new goal would be introduced. Each goal set was specific to what each person felt was important. One person's goal was to prepare themselves for a holiday. One person said, "I make my own decisions about my life."

We saw that people were supported in managing their goals and aspirations. Some had daily challenges due to their physical and mental health. The goals had been monitored, recorded and handled with respect and dignity. People told us that the staff were very supportive and understood their specific problems. Where people had specific personal behavioural traits, the staff had explored ways of maintaining people's dignity. We saw that one person had a particular way of getting comfort from a fabric. Staff had introduced a different colour for outings which made it less noticeable.

The care plans included people's weekly planner that evidenced a mixture of personal goals, college and work. A copy of these were retained in the staff office. The provider may find it useful to note that the planner for one person was not reflective of their actual daily activities.

We saw that some people were involved in decisions about life in the home and outside. For those that had medical problems the care plans gave guidance for staff to support people in the way each person wanted. For those that were unable to be involved, there were systems in place that ensured that decisions were made in the best interest of that

person in consultation with a family member or an independent advocate. There was evidence that people who used the service were supported and encouraged to be as independent as possible. One person told us that they showered, washed, and dried their hair by themselves. Another person was supported to buy their family presents and manage their finances.

We observed that interaction between people using the service and staff was genuine and respectful both ways. Staff were observed to be supporting people in a sensitive manner that reflected their individual needs. One person told us that they sometimes got a little frustrated but staff were kind. Another person said "I can talk to them about anything and they (staff) help me with my meals and with getting dressed."

We saw that a visiting professional 'motivator' provided activities before lunch. It was a lively and fun session that was enjoyed by all that attended. We saw that there was a wide range of activities and hobbies enjoyed by people. This was evident from people's care files and from photographs in the home

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with five people and then looked at the care plans of three people who used the service. Two people shared their care plan with us. The input from health and social care professionals was recorded and dated in people's care plans. People who used the service told us that they talked to staff regularly about their care, their wishes and what was and was not working for them.

There was evidence that the care plans had been reviewed and discussed with the people who used the service, their relatives and relevant professionals. Two people had typed their own reviews straight onto the computer. We saw that people's individual goals had been regularly updated. When they had met the goal or some aspect had changed, a new goal would be introduced. For example, a simple cooking goal or a shopping trip.

The care plans all had a "How to support me safely" section. The section contained all the information required by staff to meet people's individual social, physical and personal care needs. We saw a range of individualised plans of care, these included communication, hygiene, nutrition and mobility. Health needs such as diabetes and epilepsy were identified with a treatment plan. The information and guidance was clear and reviewed on a six monthly basis or as a specific change had occurred. We saw people's personal care was specific to each individual, and contained clear guidance on how to support and encourage independence.

The care records viewed demonstrated a multidisciplinary approach to care. The support offered depended on each person's individual needs and was based on positive behavioural support and care delivery. We found evidence that the home maintained comprehensive guidance and risk management strategies for staff to follow. The staff told us that these were clear to follow and enabled them to identify current and ongoing support needs and how they could be met. An example was behavioural and temper management. This was discussed with each person and their family and then documented. The home used positive behavioural methods, such as diversion techniques, to manage outbursts. Staff told us that the focus of the home was to support people achieve maximum independence and that they led fulfilling lives. Some people had children and families and this had been identified as an important life skill to continue those important relationships.

One person had visual and hearing problems, a system of 'body touches' had been devised that identified which staff member was with this person. A further system of communication had been devised that enabled that person to understand what was happening. We observed the system used positively during our visit. The staff member approached the person, used a hand touch to identify themselves, moved the wheelchair to the person and tapped a signal which the person identified as 'get into your wheelchair'. This was done safely and smoothly. Staff told us that they were continually looking at ways of improving communication techniques and of understanding behavioural traits.

People's mobility was varied in the home. We saw that moving and handling assessments had been undertaken and regularly reviewed. There were three people who required help with their mobility. We saw that specialist advice had been sought from health professionals that ensured that people were moved safely with the appropriate equipment. The care plans in place promoted independence and progression to being fully mobile. One person had progressed from being hoisted and now used a banana board (specific mobility tool). The aim for that person was to be fully mobile.

People had been weighed regularly and monitored to promote their health. The service used a nutritional tool that guided them in taking appropriate action for weight loss or weight gain. We saw that the people who required their food soft or 'cut up' had a plan in place for staff to follow. There were signs in the kitchen that alerted staff and visitors of people's nutritional requirements. One person required a fluid thickener and this had been managed appropriately with regular input from the speech and language therapist. We observed that people had breakfast at a time of their choice and were offered drinks regularly. Due to people's differing daily schedules, lunch was soup and sandwiches or an alternative light dish. The main meal was in the evening when people had finished college or had returned from outings.

We examined the timetables and talked to people who used the service. Some were at college and some worked. Their timetables showed us that they led interesting and full lives. We found that people spent their time doing things that interested them and developed their skills and independence. People that lived in the home had weekly cleaning and kitchen duties that they agreed to do. One person said, "I help in the kitchen, but I don't cook, but I lay the tables." Another said, "I clean my room."

The care staff were knowledgeable about the needs of the people they supported. They were able to discuss and explain the strengths and goals of each of the people who used the service and how they were supporting them to develop their skills.

We looked at the medication administration for those people whose care plans we looked at. We saw that medication was administered safely and signed for correctly. People's medication was reviewed by health professionals on a regular basis.

We observed that the interaction between people who used the service was relaxed and friendly,

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the service's safeguarding policies and procedures and saw that they had been reviewed and updated regularly. These included safeguarding, complaints and whistleblowing.

Staff had a good understanding of the possibility of abuse and what action they would take if they were concerned. One staff member said that they had received training and felt confident to take the correct action if it should arise.

Safeguarding training was included as part of the annual training for all staff members. All staff had attended safeguarding training in the last 12 months. This was confirmed by the training matrix.

The deputy manager said that al staff were aware of the multi-agency guidance and there were systems in place to contact the relevant professionals if they had any concerns regarding the safety of people who used the service.

We saw that people were protected from financial abuse. We saw that people had been supported to gain independence by managing their money themselves. This provided autonomy for the person and made them proud of their achievement. One person showed us photographs of them using a cash machine themselves. We saw there were structured systems in place for using a cash point safely.

The service operated a robust recruitment process. This included making sure criminal record bureau checks were secured before staff commenced work in the home. This ensured that people were protected from the possible risk of abuse.

We saw evidence that the service had co-operated fully with the local authority in the one safeguarding investigation this year. We also saw that the provider responded appropriately to any allegation of abuse, making sure a full investigation was carried out.

The home had a 'no restraint' policy for behavioural episodes and all staff received training in positively managing aberrant behaviour. They also used an aberrant behaviour check lists for prevention of incidents.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the staffing rota. There were four members of staff on during the day when there were no individual outings for specific people. There were two waking care staff on during the night. The deputy manager confirmed that extra staff were used for one to one escort duty when required, and if someone was ill. The service had a work force that was flexible. Staff spoken with said the staffing levels were sufficient to deliver care and support to the people who used the service.

We spoke with staff and they told us what training they had undertaken. We were told that they had received training to fulfil their role in the home and to care for the people who used the service. We saw that all staff had had specific training to be able to deal with the people who had diabetes, epilepsy and dementia. The staff spoken with said that they worked well together as a team and they supported each other. If staffing levels were not sufficient they felt that the provider would listen and extra staff was provided. They told us that there was an 'on call' list for the management team which covered after 5pm daily and weekends.

We were told that handovers were important as this could affect the running of the shift if people's needs had changed. Agency staff were used occasionally, as required, for holidays or sickness. We were told that they ensured that the agency send staff that were familiar with the home and the people who used the service.

Staff told us that the management team were very supportive. They told us that there were regular staff meetings and they felt able to discuss and make decisions about appropriate staffing levels.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Records seen at this inspection demonstrated that staff received appropriate professional development. We spoke with people who used the service but their feedback did not relate to this standard.

We were told that all new employees were required to complete an induction programme that ensured that they became fully aware of all the requirements of the home in providing a person centred approach to care delivery. We saw records that showed that all staff had received a wide range of service specific training and that there was a rolling programme of training in place. This included training in assessing mental capacity, managing challenging behaviour and dementia. The training matrix also identified that staff received training in diabetes, epilepsy and administrating buccal (absorbed through gums/cheeks) medication for seizures.

Staff spoken with confirmed they had received training and felt supported by the management team in being able to develop their skills. One staff member was very enthusiastic about the home and the training provided. We were told about training in safe medication practices, moving and handling, infection control and emergency procedures.

Staff confirmed that they had received regular supervision and appraisals. A plan of supervision sessions was in place that confirmed this. Staff said that supervision sessions had been helpful and they were able to suggest training and support they felt was important to their job role.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about the support they were offered. We were told that regular resident and staff meetings were held. The deputy manager told us that they had ongoing feedback from relatives who visited regularly, as well as GPs and other health professionals who provided primary health care for people who used the service. Questionnaires in 'user friendly' formats were given out yearly. The comments received were then audited and acted on.

People we spoke with said that when they wanted to say anything they would go to a member of staff rather than wait for a meeting. We noted that when people approached staff with ideas and plans for their day, these were discussed and considered. They were then documented. Suggestions and comments were acted on as necessary and action plans put in place. One person said that staff listened and then spoke with them about their wishes.

The manager said there was a comprehensive quality assurance system in place that looked at all aspects of the service provided such as care planning, medication and staff training. There was documented evidence that regular audits had been carried out for the service overall including care plans, medication and the environment.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. An example given was an outing to a concert. Strategies had been put in place that ensured that future outings would be a positive experience for staff and the people who used the service. The deputy manager told us there were no on-going complaints at the time of our inspection.

Accidents and incidents had been recorded separately and appropriately. We saw that action was taken to prevent a reoccurrence where necessary.

The management structure for decision making and accountability provided guidance for staff, to ensure that care and support needs were met consistently and safely. Staff told us that they were confident and aware of how to raise concerns.

We were told that the management team carried out daily tours of the building to check

things were in good order.
A maintenance book was available for staff to report any concerns. The deputy manager told us the book was checked daily and the appropriate person called in to rectify the problem. Entries in the maintenance book were signed when completed. Any serious concerns were raised directly with the deputy manager or provider as one of them was available at all times. We saw emergency evacuation plans in place that were regularly reviewed to reflect changes to the organisation and the needs of the people who used the service.

The deputy manager said that the home was well supported by the provider, with the general manager continually monitoring the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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