

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

Care Management Group - 109 Higham Road

109 Higham Road, Rushden, NN10 6DS

Tel: 01933358429

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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
Requirements relating to 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	Ms. Hilary Watt
Overview of the service	Care Management Group 109 Higham road in Rushden Northamptonshire is a care home which provides accommodation and personal care for up to six adults whose primary needs relate to their learning disability. At the time of our visit the home accommodated six people.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Requirements relating to workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 18 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with four people that used the service and one relative. People we spoke with told us that they liked living at the home. They told us that they were encouraged to express their views and make choices and that they decided what they did each day.

People were involved in a wide range of activities. One person we spoke with said, " I helped with the some cleaning today and will help with the lunch before going into town."

Care staff we spoke with explained their role in the home which included how they supported people that used the service to achieve an independent lifestyle.

We found that people's support plans were detailed and took account of people's individual needs and how this would be supported.

We looked at the provider's quality assurance systems and found that there were suitable arrangements in place to monitor and improve the service.

When we visited we found that the provider was registered for the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. We however found that the manager was registered only in respect of the regulated activity accommodation for persons who require nursing or personal care. The registered manager told us that they did not carry out diagnostic and screening procedures or treatment of disease, disorder or injury. We have advised the provider to have these regulated activities removed from their conditions of registration.

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

People expressed their views and were involved in making decisions about their care and treatment. We looked at the care records of three people that used the service. We found that people had been involved in agreeing their support plans. Each care record contained a "pen picture" of the person and this gave specific information such as a person's likes, dislikes, and their specific needs.

People were supported to make choices about their daily activity. A person we spoke with said, "I like living here and the care staff support me well." Another person said, "I did some cleaning today and will help with the lunch before going into town." Another person said, "I sometimes help with the cooking and go to the supermarket to help with the shopping." The manager told us that people were also supported to attend the local college in recreational and vocational courses such as horticulture and animal husbandry. Each person had their individual activity plan displayed in their bedroom. People we observed were relaxed and the care staff interacted well with them.

People's rooms were personalised and reflected their individual tastes, hobbies and interests.

People's diversity, values and human rights were respected. Care staff called people by their preferred name and spoke with them in a respectful manner. Care staff respected people's dignity and ensured they gave them enough time to make choices so they were not rushed. A relative we spoke with said, "My son seems happier now. The care staff are good. They know what he likes and look after him well."

The provider held monthly resident's meetings. During these meetings people were consulted about their choices of activities, food preferences and feedback on the service provided. This showed that people were involved and consulted about the things that mattered to them most and acted upon. One person said, "We agreed on Devon for our summer holidays and we go next week. I can't wait because I am going to have a really good time."

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that people's assessment of needs included the views and support from a range of professionals and family members. We looked at three support plans. Support plans were person centred and contained an assessment of the person's needs, how these needs would be supported with an evaluation of any associated risks.

Information held within support plans covered all aspects of the person's life and detailed what this meant for the person. Support plans covered a range of areas, which included daily activities, support with daily living, mental health and emotional needs, recreation and community involvement. Support plans were reviewed yearly as a minimum but were updated more frequently if individual needs changed.

We spoke with three care staff, who were able to tell us about people's needs and how they would be supported. We observed care staff with people and saw that they cared for them well in a calm and respectful manner.

Where necessary the provider liaised with other professionals. We saw evidence of involvement with the provider's own behavioural therapy team to support the care staff to manage people's behaviour.

There were arrangements in place to deal with foreseeable emergencies. We saw a specific instance where arrangements which included staff training were evident to deal with a possible epileptic event.

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

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.

We spoke with three care staff who explained what action they would take should they suspect any form of abuse occurring inside or outside the home. Training records showed that care staff had completed training relating to safeguarding, the Mental Capacity Act 2008 and in the deprivation of liberties safeguards.

The provider had safeguarding and whistle blowing policies. Contact telephone numbers for raising concerns on safeguarding and whistleblowing were available on the staff notice board. This meant that care staff had easy access to information they required if they needed to raise any concerns.

Where people did not have the capacity to consent, the provider acted accordingly in agreeing best interest decisions to safeguard people's care and welfare.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at the at the staff files of two recently recruited care staff. These files contained a range of documents which showed that that the provider had followed the correct procedures when they recruited staff.

Appropriate checks were undertaken before staff began work. New care staff had submitted an application for employment and had undergone a pre-employment interview. We found that pre-employment checks which included a photographic identity check, residency check, references from previous employers, and a Disclosure and Barring Service (DBS) check had been carried out. The DBS check is a process of gathering information about an applicant's possible criminal activity.

New staff members were given a copy of their job description and had an induction when they first started work.

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 care and treatment wherever possible during reviews of people's care and through a questionnaire.

The manager showed us their monthly internal audit that was used to regularly assess and monitor the quality of service that people received. These audits covered a range of activities and included care plan and risk assessment reviews, health and safety issues, incident reviews, infection control, environmental issues and people's finances.

The manager showed us the home's refurbishment plans which included plans for redecorating the public areas of the home such as the corridors, kitchen, dining room and the lounge. The manager told us that these improvements would be complete by October 2013.

The provider may wish to know that during our inspection we found two low lying roof windows in an attic room without access restrictors. This posed a potential falls risk for the occupant. The provider has since our visit assessed the risks and has arranged for the restrictors to be installed by 15 August 2013.

Staff meetings were held every two to three months.

People we spoke with told us that their views were listened to and that any problems were quickly dealt with.

The provider took account of complaints and comments to improve 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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