

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: 22 November 2013

Date of Publication: January 2014

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

Care and welfare of people who use services	✘ Action needed
Safeguarding people who use services from abuse	✔ Met this standard
Staffing	✘ Action needed
Assessing and monitoring the quality of service provision	✘ Action needed
Records	✘ Action needed

Details about this location

Registered Provider	Care Management Group
Registered Manager	Mrs. Victoria Louise Stapley
Overview of the service	Care Management Group - 361 The Ridge provides accommodation and care for up to 11 adults with learning disabilities. The people may also have physical disabilities or sensory impairment.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

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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 22 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

We also spoke with an external health care professional.

What people told us and what we found

We spoke with four people who used the service during the visit. However, we also used other methods to understand people's experience due to their complex needs. One person was in hospital at the time of the visit. We spoke with three members of staff, the manager and the regional director. The registered manager named on this report had recently stopped working at the home. We also spoke with an external health care professional.

We found that staff demonstrated knowledge of the people living in the home and observed kind interaction between staff and the people they were supporting. One person liked helping at meal times. Another indicated that they enjoyed drawing. However, for two people we saw very little interaction during the day. We found that activity plans were out of date and did not reflect each person's current needs and abilities.

Staff demonstrated knowledge of safeguarding processes and we found work underway to review policies and improve staff training.

Staffing levels were lower than considered optimum for the dependence and number of people in the home.

The home was not completing the regular internal audits required by the provider. The provider audits were not monitored and followed up to ensure that the quality of the service was maintained. We found that record keeping was not up to date in many areas.

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

What we have told the provider to do

We have asked the provider to send us a report by 05 February 2014, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

Recent assessments of some people's needs had not been carried out. The delivery of care did not meet all people's needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Two people we spoke with told us that, "Staff are kind." Two other people said that they, "Liked living in the home." Another person indicated that they were happy. One person told us they were going to see a show later in the day. Another person showed us their walking aid and appeared very pleased. We were told by staff that the person had progressed to this from a walking frame. We observed the same person enjoying talking to others during breakfast and then clearing mugs and plates from the table to the kitchen. We saw there were books for colouring available and other indoor activities for people to use.

Those people that were able to do so were supported by staff to prepare their own breakfast. We saw that people chose what they wanted to eat and drink. Other people were assisted to the table and supported with eating and drinking. Food was presented in a way that enabled people to feed themselves where possible. This showed that staff made adjustments to people's individual needs.

We spoke with an external professional who felt that people received good care from staff that knew them well. However, they did say that the recent changes in staff had impacted on people who used the service. One person asked us when a member of staff was coming back. Another person became upset during the visit and told us that they missed another member of staff.

We spoke with an external health care professional who told us that the staff understood people as individuals. They felt that people had good access to health care and staff followed advice and guidance provided. An example given was in respect of joint work between health, social care and the staff at the home on behalf of one of the people who used the service. This had enabled the person to have the time and support to understand and consent to the treatment needed to maintain their health and wellbeing.

For those people who were able to ask for what they needed we saw that staff responded and there was kind and frequent interaction between them. There were other people who were not able to communicate verbally and we observed that there was less interaction with them.

We observed one person, with both physical and sensory impairment, at various times during the day and found that there was very little staff or other contact with them. We saw that their personal care was attended to and they were supported to go to the dining table to eat. However, apart from meal times, they spent the day in the sitting area with very limited interaction or communication. This meant that, due to their sensory impairment, they were isolated and not part of the home community.

We reviewed the care records for the person above and found that these should have been reviewed in February 2013 but that this had not happened. We were told that the documentation was still to be updated as part of an identified concern following recent safeguarding investigation findings. The last risk review recorded was August 2012. However, there were risk management plans in place for such things as bathing and eating and drinking that were reviewed in August 2013. There was more than one support plan in place for a medical condition and it was not clear which one was the most current for staff to follow. This could pose a risk to the person of inappropriate care in the event of a seizure.

The person's care plans contained a comprehensive communication passport that appeared to have been developed in 2012. However, there were no records that this programme had been implemented or evidence that it had been reviewed for effectiveness. We did not see use of the stipulated communication techniques during the day of the visit. This meant that the person's individual wishes and needs, other than personal care, were not known or regularly considered.

We looked at the person's daily record sheets for November 2013. These provided very limited information regarding the person's needs and how these were being met. There were comments on several days that the person was not engaged in any activities. There were several references that the person was sleeping a lot in the day. We could find no evidence to support that these reports had been discussed or acted upon. There was no evidence that the person's needs had been reassessed or that professional advice had been sought on their behalf.

We observed another person who had no mobility and limited verbal communication. We found they also had very little staff or other contact throughout the day. Their care plan stated that they should have regular specified exercises. However, we found only one record that this had happened in their daily record sheets for November. We did not find where the person's specified exercises were monitored or that staff were aware that this was not being provided. This could have an impact on the person's future well-being.

The home operated a system whereby each person had a named key worker. The key worker was responsible for ensuring that they had monthly one to one meetings with people. Key workers were also responsible for writing a monthly report on each person. We did not find evidence that monthly key worker meetings were taking place or being recorded. We found one record of a meeting in May 2013 and one key worker report for July 2013. The quarterly quality audits undertaken by the provider demonstrated the same findings. The last audit in May 2013 reviewed two people's records and found key worker meetings for January and March 2013. The audit also stated that there was no evidence

that the people had been involved in their key worker meetings. This meant that people were not provided with regular opportunities to discuss their care and treatment.

We reviewed a further two care records in detail. For the other two, one had been updated and demonstrated recent reviews of care plans and risk assessments. There was information on what they could do for themselves, support required was clearly documented. There was an 'All About Me' book that identified likes and dislikes. There was a list of 'do's and don'ts' in the folder. A 'Health Action Plan' was in place that demonstrated good access to health care. Incidents had been reported and action taken was clearly documented. However, the daily record sheets were not always fully completed. For example, medicines and food intake were only sometimes recorded. Whilst the activities chart had also not been updated, it included such things as being taken on weekly shopping trips. There was evidence that the person declined a local walk on 1 November. However, there was no further reference to offers made or declined and it appeared that they had not been taken out at all in November up to the date of our visit.

There were similar findings in the third care record we looked at. The activities chart had not been updated. The daily record sheets were not fully completed. This meant that people's daily care, treatment and needs were not overseen to ensure that they were fully met.

There was an in house music and movement session provided by a visiting professional on the day of the visit. We observed some people participating and enjoying the activity. The person with physical and sensory impairment was asleep in a chair against one wall during the session.

We saw updated risk assessments in the staff communication folder called 'Read & Sign'. Staff were required to read the contents of the folder and then sign that they had. Once all staff had signed them the risk assessments were returned to the person's care record. Other contents of the communication folder included information on Mental Capacity Act 2005 assessments and two corporate policies.

The home had emergency procedures in place that staff understood. All care records reviewed showed that each individual had an evacuation plan in place.

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

Our judgement

The provider was meeting this standard.

People who use 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

There was the Care Management Group corporate safeguarding policy in place as well as the Sussex Multi-Agency documentation for safeguarding. There were contact numbers for the local authority safeguarding team available. Following recent safeguarding concerns the provider had reviewed aspects of the policy and update training was in place for all staff at the home. A considerable amount of work to raise the awareness of staff to safeguarding concerns had been carried out. Safeguarding had been discussed with staff on a one to one basis and as a group at staff meetings.

The staff that we spoke with were able to describe the types of abuse and what they would be looking out for. Staff knew how to report any concerns. We saw that staff training was in place. One member of staff described the e-learning they had undertaken. They also told us they had reported a concern to the manager in the past. We were told that restraint was not used in the home. There was information on the whistle blowing policy available to staff at the home.

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

Our judgement

The provider was not meeting this standard.

There were insufficient qualified, skilled and experienced staff available to maintain people's safety and wellbeing in the home at all times.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with three members of staff as well as the manager and regional director during the visit. Two members of staff told us they were concerned about the low staffing levels. They felt that the care people received was good but that lack of staff impacted on their ability to take people out as much as they used to. The other member of staff felt that one more staff member in the mornings would help but that otherwise staffing levels were sufficient. We observed that the morning was very busy for staff. Some people required two members of staff for their personal care. Breakfast was being served as people were ready but for some people that was 11am or later. However, people were relaxed and ate well.

We were told that there were high levels of short notice sickness among the staff and that this affected the staffing levels at the home. On the day of our visit the manager was working a shift as a member of staff had telephoned in sick the previous night. We were told that the company policy on sickness absence had not been implemented correctly for some considerable time. Senior managers were overseeing staff absence management to address the situation. In addition, the home had staff undergoing investigation following concerns that had been raised. This had also impacted on the staffing levels. Some of the home's staff were working a high number of overtime hours to help cover shifts and staff from sister homes were also being called in for shifts. The manager and regional director were actively recruiting new staff. Two posts had been filled but the required security checks were awaited before they could start work. The current manager had been full time in post since 4 November 2013.

We were told that staffing levels should be four staff from 7.30am to 3pm (early), four staff from 2.30pm to 10pm (late) and one member of staff from either 10am to 5pm or from 12 noon to 7pm (mid). Their minimum staffing was three staff on the early shift and three on the late shift. There were always two waking staff on at night. We looked at staff rotas and saw that the full staffing levels were not being achieved. This was agreed by the manager and the regional director. In addition, we were informed that some people in the home required two staff when receiving personal care. At these times there was frequently only

one other member of staff supporting the rest of the people in the home. We also observed that people could not be taken out regularly or frequently due to the staff numbers during the inspection visit. The daily record sheets we looked at demonstrated that people were not able to have regular outings or external activities, despite these being recorded as activities in their care plans. This meant that staffing levels impacted on people's quality of life and may impact on their safety.

Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

There was no effective operation of systems to regularly assess and monitor the quality of services provided. The views of service users and persons acting on their behalf were not regularly sought.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The regional manager told us of the provider quality audits carried out approximately twice a year. Each audit involved spending a day at the home talking to people and staff and reviewing documentation. Following the inspection we were provided with the completed 'Quality Audit Tools' for 13 December 2012 and 24 May 2013. The December audit showed that the previous one had been done on 16 September 2012. We found that there were outstanding actions from August quoted on both the December and May audits. There were examples of actions with clear time frames and named responsible staff that had not been completed many months later. One such action from the December 2012 audit was for the home manager's monthly audits to be brought up to date. The May 2013 audit included the same action. This showed that the home manager's regular audits in the home had not been completed over a significant period of time. We found that actions from each audit were not monitored or followed up. This meant that changes and improvements were not put in place once they had been identified. The system to regularly assess and monitor the quality of the services provided was not effective.

There was no evidence that service user meetings were held regularly, or opportunities provided for people to express ideas for changes and improvements. The December 2012 audit stated that the last meeting was 14 October 2012 and was not in a format suitable for people who used the service. The May 2013 audit stated that they were unable to locate any evidence of such meetings. The provider audits also found no evidence of accessible information available for people who used the service. The audits stated that there was no evidence 'that actions raised in the individual key worker meeting have been addressed in the service.' This meant that people's views were not being taken account of and acted upon. In addition, actions identified to improve the service had not been implemented.

We were told that questionnaires were sent out by the provider to people's families for comment on the quality of the service. However, no report had been received by the home.

The provider undertook a full medication system audit on 10 October 2013. A number of concerns and areas for improvement were identified and an action plan produced that the home had just received. We were told that this was being worked through.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

Accurate records were not maintained for each service user.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We were told that, following concerns raised, everyone's personal folders were being reviewed. We looked at three sets of personal folders in detail on the day of inspection. We found that a lot of the documentation for two of them had been updated recently in line with the improvement plan being worked to. One person's had not yet been updated. The November 2013 daily report sheets generally lacked information. We saw that people's medicines and the times that they went to bed were not always recorded. For one person the daily report sheets had very little information about how they had spent the day.

The quarterly audits undertaken by the provider reviewed people's documentation. The audits identified that there were a significant number of on-going failings in record keeping. These included health assessment booklets and care and support plans. The audit also looked at people's daily report sheets. The December audit stated, "More information and specifics required," for all three people reviewed. The May audit stated, "Limited information filled in," for both people reviewed. This meant that proper and complete information was not in place for all people who used the service and that specified actions to improve the service had not been completed.

The home uses a 'Read & Sign' folder to alert staff to updated risk assessments for people as well as corporate information. We saw that there were two updated risk assessments for staff to read and sign that they had read. We saw the October 2013 corporate newsletter in the folder. There was also a staff communication book that was well completed.

We looked at random staff files and found that these demonstrated good record keeping that included identification, training records as well as records of supervision and appraisal. The fire safety file was being worked on by the manager and we saw that this was almost up to date on the day.

We looked at three medication administration records that were completed appropriately. However, the medication system audit undertaken by the provider found a number of concerns with record keeping and there was an action plan in place.

This section is primarily information for the provider

✘ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: Recent assessments of some people's needs had not been carried out. The delivery of care did not meet all people's needs. Regulation 9 (1) (a), (b)(i)(ii)
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
	How the regulation was not being met: There were insufficient qualified, skilled and experienced staff available to maintain people's safety and wellbeing in the home at all times. Regulation 22
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met:

This section is primarily information for the provider

	There was no effective operation of systems to regularly assess and monitor the quality of services provided. The views of service users and persons acting on their behalf were not regularly sought. Regulation 10 (1) (a), (2) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: Accurate records were not maintained for each service user. Regulation 20 (1) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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