

Care Management Group Limited

Care Management Group - 52 Croydon Road

Inspection report

52 Croydon Road
Penge
London
SE20 7AE

Tel: 02086592896

Date of inspection visit:
30 August 2017

Date of publication:
06 October 2017

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

52 Croydon Road provides support and personal care for up to nine people, some of whom have learning disabilities and or mental health needs. This service provides care and support to people so they can live in their own home as independently as possible. People's care and housing is provided under separate agreements. CQC does not regulate premises used for supported living and so this inspection looked at people's personal care and support. On the day of the inspection there were six people living at the service.

At the last inspection on 7 July 2015 the service was rated Good. At this inspection we found additional positive changes had been made at the service and it remained Good.

There were some very good aspects of the support provided. People told us the staff team were kind and caring. Relatives spoke positively about the support provided and the progress their family member's had made. They said support workers sometimes went above and beyond what they needed to and that they knew people very well. Health professionals commented on the consistently welcoming and friendly atmosphere at the service; the proactive attitude of the staff team and manager and on the responsiveness of the service.

People had personalised support plans, health plans and activity plans to ensure their individual needs were catered for. People and their relatives, where appropriate, were involved as far as possible in the planning of their care. People's needs in relation to their disabilities, race, sexual orientation, religion and gender were recognised and supported appropriately. Regular key worker meetings were held with people to ensure their support was personalised to their needs and preferences and recognised and encouraged their strengths. We observed that support workers treated people respectfully, and had a sense of fun when they interacted with people. People were involved in maintaining their environment safely and encouraged to be as independent as possible. Social inclusion was encouraged through supporting people to maintain effective community links.

People were supported to have maximum choice and control of their lives as was assessed to be safe and staff supported them in the least restrictive way possible; all staff worked within the guidelines of the Mental Capacity Act 2005; the policies and systems in the service supported this practice.

Relatives told us the service was very well run and that they felt their views were listened to and acted on. Support workers told us they felt well supported and said the registered manager was very approachable. There were robust systems to monitor the quality of the service and these worked effectively. People's views were sought about the service through regular tenants meetings and an annual survey was conducted with professional relatives and people at the service.

People and their relatives said they were safe at the service. They were supported to understand what abuse, bullying and discrimination was and how they could protect themselves. Support workers were knowledgeable about what the signs of abuse might be and how to report any concerns. The manager was

aware of their responsibilities under safeguarding and worked in collaboration with local authorities to address any concerns.

Risks to people including risks in relation to the premises and equipment were effectively assessed, monitored and reduced. All staff knew what to do in an emergency. There was a safe system to manage and administer medicines. There were enough staff to meet people's needs and effective recruitment procedures were in place. Support workers had adequate training to meet people's needs.

People were supported to have enough to eat and drink and any health needs were addressed. People and their relatives told us they had not needed to complain. They were aware there was a complaints procedure in place should that be needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Care Management Group - 52 Croydon Road

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 30 August 2017 and was carried out by a single inspector. Before the inspection we looked at the information we held about the service including any notifications they had sent us. A notification is information about important events that the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We also sent questionnaires to people, their relatives and health professionals. We used this information to inform our inspection planning.

At the inspection we spoke with five people using the service and asked them for their views about the support they received. We observed staff and people interacting and checked the care and support provided met their needs.

We spoke with a senior support worker, two support workers, the registered manager and a visiting health professional. We looked at three care records of people who used the service and two staff recruitment records. We also looked at records related to the management of the service such as staff training records, fire and maintenance checks and audits. After the inspection we spoke with three relatives by phone to gain their views about the service. We also asked three health and social care professionals for their views about the service and received feedback from two of them.

Is the service safe?

Our findings

The service continued to ensure people were safe and protected from abuse and discrimination. People told us they felt protected and safe at Croydon Road. One person told us, "I feel very safe here." A relative said, "Absolutely safe." There was information for people about what to do if they did not feel safe in a format that suited their needs. Safeguarding, including risks that could arise in the community was an agenda topic at tenant and key worker meetings to increase people's awareness and understanding and during staff supervisions to ensure that any concerns would be promptly identified. For example there had been a recent discussion about risks in relation to the intranet and how to reduce possible problems.

Support workers understood how to recognise and respond to possible signs of abuse. Staff had regular safeguarding training and training on how to recognise and challenge discrimination. They had access to information about safeguarding adults and knew who to report any concerns to. One support worker said, "I would not hesitate to report anything I was worried about. Even something small just to make sure people are safe." There was a whistle-blowing helpline number displayed on tenants and staff notice board. The registered manager had raised safeguarding alerts with the local authority appropriately and worked with the local authority to reduce risk.

Risks to people remained managed in a way that reduced the chances of harm happening to them. Risks were identified and management plans put in place. For example, risks, in relation to people's behavioural or emotional needs were identified and assessed and there was guidance for support workers. This included what might trigger issues, signs to look out for and what might help to resolve the problem. Relapse prevention and crisis plans were in place to manage risks in changes to people's mental health needs. Changes in risks were promptly identified by the staff group at handovers and in daily notes and discussed to ensure any action needed was taken and that there was a consistent response. Positive risk taking was encouraged at Croydon Road within safe boundaries; for example, people were supported to access the community independently following a period of travel training, where this was assessed as safe. Suitable control measures were in place to manage any difficulties that might arise, such as ensuring always had a mobile phone with them when they were in the community. A relative told us, "I do feel the staff there know about possible risks and have a backup plan if needed."

There were plans to manage any risks in relation to emergencies. There was a business contingency plan that provided support workers with contact numbers and guidance to cover a range of emergencies. Support workers had all received first aid and fire safety training and took part in regular fire drills with people using the service. They were able to describe what they needed to do in a fire or medical emergency.

There were an improved and comprehensive range of checks completed on equipment such as fire safety and electrical equipment. Checks on aspects of the premises such as water temperatures ensured that people receiving support were safe and any issues identified were raised with the landlord or managed through a maintenance person who visited regularly.

Medicines continued to be safely managed. People told us they were supported with their medicines in line

with their needs. One person told us, "I need support to remember my medicines so staff help me with that." Risk assessments completed to check if people could safely manage their own medicines and to identify the level of support required. Medicines administration records(MAR) showed that people received their medicines, including 'as required' medicines when they should and how they were prescribed. Support workers had regular medicines training and an annual competency assessment before they were allowed to administer medicines. There was guidance for staff about the medicines people were prescribed and how it needed to be administered. Medicines were stored safely in lockable cupboards in people's rooms or in a locked medicines cupboard; temperature checks were completed to ensure they remained safe to use. There were policies and procedures in place to guide support workers and we observed that changes in people's prescribed medicines were promptly added to their MAR in line with guidance.

There continued to be enough staff to meet people's needs. Relatives and staff said there were enough staff to support people adequately at all times. One person said, " There are always staff about and if I need help I don't wait. I just ask." A relative said, "There are always enough staff when we visit. It's never been an issue." Throughout the day we observed that people's support needs were met in a timely way. Staff also spent time engaged with people in activities or encouraging their independence through supporting them with cooking or engaged in an activity in the community. The registered manager told us staffing levels were flexible to meet people's needs either in the community or at the service.

Is the service effective?

Our findings

Relatives told us they thought support workers were competent. One relative remarked, "The staff seem to know what they are doing and manage well." Support workers said they received regular training across all aspects of their work and we confirmed this from records. Support workers received a range of suitable training such as disability awareness, positive behaviour support, first aid, health and safety, epilepsy awareness and food hygiene. New staff were provided with an induction which followed the Care Certificate. There was a service specific induction which included shadowing and checks for new staff competency to ensure they felt ready for their role. Support workers told us they had opportunities for additional training relevant for their roles. They said they received regular supervision to help them develop and think about their work. They felt very well supported in their roles through the formal and informal supervision. One support worker said, "There is really good support here. Our supervision is regular and it's really good to take time to talk about our work."

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We observed that support workers sought consent from people before they supported them. Separate capacity assessments were made for each decision, where these were required and best interest meetings were held appropriately with relatives and health professionals when needed. For example a best interest meeting had considered a decision about the need to move a person to a ground floor flat for their safety. The registered manager was aware that if necessary any authorisations to deprive someone of their liberty for their own protection had to be made to the court of protection. Support workers had completed MCA training which they said helped them to understand issues around capacity and support people effectively in line with guidance and the law.

People told us and we observed they were supported to have sufficient amounts to eat and drink and maintain a balanced diet. One person told us, "My keyworker helps me with shopping and cooking. I can do some things myself but I need help as well." We saw people had been supported to lose weight where this was part of their identified health need and goals. Their achievement was positively recognised through the award of a certificate by the registered manager. A relative commented, their family member, "Has developed more independence and skills with their cooking there." Any nutritional needs were assessed and support plans to guide support workers in relation to their preferences, dietary requirements or allergies.

People told us they were supported effectively to access a range health professionals when required to support them maintain good health. Health professionals told us they felt the staff at the service worked

well with them, they were prompt to identify any concerns and followed the advice they gave. Relatives confirmed they were kept up to date about any changing health needs and involved when this was appropriate in discussing any issues. One relative remarked, "Since they have been there they have new glasses and they wear them which is so much better than where they were before." Records of health care appointments and visits were kept in people's files and explained the reason for the appointment and details of any treatment required and advice given. There were Health care plans continued to include health professional's advice and treatment in respect of people's needs, so that staff were guided about how people's health needs could be best met in a format for people that could be easily understood. People had a pictorial hospital passport which outlined their health and communication needs and preferences for hospital staff to help them understand people's needs better should they need a hospital admission at any point.

Is the service caring?

Our findings

People told us that they felt well supported by the support workers and registered manager at Croydon Road. One person told us, "The staff do support me with lots of things. I can always talk to them if I am worried about anything. I like the staff here." Another person commented, "All the staff are good here; they help me a lot. I could not manage without them." A relative remarked; "All the staff are approachable there and reliable. I can't speak too highly of them." Some relatives told us their family members had lived there for several years and that the staff at the service had been consistently caring throughout the whole period.

We found there were some very good elements to the care provided. The atmosphere at the service was warm, friendly and relaxed. Relatives told us that they were always warmly welcomed whenever they visited. We noted that this had been consistently commented on by visitors. A comments book included comments from relatives such as "What a lovely welcome." visitors such as, "Very positive experience, friendly and inviting." Another relative said, "One of the best things is the way all the staff interact with people. They are so good."

We observed that people interacted in a relaxed way with support workers and sought them out for reassurance with any issues or support with practical tasks such as planning a shopping trip. Support workers engaged with people in a positive way, listening attentively to what people said and showing awareness of people's different moods. They were observed to encourage and motivate people, where this was appropriate. Interactions were characterised by appropriate use of humour and it was clear that support workers understood people's character, preferences and concerns well. A comment from a relative's survey stated, "Staff genuinely have [my family member's] best interests at heart." Relatives told us their family members always looked well-presented and when cared for when they visited.

Support workers were aware of people's needs with regard to their race, religion, sexual orientation, disability and gender and supported people appropriately in considering these and meeting any identified needs or wishes. We saw examples of this documented within people's care plans such as references made regarding people's spiritual or cultural needs and how staff supported people with this. For example, one person was supported to attend a place of spiritual worship on a regular basis. Another person was being supported to go on holiday to a place of cultural significance to them.

People told us their privacy and dignity was respected. One person told us "Staff knock on my door always and ask to come in." Support workers were aware of the need for confidentiality about people's information and respected people's wishes to spend time alone in their flats or rooms or speak with a staff member privately. They told us how they would support people to close their curtains during personal care. People's independence was encouraged and we saw support workers encouraged people in maintaining their flats, doing their washing and checking on the safety of aspects of their environment; for example the temperatures of their fridges or medicines cabinets. People were encouraged to attend some health appointments on their own where this had been assessed as appropriate.

People told us and we observed that they were closely involved and consulted about their day to day care

and support. They said they were able to plan their routine and could choose how they spent their time. The service used a key worker system to allow people to develop a closer trusting relationship with a support worker. This involved regular meetings about their care and support needs. Records of these meetings demonstrated people's involvement in decision making about how they spent their time or discussing the goals that were important to them such as finding work, a holiday, a health issue or attending a football match.

Is the service responsive?

Our findings

People told us they thought the service provided remained personalised to their needs and our observations were that the staff team at the service promoted and engaged in a high level of personalised care. A health professional told us, the service was "Very client centred and the staff worked holistically with my client; devising thorough risk assessments and care plans. I consider this is a very good placement and would not hesitate to use this placement again." A relative remarked; " My family member gets the really individual support that they need." Relatives described working in partnership with the service and feeling appropriately consulted and involved.

People told us they were involved in their support planning and met regularly with their key worker to ensure the support plan continued to meet their needs. A health professional told us the service was prompt to alert them to any changes or where there may be a need for a meeting to discuss the support provided. Support plans contained information about people's full range of needs such as communication, health, social networks, and preferred activities. There was a pictorial support plan that summarised the main areas of care needs in a more accessible way for people to understand. Guidance was provided to support workers on how to meet people's needs within the care and support plans. The plans reflected a person's capabilities, and what support they needed to achieve their personal goals and provide people with as much independence as possible. Detailed positive behaviour support plans were drawn up to help people and support workers manage behaviour that require a response effectively.

Relatives told us there had been noticeable improvements to their family member's well-being with the support provided. One relative said, "The service has really developed [their family member's] independence and confidence and know just how to manage any emotional issues. It's a great place, its brilliant. " One person had been supported to renew contact with family members successfully. Another relative commented their family member was, "so much happier , more active and confident ."

Support workers promoted people's inclusion in the community. People were involved in goal setting and choosing how to spend their time. One person had successfully lost weight through joining a slimming club. Other people were supported to attend or look for employment locally or attend college or day centre activities. People attended a local club and other social events put on by a range of organisations. The provider also organised activities across the services it ran such as five a side football or athletics meetings for people to meet together and enjoy a shared experience. People told us how they had been supported to go on a holiday of their choice.

Support workers were familiar with people's needs and preferences and where needed people were supported with advice about healthy eating, menu planning, budgeting, cooking and shopping in line with their assessed needs. Support workers told us that one a week people were supported to shop and cook together and enjoy a sociable meal time.

People's needs for stimulation were addressed. People's planned activities showed that support was offered to take part in a range of activities; these included cycling, table tennis, attending football matches or

cookery classes.

The complaints system remained effective. People had ready access to information about how to complain in a format that met their needs. Key worker sessions also included a check on any concerns or complaints about the service. People and their relatives told us they had not needed to complain but knew how if they needed to. There had been no written complaints since the last inspection.

Is the service well-led?

Our findings

The service consistently provided a strong and stable leadership and this was reflected in the feedback we received. People told us they thought the service was well run and that the manager was "great" and "very good". Relatives told us they thought the service was well organised and comments included; "brilliant, absolutely brilliant" and, "It's a wonderful service the manager is on top of everything there and always available." A recent comment from a social care professional in the visitor's book read, "Very well run organised and clean service. Great staff. The registered manager is an outstanding service manager her support and passion for caring is of such a high standard."

The registered manager had worked at the service for a number of years and understood their role and responsibilities. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Support workers told us the registered manager was "amazing" and "really good at her job". One support worker said, "She makes sure the people here come first and thinks about ways to improve things." Examples of this included ways to support changes in people's behaviour and possible activities. Support workers confirmed she was approachable and willing to discuss any issues.

There was a system of meetings to ensure effective communication across the service. These included twice daily handover meetings and staff meetings. We saw these were used effectively to discuss and inform all the staff about any changes in people's needs or learning across the different services run by the provider. For example learning from any safeguarding alerts was passed on to managers and discussed at staff meetings. There was a read and sign policy to ensure all staff were made aware of any changes. The registered manager told us they had also introduced a grumbles book which we saw was used to raise any minor issues they or support workers might have; for example, about how a maintenance check had been recorded. We saw the registered manager gave positive feedback to support workers at staff meetings and one support worker had been successfully put forward for an award from the provider. The provider also published a quarterly staff bulletin to update staff about new developments, up and coming events and new training.

There was a system of audits to monitor the quality of the service across many aspects of the support provided. These included health and safety, financial audits, internal medicines audits and an external medicines audit from a pharmacist. The provider undertook their own audits through their regional manager and we saw from the audits that action plans were created to address any issues; for example an issue about temperature recording in the medicines cabinet or an extractor fan not working. Actions were also brought to staff meetings to discuss where relevant such as reminders for staff to complete the maintenance book and we saw these were addressed. Night spot checks were carried out to ensure night staff were fully aware of their roles and responsibilities.

There was a system to oversee accident and incidents at the service and these were discussed in handovers or staff meetings. However, the registered manager had not always signed the incident and accident reports to confirm that they had seen them and that all necessary actions had been carried out and all learning and been identified. This had also been raised by the regional manager in their recent audit. We discussed this with them and they agreed they would ensure this was done in future. We will check on this at our next inspection.

Feedback was sought about the quality of the service at the regular tenants meetings to understand if there was anything staff could do better and what they did well. We found no concerns had been raised about the service. Other areas discussed included planning any group activities, and issues such as keeping safe. Annual surveys were sent to professionals, relatives and people using the service and the registered manager told us any feedback was used for learning and driving improvements. The annual survey for 2017 was in the process of being sent out at the time of the inspection.