

Care Management Group Limited

Care Management Group - 33 Egmont Road

Inspection report

33 Egmont Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 16 December 2016 and was unannounced.

33, Egmont Road provides care and accommodation for up to six people with moderate learning disabilities. On the day of the inspection five people lived at the home.

The service had a registered manager. 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.

Staff told us they were clear about their roles and responsibilities. They had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service. These measures of monitoring the service has helped to make improvements were necessary.

People and their relatives told us they felt people were well cared for and safe, living at 33, Egmont Road. Staff knew how to help protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise risks and manage identified hazards in order to help keep people safe from harm or injury.

There were sufficient levels of staff to meet people's needs. This was endorsed by people we spoke with and their relatives.

People received their medicines appropriately and staff knew how to manage medicines safely.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. Appropriate policies and procedures were in place in relation to this and applications were made to the local authorities for those people who needed them. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had a varied and nutritious diet and a choice of meals. They were supported to have a balanced diet which helped them to stay healthy.

Staff supported people to maintain health through regular monitoring by healthcare professionals. Staff were consistently kind and caring and established positive relationships with people and their families.

Staff valued people, treated them with respect and promoted their rights, choice and independence.

Comprehensive care plans were in place detailing how people wished to be supported and had been produced jointly with people using the service. People had agreed what care and support they needed and were fully involved in making decisions about their support.

People were able to choose how they spent their time and what activities they participated with. People participated in a range of activities within the home or in the community and received the support they needed to help them to do this. Some people had been supported to find voluntary work and employment.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible to everyone.

People using the service and their relatives were encouraged to give feedback on the service. Relatives said the registered manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment.

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 - 33 Egmont Road

Detailed findings

Background to this inspection

We carried out this 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.

The inspection was undertaken by one inspector on 16 December 2016 and was unannounced. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with four of the five people who used the service. We also spoke with the registered manager and three members of staff. After the inspection we spoke on the telephone with two relatives and two health and social care professionals who supported people within the service.

We inspected the premises and observed and heard how staff interacted with people. We looked at three people's records which related to their care needs. We looked at three staff files and other records associated with the management of the service.

Is the service safe?

Our findings

All of the people we talked with told us that they felt safe living at 33, Egmont Road. One person told us, "I feel very safe here." Another person told us, "I feel safe here, I have my own bedroom." One person's relative told us, "My [family member] is absolutely safe there, we think it's a fantastic place. Another relative said, "We think it is really good, so much so we fought hard recently to keep [family member] there when the placing authority wanted to move them. We would not have done that if we didn't feel it is a really good home."

Staff were aware of safeguarding issues and knew how to proceed if they had any concerns. They were able to tell us about the possible forms of abuse people might experience and they were well aware of the correct procedures to follow in these circumstances. All the staff we spoke with said they would report any concerns they had directly to the registered manager or to the social services if they thought this was necessary." A relative we spoke with said, "I feel that staff work hard to keep people safe." Another relative said, "I do feel that the people within the home are supported to remain safe." One member of staff told us, "We try to build a trusting relationship with people so if they do have any problems or concerns they would come to us and tell us." Staff told us and records we saw showed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm and told us that the registered manager actively encouraged them to raise any concerns so that the appropriate action could be taken.

Safeguarding was regularly discussed with people using the service during residents meetings. Safeguarding procedures had been discussed during supervisions and staff meetings to ensure that everybody was aware of the correct procedures to follow. This meant that staff helped to reduce the risk of people being harmed and were aware of the procedures to follow if they had any concerns.

The provider stated they ensured the service was safe by informing people about their human rights in a format that they understand and was appropriate to their needs. We saw the information was provided in pictorial format and staff had taken time to discuss their rights with each person so that they understood them. Staff told us that they regularly reminded people of their rights during residents meetings so that that they were aware of how they should be treated and what they should do if they felt that they were not being treated well, or if they felt that their rights were not being promoted.

Staff were aware of the whistleblowing policy and said that they would feel supported by the provider if they ever had to whistle blow. The registered manager told us that CMG senior management took a very active part in the running of the service and would take swift and direct action if concerns were identified.

Risks for people were assessed and risk management plans were in place to reduce risks while minimising any restrictions that were necessary to keep them safe. An example of this we saw was for one person who wanted to use public transport. Staff informed us that without the risk assessment and the other precautions taken, the person would not have been able to make this journey. Staff told us that when someone expressed a wish to do something that placed them at some level of risk, "We just try to find a way

to reduce the risk that enables them to do it." We saw that people and their relatives were involved in the risk assessment procedure and we saw that risk assessments were provided in a suitable format so that people could understand it.

Staff recorded all accidents and incidents and these were reviewed by the registered manager. Any patterns or trends were identified. This helped to ensure any learning was identified so that improvements were made to the care and support people received. This also helped to minimise the risk of an incident occurring again.

The registered manager and the regional manager both carried out separate monthly and quarterly health and safety checks with the support from staff. We saw the last two of these detailed reports. Any issues were highlighted and an action plan drawn up that was monitored by the regional manager to ensure the actions were completed. We saw a fire audit that was undertaken by the environmental health officer. The findings were all good. Health and safety issues were also discussed at the residents meetings.

A range of health and safety policies and procedures were available to help keep people and staff safe. Records showed the gas, electricity and fire safety systems were maintained to a satisfactory standard.

There were enough staff to keep people safe, meet their needs and provide a person centred approach to people's care and support. Staff had time to sit and talk to people and engage them in activities in the house and community. Where appropriate some people had one-to-one staffing provided. The registered manager stated that staffing levels were based on the needs of the people who lived at 33, Egmont Road. If people's needs increased or there were special events arranged then staffing levels were increased accordingly. This meant that there were sufficient numbers of staff working with the knowledge, skills and support they required.

There were effective recruitment practices in place and the registered manager worked hard to ensure that staff with the right attitude and values were employed at the service. The registered manager stated that when recruiting new staff an essential part of the process was ensuring their commitment to the values of the provider and to the care of the people living in the home. There were arrangements to help protect people against the risk of being cared for by unsuitable staff because. The staff recruitment checks included a criminal records check and satisfactory employment and personal references.

Staff told us and records confirmed that they had completed safe administration of medicines training. The registered manager stated and staff confirmed that all staff completed an annual competency assessment to ensure that they were following the correct procedures when administering medicines. Our check of the procedures in place evidenced that medicines were stored securely. Protocols for medicines that were administered on an "as and when required" basis were clear and were only administered when necessary. The records of medicines administered were accurate and showed that people were receiving their medicines as prescribed. We observed staff administering medicines to one person. The staff member checked with the person that they knew what they were taking and were happy to take it before administering it. The appropriate records were then signed. This helped to ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

One person told us, "I like living here, I've been here for a long time now, it's my home." Another person told us, "The staff are kind to me." One relative told us, "My [family member] is happy there. The staff are well trained and they know them so well. It means I have no concerns or worries about the care they receive and that is fantastic." Another relative said, "I am really happy about the care they get, very satisfied indeed."

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 be 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When needed DoLS applications had been submitted. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures. We saw that some of the local authorities were delayed in updating previous assessments that they had carried out for people, due to a backlog and high demand generally for this type of assessment for people in the London boroughs.

When best interests decisions had been made these had been recorded. The registered manager stated that they used different ways of explaining things to people so they understand the information to make a decision. For example, they used scenarios or pictures so that people could understand the decision they needed to make. People received support from staff who had received thorough and effective training and which enabled them to understand the specific needs of the people they were supporting.

Staff received a detailed induction. This induction had included a period of new staff shadowing experienced staff to ensure that they were competent and confident before supporting people. Some of the newly recruited staff were new to the care profession and had completed the Care Certificate (this is a nationally recognised qualification for new staff to the health and social care sector). Staff had undergone training in areas such as safeguarding, health and safety, person centred support, communicating effectively and first aid. Staff told us that the training programme equipped them for their roles. The training record showed that most staff were either up to date with their training, or this training was scheduled to take place. There was evidence that staff had the opportunity to undertake additional relevant training from time to time. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff had the guidance and formal supervision support when they needed it. One member of staff said the

registered manager was, "The most supportive manager I have worked with." Another member of staff said, "We get all the support we need both from our supervision meetings and day to day in conversations." Staff were happy with the level of support and supervision they received.

People were supported to maintain a healthy diet. One person said, "We can choose what we have to eat, the food is good." Another person told us, "The food is good, we have nice dinners." Another person said, "The meals are nice." People's care plans were individualised to record the support each person required with mealtimes, and where necessary additional support had been obtained from appropriate professionals. Staff had obtained the advice from health care professionals for one person who was at risk of choking on certain types of food. We saw a detailed plan for this person in relation to the food they could eat safely.

People were encouraged to eat a balanced diet and when they had expressed a wish to lose weight they were given the information and advice they needed to do this. One person had been overweight previously but had since lost a large amount of weight through a carefully planned weight reduction programme. They had now reached what was considered their correct weight and they told us they were really happy with their achievement.

The weekly menu was displayed in picture format so that people knew what was on the menu. If people did not like the options then they could choose something else. People took it in turns to help prepare and cook the main meals. The menu choices had been discussed at the residents' meetings and we saw evidence that suggestions had been acted on.

Discussion with people and records showed that people had been supported to access health care professionals as needed. We saw there was a good working relationship with the local GP and other healthcare professionals. We saw that for each person there was a diary of all their medical appointments. This demonstrated people had regular check-ups and were able to see these professionals as they needed to do so.

Each person whose file we inspected had a hospital passport and a health action plan. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. This helped to ensure a smooth admission to hospital and discharge back home for them. Their health action plans documented people's health care needs and were an integral part of their care plans. The recording of this information helped to identify any trends or patterns of illness or issues that could need action to be taken for people.

Is the service caring?

Our findings

All of the people that we talked to told us they liked living at 33, Egmont Road. One person told us, "I like my bedroom, this is my home and I am very happy." Another person said, "Staff help me if I need it and are very kind to me. I like everything about this house, staff listen and we have resident meetings." Another person told us, "It's nice living here. The staff are kind to me. I like my keyworker, they help me out."

Relatives were very positive about the care and support their family members received from the staff. One relative stated, "It's a lovely home and we are very happy with everything. Staff treat my [family member] with respect and dignity and the team are great." Another relative told us, "We are really pleased to have found a great place for [family member]."

People told us that they all shared responsibility for household tasks. Each person was clear about what they were responsible for doing. One person told us, "My job is drying up the dishes, I enjoy it." Another person told us, "I like helping with the cleaning." One relative told us, "Staff are good at promoting independence and they listen to us as parents."

All staff were committed to ensuring that people living in the home were enabled to lead fulfilling lives. People were treated as individuals and staff enabled them to be as independent as they could be. Staff were caring about the people who lived in the home and wanted to ensure that they received the best care that they could. They were continually striving to ensure that they promoted best practice and during their staff meetings discussed ways of working with people to empower them to lead full and rewarding lives.

Staff had worked hard to establish the most effective ways of communicating with people living at 33, Egmont Road. For example where it helped people to understand something better pictorial images were used. Staff supported people to maintain relationships with people outside of the home and this was confirmed to us by the relatives we spoke with. They told us they were made to feel welcome to visit the home and said they could visit when they wanted as long as it was convenient for the person living there.

Staff ensured that people were involved in making decisions and planning about their own care. Each person was allocated a keyworker. A keyworker is a member of staff who has the lead role for the care of that person and who has additional responsibilities such as helping someone to write their care plan. We saw monthly records of meetings that keyworkers had with people and we saw that people were very much central and involved to their care planning. One person told us "I worked with [my keyworker] on my care plan over a period of time and it includes what I wanted it to." Another person told us, "They [staff] talk to me about things so I can make choices." Another person said, "They [staff] always ask before they do things. I like it when the manager is here. He's a nice chap and he talks to me about how I am."

We saw that people were comfortable in their relationships with staff. People were happy and their body language and facial expressions reflected this while they interacted with staff. Staff were very knowledgeable about people living in the home and were able to tell us what people enjoyed doing and what their goals were. One member of staff said, "We try to make everything person centred." Another member of staff said,

"This is their home, they don't do what we want them to do, we do what they want to do."

There were procedures in place to help people when they became distressed. For example, one person sometimes became anxious and upset if their routine was changed. To support them when they were feeling like this at the start of the day a member of staff sat down with the person and helped them to write what they had planned for the day. The person could then refer to this throughout the day so that they knew what was happening next. This helped to prevent them from feeling anxious or stressed.

People confirmed that their privacy was respected. One person said to us, "Staff always call out and ask us or knock on my door before coming in." Another person told us, "Staff knock on my door." Staff told us that if they helped anyone with personal care they always ensured this was carried out in private.

People had been supported to find advocacy services when they needed it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us that they received the care and support they required in the way they preferred. For example one person told us, "I like my keyworker, she asks me what I want to do and helps me to do it." People told us that they felt that they were consulted with regarding their care and support and that staff made them feel valued and listened to. People told us that there were regular meetings where they could put forward suggestions about menus, activities and any other topics that they wished to discuss. They said staff gave them the opportunity to discuss items on the meeting's agenda.

All of the people we spoke with told us that they had regular care reviews and that staff were quick to respond to any changes in their health needs. One person said, "Staff do ask me how I am and it's good to be asked."

One person's relative told us, "We have been asked about their care plan and what should be in it for the best interests of [our family member]. That's really good because then everyone knows what we are aiming for." This has helped to promote a personalised and inclusive approach to people's care. Staff told us it was important to spend time with people to get to know them.

People's preferences were reflected in their care plans and staff were able to tell us about people's individual likes, dislikes and personalities. People's care and daily living arrangements were organised in a way that was meaningful to them. People's care records showed staff consulted with people, relatives or others who knew them well to help to inform people's care and home life. This included information about people's social and family histories, their personal values, communication and equipment needs. Key information was included in people's care files so staff were informed about people's care and daily living arrangements.

Staff helped people to plan and co-ordinate activities according to their interests and where people were able they were supported to find voluntary employment. One person's care plan included information about their voluntary work.

People attended a variety of daily activities in the community. People told us that they enjoyed going to the local pubs and clubs and made friends there. Weekend trips out were also organised and people had discussed at residents' meetings where they would like to go. One person told us, "We get to do whatever we want to do." One person told us about the drama group that they enjoyed attending at weekends. The registered manager had been able to obtain funding so that people could afford to attend and benefit from this activity.

People and their relatives were aware of how to make a complaint and were confident they could express any concerns. One person told us, "If I wanted to complain I would talk to staff or the manager." Other people told us they would talk to staff if they were not happy with something. They also told us that staff regularly asked them if they were happy or would like anything to be done differently. A relative we spoke with said, "If I had a complaint I'd talk with the manager or higher if that was necessary. I've not needed to

though because any little concerns are always dealt with pretty swiftly."

A complaints procedure was displayed in the home, it was available in picture format and had been discussed at the 'residents' meetings.' Staff were aware of the procedures to follow if anyone raised any concerns with them. No complaints had been received in the previous 12 months.

Is the service well-led?

Our findings

The service was very well managed. People, their relatives and staff were confident in this. Staff understood their roles and responsibilities for people's care and they were informed and supported to perform their duties. The provider's governance arrangements helped to inform and ensure continuous service improvement and accountability for people's care.

The provider told us that they were continually looking at ways to further improve the care and experiences of people who received a service from The Care Management Group (CMG) including people living at 33, Egmont Road. The registered manager told us that the CMG senior management team encouraged registered managers to look to embracing best practice and was supportive of them to provide care and support that was aligned to the latest best practice. As we saw at this inspection, this resulted in the development and use of systems that were imaginative; person centred and had a positive impact on people's well-being and health. An example of this was the active involvement of people in the staff recruitment process as people felt central to the process of deciding who would work in their own home.

People told us they were fully involved in decisions about their care and how the home ran. One person said, "We are involved in our care, the staff plan it with us and are always asking us how things are going." The relatives we spoke with confirmed this view and one said, "We are fully involved in our [family member's] care." At this inspection we saw the management and running of the home was 'person centred' with people being consulted and involved in decision making, not just about their own individual lives but also with the general running of the home. We saw evidence there were regular residents meetings where people were able to make decisions about activities both inside the home and outside in the wider community. There were also regular meetings between people and their "keyworkers", designated staff members allocated to each person. We saw evidence of regular monthly keyworker reports that detailed the progress made by people with the support of staff with their care plan objectives.

All of the people we spoke with were very positive about the registered manager and the provider. One person said, "The manager here listens to me and takes notice." The relatives we spoke with were equally complimentary about the manager and the staff.

All the staff who we spoke with shared a positive vision for the service and about the help and support they were able to provide people. They were motivated and committed to provide the best level of care that they could. Staff spoke passionately about helping people to achieve their maximum potential and exemplified how one person had expressed a wish to attend college to learn some new computer skills. They started this year and told us how much they enjoyed going to college. Their relatives said to us, "[family member] had wanted for a long time to go to college and this year they have been helped to go. [family member] is so happy about this and so are we as it has helped him progress."

People told us about how the provider involved them in how the service developed. For example one person told us about how valued they felt to be involved in the recruitment process. They told us that they met with prospective new staff and were asked for their feedback on the suitability of the staff which was

documented as part of the interview process. The registered manager told us that it was important to give people a say in how 33, Egmont Road was run.

People and staff told us that they could talk to the registered manager at any time and also to the provider if they felt they needed to. Staff told us that they did not have any concerns at present but felt sure that if they did the registered manager and provider would listen and respond straight away.

Staff told us that they felt well supported in their roles. They told us that as well as regular one to one supervision they had on-going support throughout the day. We saw documented evidence in the form of meeting minutes that there were regular staff meetings. Staff told us that these meetings were useful as it gave them the opportunity to talk openly with the registered manager and where any actions were identified or suggestions made these were listened to.

The provider and registered manager had a comprehensive quality assurance system in place. This included annual feedback from people and their relatives and from other professionals and staff. Feedback from these surveys were very positive and complimentary to both the staff and the registered manager. An analysis of the results we were shown indicated that where suggestions for improvements were made they were actively followed up. An example of this was where people asked for their activities programmes to be extended. We saw how staff reviewed each person's activities to ensure they met their needs and their preferences.

We also saw evidence of other monthly and quarterly audits and checks that were carried out by the registered manager and CMG's regional director and chief executive officer. This included the completion of a report that included details about sufficient staffing levels; that accidents and incidents were reviewed and improvements made where needed; also in areas such as cleanliness of the premises, care of people, care documentation and health and safety. This included checks of the environment and equipment used for people's care and checks of medicines and care plans.

Regular checks were also made of any incidents and accidents. This helped to identify any trends or patterns to inform any changes that may be needed to improve people's care and minimise any further re-occurrences. These audits have helped to ensure the service delivered high quality care. Records relating to the management and running of the service and people's care were accurately maintained and they were securely stored. The provider had sent us written notifications telling us about important events that had occurred in the service when required. The provider had when appropriate submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that CQC were able to monitor any trends or concerns.