

Care Management Group Limited

# Care Management Group - 43 Florence Avenue

## Inspection report

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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 last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in November 2015. At that time we gave the service an overall rating of 'requires improvement'. We also found that the provider was in breach of the regulation in regards to the safe care and treatment of people. In March 2016 we carried out a focused inspection and found the provider was meeting legal requirements they were previously breaching but we did not change the overall rating of the service as we wanted to see consistent improvements at the service. At this inspection on 1 September 2016 we found the provider was meeting the regulations we looked at and had maintained the improvements made in March 2016. The inspection was unannounced.

The service provides accommodation and care for up to seven people living with complex needs and learning disabilities. There were seven people using the service at the time of our inspection.

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.

People who used the service were safe. The home's equipment was well maintained. Staff understood the importance of people's safety and knew how to report any concerns they may have. Risks to people's health, safety and wellbeing had been assessed and plans were in place which instructed staff how to minimise any identified risks to keep people safe from harm or injury. The provider ensured these were kept up to date so that staff had access to the latest information about how to minimise identified risks. The premises and equipment were regularly serviced and checked to ensure these did not pose unnecessary risks to people. Staff were well informed about how to safeguard people from abuse and knew what actions to take if they had concerns.

There were enough staff on duty to keep people safe and meet their individual needs. The provider had a safe recruitment process to ensure they employed staff who had the right skills and experience and as far as possible were suited to supporting the people who used the service.

People received their medicines as prescribed. The provider had relevant protocols for the safe management of people's medicines.

Staff had the relevant skills they required to meet people's needs. They had access to effective training that equipped them with the skills they required to look after people. They had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They supported people in accordance with the relevant legislation and guidance.

People had access to a variety of healthy and well balanced meals. Staff provided appropriate support to

people so they had timely access to health care services.

Staff supported people in a kind and compassionate manner. They treated people with dignity and respect. They were knowledgeable about the needs of the people they supported and ensured that wherever possible people or their relatives were involved in decisions about their care. Relatives told us they were always made to feel welcome when they visited the home.

People's care plans reflected their individual needs and preferences. Their care was provided in a person centred manner. They had access to social activities of their choice. The provider encouraged feedback from people using the service and their relatives. There was an appropriate complaints procedure in place that people knew about and felt confident that the provider would respond appropriately to any concerns they raised.

The service had good leadership. There was a shared ethos of providing person-centred care. The registered manager supported staff to meet the standards expected of them which enabled them to deliver a good standard of care.

The provider had effective procedures for monitoring and assessing the quality of service that people received. The registered manager listened to people's feedback and used it to improve the quality of the service.

## 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 was safe. Staff understood what constituted abuse and they knew what action to take if they suspected abuse. They were well aware of the safeguarding and whistleblowing procedures put in place by the provider.

The premises and equipment were well maintained and used in a safe manner.

They were enough staff on duty to meet people's needs. They provided the support people required to take their medicines safely and as prescribed.

### Is the service effective?

Good ●

The service was effective. Staff had effective training that equipped them with the skills they required to look after people.

People were supported in accordance to the requirements of the Mental Capacity Act (MCA) 2005.

Staff supported people to monitor their health with healthy and nutritious eating.

People were promptly referred to health care professionals when required.

### Is the service caring?

Good ●

The service was caring. We saw that staff supported people in a kind and compassionate manner.

They were knowledgeable about people's individual needs and preferences and provided the support that met their needs. They treated people with dignity and respect.

Relatives and families told us they could visit freely and were always made to feel welcome.

### Is the service responsive?

Good ●

The service was responsive. Care and support was centred on people's individual needs and wishes. Relatives told us they were invited to people's reviews and we saw that where ever people were able, they were supported to make decisions about their care and support. Staff demonstrated a good understanding of people's individual needs and choices.

People had opportunities to be involved in a range of activities.

People, their relatives and friends were encouraged to give feedback about the service they received. There was an appropriate complaints procedure in place which relatives and staff were familiar with.

**Is the service well-led?**

The service was well-led. The registered manager provided good leadership which promoted a shared culture of providing people with care that was centred on their needs.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards.

The provider had quality assurance systems in place to monitor the quality of care that people received. We saw evidence that these systems informed continuous improvement in the service.

**Good** ●

# Care Management Group - 43 Florence Avenue

## **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 was 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. We carried out our inspection on 1 September 2016. The inspection was unannounced. It was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included previous inspection reports and the action plan that followed the last comprehensive inspection, as well as notifications sent to us by the provider. Notifications tell us about important events which the service is required to inform us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service, two relatives of people who used the service, three members of staff, the person responsible for maintenance, the registered manager and the operations manager. We also spoke with a social care professional. We looked at the care records of three people who used the service, three staff files and records associated with the provider's monitoring of the quality of the service.

People who use the service had complex needs. To understand their experiences of using the service we spent time observing staff and people's interactions and how staff supported people.

# Is the service safe?

## Our findings

One relative told us they felt their family member was safe because they were confident in the ability of the staff who cared for their needs. One person told us that they felt safe living in the home, they said, "Yes I feel safe here, the staff are lovely, it's my home." Their relative told us, "[family member] comes home to stay with us on some weekends but they always want to come back here after two or three days because they see this as their home. That says a lot about how safe they feel here, doesn't it."

At our last inspection of the service in November 2015 when answering the key question 'is the service safe?' we found the provider was in breach of the regulations. We asked the provider to take action to make improvements, which we checked had been made during a focused inspection in March 2016. We found the provider was meeting the regulations we looked at, but we did not amend our rating at that time, as we wanted to see consistent improvements at the service in relation to the safe management of risks to people to ensure risks were minimised and to make sure people were kept as safe as possible.

At this inspection we found the provider had maintained the improvements made in the management of risks in the home to meet the requirement of the relevant regulation. We also found that the registered manager had put in place a system to review and act upon accidents and incidents that happened so as to minimise any re-occurrences.

The provider had a positive approach to risk taking. People's records included assessments of risks associated with their care and support. We saw that these assessments identified how the risks may impact on the person's life including any potential benefits. We saw there were risk management strategies in place for the person detailing what staff needed to do to support the person to take risks whilst maximizing their independence. The risk management plans we saw set out clear guidance for staff to follow with people to minimise the risks identified. All the risk management plans had been signed off by people to demonstrate their agreement with these and we noted that they had been written, together with their keyworkers and they were also dated.

The registered manager showed us the accidents and incidents log. They told us they ensured any that occurred were recorded and reviewed. This was to ensure any trends or patterns in relation to accidents or incidents that happened were identified and dealt with appropriately. We reviewed records which showed that when incidents occurred at the home the registered manager took appropriate actions which included liaising with relevant agencies such as the local authority and CQC. For example when a person experienced falls they reviewed the risk assessments both for the person and for the home. This led to the person not having any further falls in the home.

Staff had a good awareness of what constituted abuse and were able to describe the signs of abuse that they might encounter. They had read the provider's guidelines about what to do if they encountered abuse and they knew to report any concerns they had about people's safety. Staff knew that safeguarding concerns were reported to outside agencies including the local authority safeguarding team and the Care Quality Commission (CQC). One member of staff told us, "I would report any concerns I had to the manager. I

know it's the local authority that investigates safeguarding."

Another member of staff spoke about the whistleblowing policy and said, "We have had training for the whistleblowing policy and I wouldn't be afraid to use it if necessary." Staff evidently felt confident to whistleblow as they all said they would raise concerns of bad practice if they saw any need to do so.

We found equipment in the home was well maintained. This protected people from risks associated with their environment such as trips and falls. People were also supported to keep safe in the event of emergencies such as a fire. One relative told us, "They [staff] check the fire alarm each week and go over the fire drill."

There were sufficient numbers of staff to support people in a safe and person-centred manner. The registered manager told us they arranged staffing levels based on people's assessed dependencies and needs. They said if the level of people's needs increased they had capacity to increase staffing levels accordingly. Staff told us that the staffing levels allowed them to support people to participate with their chosen activities.

Our inspection of staff files demonstrated the provider operated a safe recruitment process that ensured they employed staff who had the right skills and experience and as far as possible were suited to supporting the people who used the service. The provider carried out all of the required pre-employment checks before a new worker was allowed to support people using the service. These included staff references from previous employers and a criminal records check. Criminal records checks have helped employers to make safer recruitment decisions and helped to prevent the employment of staff who might be unsuitable to work with people who used care services. We saw that safe recruitment practices were being followed.

People received their medicines safely. We found that the provider had procedures for managing and administering people's medicines. Medicines were stored safely and securely in a locked metal cabinet. We saw staff followed required protocols such as for PRN medicines when they supported people with their medicines. Only staff who were trained in medicines management administered people's medicines. We reviewed people's medicines administration records (MAR). We saw that staff had correctly followed the provider's policies when completing people's MAR charts.



# Is the service effective?

## Our findings

Relatives agreed staff were skilled to meet people's needs. One relative told us, "Staff seem to be well trained to me. They get all sorts of training and it is on-going. It all helps to keep our [family members] safe." Another relative said, "I think people have benefitted enormously from well trained staff."

At our comprehensive inspection of this service on 2 November 2015 we found the provider was in breach of the regulations. The provider had not ensured people were cared for by staff who were appropriately supported in their roles. Whilst staff had received an annual appraisal of their work in 2014 they had not received regular formal supervision. The provider sent us an action plan for the necessary improvements in December 2015. They told us these would be completed by the end of January 2016 to ensure they met the requirements of the regulations.

We asked the provider to take action to make improvements, which we checked had been made during a focused inspection in March 2016. We found the provider was meeting the regulations we looked at, but we did not amend our rating at that time, as we wanted to see consistent improvements at the service in relation to the appropriate support of staff through supervision and appraisal of their work. At this inspection we found the provider had maintained the improvements made with the support provided for staff and now met the requirement of the relevant regulation.

Our inspection of staff records showed that staff had regular supervision meetings with their line managers every six to eight weeks. We saw supervision records that detailed these supervision sessions; they had been signed off by staff in agreement with what was recorded. Staff also told us they had had more regular supervision since the last inspection and they said they had found it supportive and useful to them. One member of staff said, "We feel better supported now we have regular supervision and we can carry out our jobs more effectively in the home." Staff told us they had received notes of their supervision sessions. The registered manager said they had implemented a new staff supervision timetable for all staff that indicated the dates of the supervision sessions planned for the year ahead. We saw this in place on the notice board in the home's office. This has helped to ensure that people were cared for by staff who have been appropriately supported in carrying out their roles effectively.

Staff had the relevant knowledge and skills they required to provide effective care to people. They told us that they received good training and said this helped them to carry out their roles efficiently. A member of staff told us, "CMG [Care Management Group] training is good. I prefer face to face training and we get a mix of that and e-learning. All of which helps us to do the job." Another member of staff said, "Training is really good. We have refresher training in all the mandatory areas including safeguarding, medicines administration and epilepsy."

We reviewed staff training records which showed that staff had undergone a range of training to enable them to meet the needs of the people who used the service. We saw they had access to regular refresher training. The deputy manager told us, "All staff attend training regularly, there's a training matrix on the computer that tracks when staff need refresher training and helps us to ensure staff get the training they

need when they need it." We saw the training matrix and can confirm it is a tool that tracks staff's training achievements and signals where training is needed.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection we saw documented evidence there were DoLS authorisations in place for all but one of the people living in the home. Staff we spoke with all had a good understanding of MCA and DoLS. They supported people in accordance with the relevant legislation and guidance. We observed through the day that they sought people's consent before they provided them with care or showed us their personal space. We reviewed records which showed they considered their responsibilities under MCA in the various aspects of support they offered to people. They also considered how changes in people's physical health may affect their mental health and ability to make decisions.

We saw the service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent. All staff had signed to confirm they had read and understood these. Training records showed all staff had attended training on the MCA and DoLS, which staff confirmed they had received.

People were supported to have a healthy and balanced diet. Relatives said they thought people enjoyed the food provided for them. The registered manager said they tried to accommodate people's wishes as well as trying to ensure people had a varied and nutritious diet. They told us that menus were arranged for four week periods. Individual food records were used to record what people had eaten so they could make sure people's meals were varied. We saw from the records that there was a variety of healthy food on offer and different people had different things to eat at each meal, demonstrating that choices were offered. Staff told us some people had special dietary requirements and diet plans had been drawn up together with the dietician and the doctor to ensure their needs were met. People's care plans included information about their nutritional needs and preferences.

People were supported to maintain good health and have appropriate access to healthcare services. People's records included detailed information on their health conditions and backgrounds which enabled staff at the service to support them appropriately. Care files confirmed that all the people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans. We could see that all contacts people had with health care professionals such as dentists, chiropodists and care managers was always recorded in their health care plan. This meant people saw healthcare professionals according to their needs.

## Is the service caring?

### Our findings

Relatives complimented the caring attitudes of staff. One relative told us, "Staff appreciate our [family members] as people; they see them as we would hope them to do." Another relative told us, "All the staff are so caring, they are wonderful. Yes all the people here are cared for by caring and compassionate staff." We saw that staff had an interest in creating and maintaining positive relationships with people and giving them care that promoted a good quality of life for people.

The registered manager and staff told us they aimed to provide a homely environment for people. One of the ways they did this is through their staffing model where staff provided support with people's care needs and involved them in domestic tasks such as cleaning. A member of staff told us, "It is homely. This is the nearest people will have to living in their own homes." A senior member of staff said, "We all do our very best here. I think the residents have a good quality of life." A relative told us, "You can ask staff anything, they really look after us all. It's true to say it's just like a family here."

Staff we spoke with were knowledgeable about the people who used the service. One member of staff told us the most enjoyable part of their role was, "Just spending time with and chatting to the residents, getting to know them well." Our conversations with staff, observations and the evidence from the records we reviewed showed staff applied this knowledge when they supported people who used the service.

Wherever people were able to, they were involved in decisions about their care and support. We repeatedly observed staff ask people how they wanted to receive support. Their records also showed they had been involved in their care decisions. We reviewed records for a person whose learning disability needs meant they were unable to verbalise what they wanted. We saw that staff had developed a detailed support plan for communication. This included information about how the person used eye contact and body language to express their wishes for their support. A member of staff told us, "It's nice when we can involve residents in everyday things. One resident in particular enjoys and is good at supporting others". People were supported to be as independent as possible. For example, we saw the premises were adapted so that they could mobilise independently.

People were treated with dignity and respect. Staff had a good understanding and a commitment to promoting people's rights to privacy and dignified care. They gave examples of ways of how they ensured people's privacy and dignity was promoted during care delivery. This included, "Shutting people's bedroom doors when personal care was given."

People's friends and family told us they could visit the home freely and were always made welcome. One relative told us, "They look after us well too. One day when I visited my [family member] and had a very long and tiring journey due to traffic congestion, they gave me a cup of tea and something to eat. They really calmed me down. It was so caring of them, I have never forgotten it." Another relative told us, "We come twice a month. We usually call first because it is a long way to come if [family member] is out." We reviewed people's activity records that showed they had regular visits from their family and friends. One member of staff told us, "Relatives and friends are welcome any time."

## Is the service responsive?

### Our findings

The person we spoke with and people's relatives were positive about the service and said people received support that met their individual needs. One relative said, "The people here do get good care. My [family member] certainly does and I am happy with the care they receive." Another relative told us, "Staff invite us to our [family member's] care reviews. We visit at other times too and we are happy we get all the information we need to do with [family member]."

At our comprehensive inspection of this service on 2 November 2015 we found the provider was in breach of the regulations. The provider had not ensured that people's care plans were reviewed appropriately. There was no comment to do with people's individual care plan objectives highlighting progress or lack of progress to do with them. This meant that where people's needs changed their care plans were not responsive to them. We asked the provider to take action to make improvements, which we checked had been made during a focused inspection in March 2016. We found the provider was meeting the regulations we looked at, but we did not amend our rating at that time, as we wanted to see consistent improvements at the service in relation to the review and revision of people's care plans. At this inspection we found the provider had maintained the improvements made with the review and revision of people's care plans and now met the requirement of the relevant regulation.

We saw from our inspection people's needs assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. We looked at people's care plans and saw each person had regular reviews to check whether their needs had changed. This included monitoring of their health conditions. Although only one of the people we met with were able to express their views and experiences on the assessment process, relatives told us they were always asked for feedback about their family member and the care provided to people.

People's bedrooms were personalised to meet their needs in a homely manner. A member of staff told us, "That's what we aim for, as much of a normal home life as possible."

People who used the service had a 'key worker' who help to promote their welfare and interests. People had monthly meetings with their keyworker. We reviewed records of these review meetings and saw that staff supported people to achieve their aims and objectives as identified in their care plans.

Staff told us they had received training in person-centred planning. We saw certificated evidence of this. Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. Each person had their own activity programme and we saw there was a range of regular activities according to people's preferences. Relatives of people were given information regarding the care and support their relations received. They told us they had copies of their relatives' care plans and they were always invited to care plan reviews so they could represent their relatives and ensure care and support being given was appropriate.

Relatives said staff encouraged people to make choices about their lives and about the support they

received. They said where this was not possible staff would ask the relatives to contribute to the process to help enable staff to respect people's decisions and choices. One relative said, "Staff always ask us what [family member] would like." The social care professional we spoke with said staff encouraged people to make informed choices about how they lived their lives. They gave an example to do with activities the person wanted to engage with. Throughout our inspection we saw staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was conveyed to them.

People were supported to pursue social interests and activities that were important to them. Relatives told us staff often arranged social activities for people to participate in if they wished. One relative said, "My [family member] likes to come to our home to see our and his family, but he always sees this place [ the care home] as his true home and he always wants to come back here after a few days." Another relative said, "They do a lot you know. Often out to the cinema or to the park for a walk."

Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. One relative told us, "I have never had to raise a complaint. I have made a few suggestions over time and the manager is really responsive and takes it all seriously." Another relative said, "The manager is there for the people, I am confident they would deal with a complaint seriously. And if they didn't we'd go higher."

During our tour of the premises we saw notices displayed on notice boards that clearly described the complaints process in pictorial formats that people could understand. We saw a clear complaints policy and procedure that enabled people and others to make a complaint or a compliment. Staff told us they were aware of the complaints procedure and how to assist people with the process if required to do so.

# Is the service well-led?

## Our findings

At our comprehensive inspection of this service on 2 November 2015 we found the provider was in breach of the regulations. The provider had not maintained accurate records relating to people, staff and to the management of the service. We asked the provider to take action to make improvements, which we checked had been made during a focused inspection in March 2016. We found the provider was meeting the regulations we looked at, but we did not amend our rating at that time, as we wanted to see consistent improvements at the service in relation to the management of records in the home.

At this inspection we found that improvements made by the provider to improve their quality monitoring arrangements and to ensure records maintained were up to date and accurate had been sustained.

People, relatives and staff complimented the leadership of the registered manager. One relative told us, "[Registered manager] runs a good service here." One member of staff said, "We all get on well here, it is a good team."

The service had an ethos of providing an empowering and service-user led quality of care. The registered manager promoted this ethos by supporting staff to provide this standard of care.

The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They spoke passionately about their commitment to the people who used the service and how they worked to provide a service that gave people a good quality of life. The registered manager said, "I've been here for many years, more than ten years now and I do enjoy it. I'd like to think I've made a difference."

Staff told us they were supported by the registered manager. They said the registered manager supported them to meet the standards expected of them. One member of staff said, "I've been here for two years now. I am very well supported by all the staff and the manager." The registered manager told us, "I support the staff. They know what I expect of them. If staff need me then I'm out there to support them. We work as a team and I think staff respect that." During our inspection visit, we observed that the manager was accessible and responded to people who used the service and to staff who sought their advice or support.

The registered manager was supported in their role by an operations manager who we spoke with on the day of our inspection. The registered manager told us, "I have this support if needed. I can ring [operations manager] whenever I like and I get good, helpful support."

The provider had systems and procedures in place to assess and monitor the quality of the service, which they used this to drive continuous improvement. These consisted of regular weekly and monthly audits that together covered every aspect of people's care and the running of the home. These audits and checks had been carried out by the registered manager in areas such as cleanliness of the premises, care of people, care documentation and health and safety. The home had carried out a satisfaction survey and the completed forms received indicated that relatives of people and other visitors and professionals were very satisfied with

the services and care provided. However due to the fact the returns had only just come back the registered manager told us a report following the analysis of the survey had not yet been prepared. The registered manager stated that this would be done.

Other audits included checks with the system for administering medicines and checking whether documents such as people's health action plans, support plans and risk assessments were reviewed. These audits have helped to ensure the service delivered good quality care to people.

We saw from our conversations with the registered manager they were aware of the importance of working in partnership with social and healthcare professionals so that people received appropriate support from them. We saw evidence in the care records of communication with social and healthcare professionals regarding the planning of care and treatment provided for people.