

Care Management Group Limited

Care Management Group - 62 Manor Green Road

Inspection report

62 Manor Green Road
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Tel: 01372726131

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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

62 Manor Green Road is a supported living service for up to five people with mental health needs and learning disabilities. At the time of our inspection five people lived here.

The inspection took place on 25 October 2017 and was unannounced. This was the first inspection since the service had reregistered with the Care Quality Commission (CQC) as a supported living service.

There was a registered manager in post. 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 were safe at 62 Manor Green Road. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

There were sufficient numbers of staff deployed to meet the individual support tasks of the people that lived there. Staff recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment. They had also checked to ensure staff were eligible to work in the UK.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

In the event of an emergency people would be protected because there were clear procedures in place to support people if the building needed to be evacuated. Regular checks were completed around the home to ensure it was safe, such as testing fire detection systems, and maintenance of equipment.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care.

People were supported to manage their own diets and meals. People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health and independence was seen to improve due to the support staff gave.

There was positive feedback about the home and caring nature of staff from people who live here. The staff were seen to be kind and caring and treated people with dignity and respect.

Care plans gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details in the care plans matched with what we saw on the day of our inspection, and with what people told us.

People were supported to access to a wide range of activities, some for fun, others to help increase their independence and daily living skills. Improvements in people's confidence and daily living skills were seen as a result.

People knew how to make a complaint. Four complaints had been received since our last inspection, and these had been addressed in accordance with the provider's complaints policy.

The registered manager and the provider fostered a culture of continuous improvement within the service. Audits were used to review the standard of support being given, and clear action plans were put into place where this did not meet the providers standards. There was a clear vision for how the provider wanted the service to run. Staff clearly understood this and demonstrated it by supporting people in a caring way to improve their independence and live a fulfilled life.

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.

People felt safe living at the service. Staff understood their responsibilities around protecting people from harm.

Hazards to people's health and safety had been assessed and guidelines were in place for staff to minimise the risk.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the service.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good ●

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act.

People had enough to eat and drink and were supported to buy, prepare and cook their own meals.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good ●

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals.

Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family, whenever they wanted.

Is the service responsive?

Good ●

The service was responsive.

Care plans gave detail about the support needs of people.
People were involved in their care plans, and their reviews.

Staff offered a range of activities that matched people's interests.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good ●

The service was well- led.

Staff felt supported and able to discuss any issues with the manager.

People and staff were involved in improving the service.
Feedback was sought from people and ideas and suggestions were acted on.

Quality assurance records were up to date and used to drive improvement throughout the home.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Care Management Group - 62 Manor Green 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 was planned to check 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 service provides care and support to people living in a number of 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This inspection took place on 25 October 2017 and was unannounced. The inspection team consisted of one inspector, because the service was so small.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with four people who lived at the home and three staff which included the registered manager. We observed how staff cared for people, and worked together. We also reviewed care and other records within the home. These included three care plans and associated records, three medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

Is the service safe?

Our findings

People told us that they felt safe living at 62 Manor Green Road. One person said, "Yes I feel safe, because I am happy here."

People were protected from the risk of abuse. People knew who they could speak to if they had any concerns, and felt their concerns would be addressed. Staff had received safeguarding training and could tell us about the various forms of abuse and what they would do if they suspected or saw that it was taking place, for example, making a referral to an agency such as the local authority safeguarding team or police. Staff were aware of their role in reporting suspected abuse if the manager or provider did not respond to their concerns.

People were kept safe because the risk of harm from their health and support needs had been assessed with them. One person who enjoyed cycling said, "Staff went through the safety checks on my bike with me, and we talked about the safety equipment I needed, like my helmet and lights." Assessments had been carried out in areas such as falls, risks of social isolation, choking, nutrition and hydration and behaviour management. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. Staff understood their roles in keeping people safe. Staff ensured they were present near communal areas. This reduced the risks such as behaviour that may challenge as staff would be present to spot the signs and intervene before anything untoward took place.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents had been taken. For example, one person had an incident in the local community. The registered manager and staff had worked with the person and the local community to address the issue and help all involved understand how it had occurred, and what could be done to minimise the risk of it happening again. At the time of our inspection there had been very few accidents at the home, showing people received a good safe level of care.

The registered manager ensured accidents and incidents around behaviour that may challenge were fully investigated to prevent reoccurrences. One person had become verbally aggressive towards staff. Through a review of the incident with the person and the staff it was determined that it was the staff's actions that had prompted the behaviour. As a result the staff member received additional guidance around the triggers for the individuals they support.

There were sufficient numbers of staff deployed to keep people safe and support their health and welfare needs. One person said, "Yes, I think there are enough staff. I have a buzzer in my room in case I need help at night; they come straight away if I use it." People's support needs had been assessed, and time taken for these tasks to be completed had been determined. Staff were then deployed to support individuals to complete these personal care tasks through the use of an activity planner. Each person's activity planner was different and reflected their activities, as well as personal care support they needed. Staff were seen to

support individuals in accordance with these plans during the inspection.

Staffing levels reflected the needs of the people. Staffing rotas recorded that the number of staff on duty. The numbers matched those specified by the registered manager to give a safe level of care to people. During the inspection people were seen to be supported when they asked for help, and staff had time to spend talking with people.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification such as passports to show eligibility to work in the UK.

People were cared for in a clean and safe environment. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Staff understood their responsibilities around maintaining a safe environment for people. People's rooms were clean and tidy.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. Information to guide staff in meeting people's care and support needs in an emergency, such as evacuating the building, was readily available. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone living in the building which detailed the support people required to leave the building in an emergency.

People's medicines were managed and given safely, and people were involved in the process. One person said, "I know what my tablets are for, and staff keep me up to date which helps with my condition. Staff look after my medicines for me, I prefer it that way."

Staff that administered medicines to people received appropriate training which was regularly updated. Their competency had been assessed by the lead nurse to ensure their practical skills were up to date. Staff were able to describe what the medicine was for to ensure people were safe when taking it. Where medicines were prescribed 'as required' for a person who expresses distress, good practice was seen in the protocol, such as alternative activities being attempted to distract and calm the person (including activities meaningful to the individual). The 'as required' medicine was recommended to be given only as a last resort.

The ordering, storage, and disposal of medicines were safe. There were no gaps in the medication administration records (MAR). Each MAR has a front sheet with a current picture of each person receiving medication as well as their date of birth, known allergies and room number. This reduced the risk of people receiving the wrong medicine.

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to provide effective care for people. One person said, "The staff are good with supported living and help me when I need it."

Staff had training to undertake their roles and responsibilities to care and support people. The induction process for new staff ensured they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice.

Staff were effectively supported to give a good standard of care to people. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. One staff member said, "I have a supervision every month with the manager. I find them very useful as the manager is like a teacher, I have learnt so much from him." These meetings enabled staff to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

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.

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. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. People had been assessed as having the capacity to understand and agree to live at this supported living service.

Staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff were seen to ask for people's consent before giving care and support throughout the inspection.

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). Staff understood that people's capacity could change, and if they had to restrict someone's freedom to keep them safe, they knew they would have to do an MCA assessment, have a best interest's decision, and apply for a DoLS. As people had capacity to agree to live at this service

the DoLS did not apply at this inspection.

People had enough to eat and drink to keep them healthy and had good quantity and choice of food and drinks available to them. A person said, "I go out and do my own food shopping, and staff encourage me with choosing healthy options."

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Where people had lost weight, this had been quickly addressed with support, and referral to GP and dietician as required

People received support to keep them healthy and their health and well-being were seen to improve due to the care and support of staff. One person said, "I get to visit the audiologist for my ears, and I see my GP when I need to. I also have a review with my GP once a year to make sure I am OK."

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "Staff are always there if I need them." Another person said, "The staff are really nice to me."

Staff had a caring attitude to the people that lived here. When asked about what they most enjoyed about working at 62 Manor Green Road, one staff member said, "I feel really proud of the job I do because I can see people's confidence improving because of the support I give." Staff were focussed on helping people in a kind and compassionate way. For example, when a close relative of a person had passed away staff described how they had helped the person come to terms with the situation. This included talking through their feelings, and offering professional guidance and support to help the person.

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing.

Staff were caring and attentive with people. They knew the people they looked after and involved them in making decisions about their life. Conversations were polite and humorous and staff always waited for people to respond to any questions they asked. Throughout our inspection staff had positive, warm and professional interactions with people. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home.

Staff were knowledgeable about people and knew them as individuals. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us a lot about the people they supported without access to the care notes, including their hobbies and interests. Care records recorded personal histories, likes and dislikes, and matched with what staff had told us. One staff member was able to describe a person's favourite television programmes. Due to the positive relationship developed with the person they now invited the staff into their room to watch some of these programmes with them. This was a positive step as it helped reduce the person's social isolation.

Staff communicated effectively with people. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events that people may be interested in. Daily activity planners were also in an easy to read format so people could see what they had planned for the coming week.

Staff treated people with dignity and respect. When giving personal care staff ensured doors and curtains were closed to protect the people's dignity and privacy. If people's clothing had become loose, or out of position, staff discreetly pointed it out to the person so they could correct it, and protect their modesty.

Staff encouraged people to maintain their independence, and do as much as they could for themselves. One

person said, "I help with the gardening, and I do hoovering and cleaning with support. Tuesdays are my day for cleaning around the house." Another person said, "I go shopping every week to get things I need, staff help me with this; others that live here go on their own."

People's needs with respect to their religion or cultural beliefs were met. People had access to services in the community so they could practice their faith. One person said, "I go to the church when I want, and there is also a club there on Wednesdays that I go to." People told us they could have relatives visit when they wanted, or go out on their own or with their relatives if they wished. A person said, "I go out for tea with my friends every day, and I see my family every week." Another person said, "I go and see my dad, or he comes here, or I go to him."

Is the service responsive?

Our findings

People told us that they felt their care was responsive to their needs. People's needs had been assessed before they moved into the service to ensure that their needs could be met. People were involved in this process. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, as well as personal preferences and histories.

People and their relatives had been involved in care and support planning. One person said, "I have a support plan and they go through it with me regularly." Care plans were based on what people wanted from their care and support. They were written with the person by the key worker or registered manager. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs. Relatives, where appropriate, were invited to take part in those reviews, and have their say on the care given.

People's choices and preferences were documented and were seen to be met. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe, personal care, behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. Staff were seen to give care as detailed in the care plans on the day of the inspection. For example, they spoke to people in the preferred manner.

People had access to a range of activities, to stimulate them mentally, physically and to have fun. One person said, "I love cycling and go out when I want." During the inspection people were going in and out of the house throughout the day to take part in activities in the local community. In addition people were supported to go on holiday. One person's family had been very proud of what their family member had achieved through staff support. The person had been able to go away on holiday for seven days without the need for 'as required' medicines to help keep them calm. Additionally the person had been able to travel to the holiday destination using public transport for the first time. This was down to the responsive support given by staff to help him understand exactly what would happen, and what they could do to help him manage anxiety. Another person had been supported to follow their interests by taking part in a local radio station, as well as maintaining a job in local shops.

People were supported by staff that listened to and would respond to complaints or comments. All the people we spoke with said they had never had to make a formal complaint. One person said, "I would tell them if I was unhappy about anything." People that had asked for something to improve told us this had been done to their satisfaction.

There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. There had been four complaints received at the service since our last visit. These had been resolved involving the people that raised them. For one of the complaints additional support had been put into place to help resolve the issue and protect all parties that

had been involved. Risk assessments around accessing the local community had also been updated as a result of one complaint. A number of compliments had been received during the same time period.

Is the service well-led?

Our findings

Everyone we spoke with praised the leadership and management of the service. There was a positive culture within the home between the people that lived here, the staff and the manager. One person said, "I like the manager, he knows his job and is a nice person." A staff member said, "I feel very supported here. The manager and senior managers within Care Management Group (CMG) will listen to what I say and help me if I ask."

The atmosphere in the service was welcoming and open during our inspection. Staff were confident in their roles and had a clear understanding of the values and visions of the service. Their professionalism, kindness and compassion demonstrated over the course of the inspection matched with these values.

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. Staff told us the manager had an open door policy and they could approach the manager at any time. Staff felt supported and able to raise any concerns with the manager, or senior management within the provider.

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines.

The senior management within CMG carried out regular visits to their services to ensure care and support was being given in line with the visions and values of the service. Audits were completed by a senior staff member within the organisation to monitor care and support. One person said, "Sometimes CMG come in, like the managers boss will visit, and speak to me. She came in yesterday to check everything was Okay."

The Chief Executive Officer for CMG was well known by the people and staff for his unannounced visits to the service to check CMG values were understood and being implemented. One person said, "[name of the CEO] came and visited us last month without telling any staff he was coming. He spoke with me to see if I was happy." The fact that people were able to name the CEO and regional managers within CMG clearly showed these visits were a regular occurrence. This ensured the senior managers had a hands-on approach and understood what was happening in each of the services they managed. Records showed that any concerns identified from the various audits and checks were responded to promptly and reviewed during the next audit.

People were included in how the service was managed. People had access to regular tenants meetings where they could discuss any issues they wanted to raise, and what activities they would like to take part in. Minutes of the meetings showed that people had the opportunity to raise any concerns, and were encouraged to tell the staff what needed to be done around the house, or in relation to their care and support needs.

The registered manager also ensured that various groups of people were consulted for feedback to see if the

service had met people's needs. This was done annually by the use of a questionnaire. All the responses from the last survey were positive about the service provided and the staff. People who lived here and their families were involved in these questionnaires, which covered all aspects of care and support provided at the service.

Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

The registered manager was visible around the service, supporting staff and talking with people to make sure they were happy. This made them accessible to people and staff, and enabled him to observe care and practice to ensure it met the home's standards. The manager had a good rapport with the people that lived here, and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return (PIR) when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

A process of continuous improvement was led by the registered manager. The information they had shared on the PIR was confirmed during the inspection. Progress in areas they had identified to improve had been made. One of the areas the registered manager had highlighted was to 'give positive feedback to motivate the staff.' This was seen during the inspection, as well as staff performance being praised during team meetings. Another area they wanted to improve was to 'make the keyworker meetings more interactive so it can also be used as a time to help the tenant develop in certain areas of their life i.e. understanding money better.' Progress in this had been made as one person said, "I can now look after my own money, and I go to the bank each week."