

Care Management Group Limited

Care Management Group - Longdown Road

Inspection report

9 Longdown 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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 25 October 2018 and was unannounced.

Care Management Group (CMG) Longdown Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

CMG Longdown Road in Epsom is registered to provide accommodation and personal care for up to 10 adults who have a learning disability. At the time of our inspection eight people live here. The service is delivered from a two-story house in a residential area.

It is a requirement of the provider's registration that they have 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. The registered manager was present during this inspection.

CMG Longdown Road continues to provide a good level of care and support to people.

People were supported to stay safe. Staff understood their roles in keeping people safe from abuse, and avoidable harm. Risks to people's health and safety were well managed. This was done with a regard to minimising the restrictions placed on people. People's medicines were managed in a safe way, and they received them when needed. The home was kept clean by the staff team, with the help of the people who live here.

Accidents and incidents are reviewed by the registered manager and staff team to minimise the risk of them happening again.

No one new had come to live at the home since our last inspection. Procedures were in place to ensure that people's needs would be assessed, to ensure the home environment would be suitable, and that staff had

the skills to be able to meet those needs.

There is a sufficient number of staff deployed to meet people's needs. A robust recruitment and selection process is in place. This ensures prospective new staff have the right skills and are suitable to work with people living in the home.

People have enough to eat and drink. Food and drink preferences are met through a varied and nutritious diet. People have access to health care professionals when the need arises, as well as for routine check-ups to keep them healthy. Where people lacked the capacity to make specific decisions, the staff understood and followed the requirements of the Mental Capacity Act 2005. This ensured that decisions made for people in their best interest and any restrictions put into place to keep them safe were done in a lawful way.

People are supported by kind and caring staff. Staff have worked here for many years, and have built caring relationships with people and enjoy their company. People are supported to maintain relationships that are important to them. People are provided with the care, support and equipment they need to stay as independent as possible.

Care records are comprehensive and give a detailed description of the person, and their individual needs. Staff provide care and support that responds to these needs. People would be supported at the end of their lives to have a dignified and as far as possible pain free death.

There was a robust complaints process in place, however this had not been needed as everyone we spoke with was happy with the service.

The home and staff team continue to be well led. The registered manager leads by example and staff are happy in their roles. Quality assurance processes are used to continuously improve the standard of care people receive.

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 - Longdown 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 took place on 25 October 2018 and was conducted by one inspector. It was a comprehensive, unannounced inspection.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

During the inspection visit we spoke with three people who lived at the home and observed how care and support were delivered in the communal areas. We spoke with the registered manager and two care staff.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including two medicine records, two staff recruitment files and the provider's quality assurance audits.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People said, or gestured that they felt safe living at CMG Longdown Road. Two people said, "Yes" when we asked this question, and another person gave us a 'thumbs-up' sign. When asked what made them feel safe, one person said, "Staff, they are nice to me."

Staff understood their roles and responsibility about keeping people safe. This included understanding the signs of abuse, and the action they needed to take should they suspect it had taken place. One staff member said, "We have to report to the manager or higher up." Policies in relation to safeguarding and whistleblowing reflected the local authority's procedures and were clearly displayed in the house. These were also presented in an easy to read format to try to help people understand. Staff understood who to contact should they feel abuse had taken place, and appropriate referrals to the local authority safeguarding team had been made when appropriate.

People were kept safe because the risks of harm related to their health and support needs had been well managed. Staff understood people's needs and how to support people with behaviour that may challenge themselves or others. Management of risks was done in a way to minimise the impact to people's freedom. For example, one person who chose to move themselves around on the floor had protective equipment provided to protect their knees, in addition to an adapted wheelchair. Peoples care plans contained detailed assessments of hazards to their health and clear guidelines in how these were managed. These included the use of sensor mats by some people's beds. These alert staff when people get out of bed during the night. Staff can then check if the person needs assistance, and would then reduce the risk of a fall.

The registered manager had continued to review accidents and incidents with a view to prevent reoccurrence. There had been very few accidents since our last inspection which demonstrated that risks to people were well managed.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people living at the home. The use of volunteers (who were ex-members of staff) helped to ensure people had plenty of opportunity to go out on activities in the local community.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that potential staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

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, was clearly displayed around the home and people took part in fire drills. The home was kept clean to reduce the risk of spreading infection, especially for the person who moved

around on the floor. Staff supported people to wash their hands before and after eating, or after using the toilet to reduce the risks of cross contamination.

People's medicines were managed and given safely, and people were involved in the process as much as they could be. This was done by people counting out their tablets, or by placing their medicine storage cabinets in their own rooms. Medicines were stored appropriately in a clean environment. Medicines were regularly audited to ensure the staff had followed safe systems of work. This included external checks by a local pharmacy. The last external check had been positive about how people's medicines had been managed. Where people had been prescribed medicines on an 'as required' basis, such as to relieve pain, plans were in place to give them safely.

Is the service effective?

Our findings

The home continued to provide people with effective care and support.

The provider continued to assess the needs of people before they moved into the home. No one new had come to live at the home since our last inspection. The initial assessment of people who wanted to come and live at CMG Longdown Road would be completed by the providers Assessment and referral team. This ensured that their needs could be met, and equipment or modifications to the home could be installed before they arrived. This also gave the opportunity to check if any special action was required to meet legal requirements. For example, use of specialist medicines, use of equipment that lifts people, or meeting the requirements of the Equalities Act.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice. Training specific to the needs of people had also been given. This included training on supporting people with Autism and positive behaviour support, which had been personalised for a specific individual and their needs. Staff had regular supervisions (one to one meetings with their manager) to discuss training needs, and give them the opportunity to discuss their role with their manager.

There remained a good emphasis on the importance of people eating and drinking well. People were involved in the food they wanted to eat by going out shopping. Peoples likes and dislikes were clearly documented in their care records. These favourite foods were seen to be a regular option on the menus. People's weights were monitored. Referrals to professionals and fortified meals were used where required, such as in helping people gain, or maintain a healthy weight. People were offered further helpings of food during lunch, and received these if they wished. Drinks and snacks were offered to people throughout the day of the inspection, with staff ensuring people had enough to eat and drink.

Staff teams worked well together so that people's needs were met. Staff meet during handover meetings to discuss how the day/night had gone, and if people had any additional needs, such as if they felt unwell. They also used the meetings to pass on people's preferences or plans for the day. The morning staff had identified that one person wanted to buy a particular item. This information was passed to the staff that came into the home in the afternoon. The person was then supported to buy the item, which they took great pleasure in showing us when they returned from the shops.

People continued to have good access to health care professionals to help keep them healthy. Feedback from a health care professional stated, "Staff are vigilant at picking up on health changes and reporting concerns to the GP or nurse." People could see the GP if they felt unwell, and were supported to attend appointments at hospitals and specialist consultants when needed. One person said, "I'm going to the doctor next week to check if I am okay." Each person had a health action plan to record when routine health checks had been attended, or were due. This included dentists, chiropodists, and opticians. Staff worked effectively with the health care professionals to ensure any guidance given was recorded and followed.

The home people lived in continued to meet their needs. It was decorated to give a homely feel, with many pictures made by people and photographs of them on activities, or at celebrations. Adaptations had been made to meet individual needs, for example a stair lift had been installed to meet people's mobility needs as they got older.

The 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.

Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. 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 asked for people's consent before giving care and support throughout the inspection.

Is the service caring?

Our findings

People received the same level of compassionate care and support as at our previous inspection. The rating continues to be Good.

We had positive feedback about the caring nature of the staff. One person said, "I am very happy here." Feedback from a relative said, "The home provides a friendly and family environment for my family member. Staff have a very good understanding of my family member's needs." People and staff were seen to talk and interact together and we could see that caring relationships had been formed. This included ex members of staff coming to visit on a regular basis to say hello to people and see how they were getting on. People enjoyed the company of the staff who supported them. Staff showed compassion to people, such as by holding their hands, or comforting them if they became upset. A visiting health care professional said, "Staff always appear caring towards the service users."

People continued to receive caring and attentive support from the staff. All the staff were seen to talk to people whilst carrying out their duties, or taking time away from their duties to talk with them. One staff member said, "I love working here. It's seeing the smile on people's faces when I come to work." This caring attitude was seen from all the staff at the home on the day of the inspection, including the registered manager. For example, when a staff member came on shift they said hello to all the people and complimented one individual on their Halloween costume they had just purchased. Everyone was seen to smile and respond to the staff members in a positive way.

Staff were knowledgeable about people they supported. When talking with a person to find out about their experiences living here, they told us about falling in brambles. When we asked staff about this they immediately knew that the person was referring to an incident from many years ago, that had taken place at a day centre. Staff were able to tell us a lot about the people they supported without access to the care notes, including their hobbies and interests, as well as medical support needs. Care records recorded personal histories, likes and dislikes, and matched with what staff had told us.

Information about people's care and support continued to be given in a manner they could understand. Easy to read documents and posters informing people about activities, safety advice, and other useful information were seen around the home. One of the staff could speak to a person in the language of their birthplace. The persons first language was English, but we could see they enjoyed the interaction with the staff. Use of pictures and showing people choices were used effectively to help people make informed choices about their care and support.

People were treated with respect and their independence was supported by staff. People had high support needs at CMG Longdown Road, and staff encouraged them to be involved in tasks around the home. This included helping to clean the house, taking their own laundry to the machine, getting cups from the cupboard and laying the dining tables. Each person was encouraged to do things at a level they would be able to manage. Staff showed respect to people in many ways. This included telling them when visitors arrived at the home, and who they were; encouraging people to open the front door for themselves when

the doorbell rang, and ensuing people were supported when items of clothing became loose, to protect their dignity.

Is the service responsive?

Our findings

People continued to receive responsive care.

People's care and support were clearly documented to enable staff to provide a responsive service. Care plans were person centred because they gave good information about the whole life of the person. They included detailed personal histories, as well as the individual care and support needs of the individual. Preferences and choices were clearly recorded, and staff were seen to follow these during the day of the inspection. Key parts of the care plans were also presented in easy to read formats, using pictures and simple text. To give the people the best chance of understanding what had been written about them. Care plans were reviewed on a regular basis with the person to check the care they received was still meeting their needs.

Care plans addressed areas such as how people communicated and how their conditions may appear and affect their behaviour. They went into detail on how staff should respond, such as reassuring and talking to the person. Care given to people on the day of the inspection match with the guidance in the care plans.

Staff understood people's support needs and preferences. They were able to tell us details about the people they cared for, which reflected the information we had seen in the care records. People could keep in contact with friends and relatives, by visiting them, or having them come to visit the home. The telephone was also available for people to use to keep in contact with those that were important to them. People had access to religious or cultural activities if they chose.

People had access to activities to stimulate their minds, keep them fit and enable them to go into the local community. Activity programmes were individual to each person and gave an outline to people's week. People were involved in shopping trips, for their own items, or for the home, as well as day centres, and trips to local pubs and restaurants. Activities were also provided in the home, such as visiting entertainers.

People were supported by staff that listened to and would respond to complaints or comments. There was a complaints policy in place that was clearly displayed around the home, in an easy to read format. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government and Social Care Ombudsman. There had been no complaints since the last inspection.

People would be supported at the end of their lives. Detailed end of life plans were in place for those that had consented to have them completed. These covered people's faiths, type of funeral they would like, and where they would like to be if they became very ill, such as staying at the home or going to hospital. Where people had not agreed to have an end of life discussion this had been documented and a date for the subject to be raised with them again was clearly recorded.

Is the service well-led?

Our findings

The service continued to be well led.

There was a positive, person focused culture within the home, which was reflected in our findings across all the five key questions that we asked. Staff were also positive about their roles and enjoyed their work. Staff understood their roles and responsibilities and had a clear understanding of the values and visions of the service. The statement of purpose for the home stated that the vision was, 'To be person centred and to genuinely reflect the needs and wishes of people they support. To maximise people's independence however disabled they may be.' During the inspection the values of respect and promoting people's independence were routinely demonstrated by staff when they interacted with people. Staff told us they felt supported by the management within CMG.

The providers quality assurance system continued to ensure people received an overall good standard of care. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

People and those important to them continued to be involved in how the service was run. Due to people's support needs group resident meetings did not take place. These were replaced by one to one meetings with their key worker. Topics such as food, activities and if they were happy were all discussed, which gave people the opportunity to raise any concerns, or offer suggestions to improve the service. Feedback was also sought from people's families, and health care professionals. All the feedback that had been received from the last round of questionnaires was positive about the home and staff. For example, when asked the question 'I am satisfied with the quality of service provided to my relative' both responses from family had circled the 'Strongly agree' with that statement option. This was the highest rating that could be given of the four choices available.

Staff were also involved in making improvements to the service people received. The provider and registered manager sought feedback via team meetings, and staff surveys. The staff meetings also covered topics such as CMG values, a review and reminder of safeguarding process, and the introduction of new equipment into the home. This kept staff up to date with what was happening, and gave them the opportunity to comment and give suggestions.

An ethos of continuous improvement continued to be displayed by the registered manager and the staff. Accidents and incidents (from other CMG homes, as none had taken place at CMG Longdown Road) were reviewed to ensure lessons were learned to reduce the risk of a repeat occurrence. This information was regularly sent out by the providers management team to all the CMG services. This also included reviewing information from external sources, such as safety alerts and best practice guidance.

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. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

Partnership working with other agencies was key for the registered manager. They used these partnerships to improve the service and home for people who lived there. This included liaising with service commissioners and health care professionals to ensure people's needs could be met. They also included working with local schools, and community groups to give people access to various activities and entertainment across the year. The registered manager also attended meetings to keep up to date with current best practice and to share information and learning with peers from across the CMG organisation.