Care Management Group Limited

Care Management Group Ltd Overhill

Inspection report

1A Overhill Road
Purley
Surrey
CR8 2JD

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10 January 2018

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15 February 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 10 January 2018 and was unannounced. This was the first inspection of this service since it was registered with the Care Quality Commission on 19 January 2017.

1A, Overhill Road is a supported living service that provides personal care and support for up to six adults living with mild to moderate learning disability needs. Supported living is where people live independently in specifically designed or independent accommodation but need some help or support to do so. There were six people living at the service when we inspected it. The accommodation was provided by another organisation and as 1A Overhill Road is not registered for accommodation with the CQC, the premises and related aspects were not inspected.

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 told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

There were enough staff on duty to meet people's needs and there were always additional staff able to cover in the event of staff absence. Robust employment checks were in place to help to ensure new staff were appropriate to be working with and supporting people.

The risks to people's safety and wellbeing were assessed and regularly reviewed. People were supported to manage their own safety and remain as independent as they could be. The provider had processes in place for the recording and investigation of incidents and accidents.

People were supported with the management of their medicines and there were regular audits by the management team. People were supported by staff who were sufficiently well trained, supervised and appraised. The service liaised with other services to share ideas and good practice.

People's healthcare needs were met and staff supported them to attend medical appointments. People lived in a comfortable environment which was clean and free of hazards. They were able to personalise their bedrooms as they wished.

Staff had undertaken training in the Mental Capacity Act 2005 and were aware of their responsibilities in relation to people who might be deprived of their liberty. They ensured people were given choices and the opportunity to make decisions.

Throughout the inspection, we observed staff caring for people in a way that took into account their

diversity, values and human rights. People were supported to make decisions about their activities in the home and in the community.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.

Work was being progressed to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

There was a clear management structure at the service, and people and staff told us that the registered manager and deputy manager were supportive and approachable. There was a transparent and open culture within the service and people and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and where issues were identified, they were addressed promptly.

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 how to respond if they suspected people were being abused to keep them safe.

There were good risk management plans in place and staff knew how to manage the risks identified for people.

There were enough staff on shifts to support people and the provider followed robust recruitment procedures.

Staff managed people's medicines safely.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective. People's needs and choices were fully assessed. Staff were supported to meet people's needs with training, supervision and appraisals.

People chose what they ate and received the support they required to meet their assessed nutritional needs. Where people required support to eat this was stated in care records and followed by staff.

Staff supported people to access the healthcare services they needed to maintain their health. Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People valued the care they received and said they liked the staff who supported them. They told us they felt listened to and staff knew their personal preferences and backgrounds.

Staff treated people with respect and protected their privacy and dignity.

They were kind and helpful and knew the people they were

supporting.

Is the service responsive?

Good

The service was responsive. People told us they contributed to the assessment and planning of their care. We saw that care was tailored to meet people's individual needs and requirements and aimed at increasing people's independence. Care records were detailed and clear.

Activities were tailored to individual need and people were encouraged to take part in activities of their choice.

People felt able to raise concerns and had confidence the registered manager would listen to their concerns and address them appropriately.

Work was being progressed with people (and where appropriate their relatives and health and social care professionals) to help them discuss and record their wishes for end of life care.

Is the service well-led?

Good

The service was well-led. Staff were appropriately supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The provider had implemented a variety of quality assurance methods so that they could regularly check the quality of the service being provided. They made sure the service was improved and developed as necessary and that people were happy with the service they received.

Care Management Group Ltd Overhill

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 inspection took place on 10 January 2018. The inspection was unannounced and was undertaken by one inspector.

Prior to the inspection the registered manager 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service, two members of staff, the deputy manager and the registered manager. We looked at three people's care files and three staff files which included staff recruitment, staff training and supervision. After the inspection we spoke with three relatives of people and two health and social care professionals.

Good

Is the service safe?

Our findings

People told us that they felt safe living at 1A, Overhill Road. One person told us, "I do feel safe here. This is my home and I am happy here." Another person told us, "I feel safe here, I have my own bedroom." One person's relative told us, "I have always been happy with [family member's] care. They are safe there, no problems." One of the health and social care professionals we spoke with told us, "I am happy they are safe there, good safe care at this home."

People we spoke with said they felt able to raise concerns with either the staff or the registered manager. They provided examples where they had concerns. They said the issues they raised were listened to by staff with concern and dealt with quickly. This helped people to feel safe living in the home.

Staff were aware of safeguarding issues and knew how to proceed if they had any concerns. They were able to tell us about the possible forms of abuse people might experience and they were well aware of the correct procedures to follow in these circumstances. All the staff we spoke with said they would report any concerns they had directly to the registered manager or to the social services if they thought this was necessary. Staff were confident to whistle blow if the appropriate actions were not taken.

Risks for people were assessed and risk management plans were in place to reduce risks while minimising any restrictions that were necessary to keep them safe. An example of this we saw was for one person who wanted to travel in the community independently using public transport. Staff informed us the risk management plan enabled the person to make regular trips out independently and safely. Staff told us that when someone expressed a wish to do something that might present a risk for the person, they always tried to reduce the risk and enable them to do it. We saw that people and their relatives were involved in the risk assessment procedure and we saw that risk assessments were provided in a suitable format so that people could understand it.

On the day of the inspection we saw there were enough staff to keep people safe, meet their needs and provide a person centred approach to people's care and support. Staff had time to sit and talk to people and engage them in activities in the house and community. Where appropriate some people had one-to-one staffing provided. The registered manager stated that staffing levels were based on the needs of the people who lived at 1A, Overhill Road. If people's needs increased or there were special events arranged then staffing levels were increased accordingly. This meant that there were sufficient numbers of staff working with the knowledge, skills and support they required.

There were effective recruitment practices in place. Staff recruitment checks included a criminal records check and satisfactory employment and personal references. These arrangements helped to protect people against the risk of being cared for by unsuitable staff.

People received their medicines safely and as prescribed. People's medicines were stored in a locked medicine cabinet which was well organised. Staff recorded medicines administration onto people's individual medicines administration record [MAR] charts. We reviewed the MAR charts for each person and

found there were no gaps in recording. Where people were prescribed 'when required' medicines protocols were in place to help ensure their safety.

Staff told us they completed safe administration of medicines training. Records we saw confirmed this. The registered manager told us all staff completed an annual competency assessment to ensure that they were following the correct procedures when administering medicines.

Risks to people relating to infection control were well managed by the provider. We inspected the premises and saw they were safe and clean. We saw there was a range of audits that the provider used to check the cleanliness of the premises.

The registered manager showed us the incident and accident records. We could see that appropriate details were recorded for any incidents or accidents that happened. The manager told us they reviewed the records to see if any trends might be identified that informed them of appropriate action to take to avoid the same things happening again.

Good

Is the service effective?

Our findings

We saw evidence to show people's care and support was assessed before they started using the service. Assessments were comprehensive and people, their relatives and health and social care professionals were involved in discussions about the care and support they were to receive. People told us that they were consulted before they moved in and they had felt listened to. The healthcare professionals we contacted said that the staff team provided a service which met people's individual needs and they had no concerns. They told us they were fully involved in arranging and monitoring people's care.

People were supported by staff who had the appropriate skills and experience. All the staff we spoke with told us they completed an induction process that included shadowing more experienced staff members. They told us they felt well supported by the registered manager and the deputy manager. One staff member told us, "When I started here I shadowed a more experienced member of staff and this helped me find my feet quite quickly."

Staff received training the provider had identified as mandatory. This included health and safety, infection control and food hygiene, safeguarding and the Mental Capacity Act 2005 (MCA). They also undertook training specific to the needs and conditions of the people who used the service which included working with personality disorders, substance misuse, challenging behaviour, mental health and sexual trauma. One staff member said, "We have access to a lot of good training. Half the training we get is by e-learning and the rest is face to face training. I have completed training in a wide variety of courses that have really helped me with my work."
Some of the staff team had a nationally recognised qualification in care. Records showed that staff training was up to date and refreshed annually. This helped to ensure that staff employed by the service were sufficiently well trained and qualified to deliver care to the expected standard.

People were supported by staff who were regularly supervised and appraised. One staff member told us, "I have regular formal supervision with the manager and I get a copy of the notes for my information and sometimes actions." Other staff told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs.

People told us they had good food and plenty to drink. People chose what they ate and received the support they required to meet their assessed nutritional needs. Where people required support to eat this was stated in care records and followed by staff.

People were supported to maintain good health. The service maintained a close working relationship with healthcare professionals to ensure people's needs were met in a timely way. Where people presented with health needs staff made referrals and appointments for people and supported their attendance at them. People's health needs and the input they received from health professionals were recorded in care records and reviewed.

Health and social care professionals told us they were kept fully informed by the staff of people's progress. They said healthcare appointments for people were maintained appropriately. Care files confirmed all the people were registered with a local GP and had regular health checks as and when they needed them. People's health care needs were also well documented in their care files.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. Some of the people using the service had capacity and some did not. Where appropriate applications were made to the local authority for an assessment to be carried out. We saw no evidence that people were being deprived of their liberty. This indicated that care and support was being delivered according to the principles of the MCA.

Staff were knowledgeable about the principles of the MCA and were able to tell us what they would do if they noticed that a person lacked the capacity to make decisions about their care and support. They told us they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection.

Good

Is the service caring?

Our findings

People and their relatives told us they thought staff were kind and caring. One person said, "I think the staff could not be kinder, they do their best to help us." Another person said, "They [the staff and the managers] are very caring." Relatives told us, "Staff are very friendly, they keep us really well informed and nothing seems to be too much trouble." Another relative said, "I don't get to see [family member] so much now that I am older but I am sure staff care for them well and I am pleased they are there." We observed people were relaxed and comfortable with staff and staff were talking and laughing with people throughout our visit.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. From our conversations with staff they seemed to really enjoy their jobs and spoke about people with enthusiasm and warmth.

Care records were person centred. From the records we examined we saw people were seen and treated as individuals. Records contained detailed information about people's different needs, their life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, what activities they enjoyed and what was going well for them and what could go better.

People were consulted during regular monthly house meetings and individual meetings with their keyworker. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people. They were able to discuss any concerns and contribute to ideas about the running of the service, what activities they wanted and where they would like to go on holiday. People were supported with their cultural and spiritual needs. People who wanted to go to church were supported to do so. For example, at the time of our inspection one person told us how much they enjoyed going to church on a Sunday and staff told us how they helped to enable this to happen for the person.

Some of the people had contact with their relatives who occasionally visited. People were able to make their own decisions about their daily lives and the level of support they needed. All the people using the service were able to communicate well verbally and staff involved them in house meetings and individual discussions. The registered manager told us they had not needed to use an advocacy service recently, but would provide the necessary information to people if they needed it. We saw information about the local advocacy service displayed on the notice board for people to see.

People's privacy, dignity and independence were promoted, staff gave us examples of the ways they respected people's privacy and dignity and we observed this during our inspection. One member of staff was the dignity champion for the service. The registered manager explained how they were able to provide updates and training during staff meetings and observe the day to day care staff provided to ensure people were supported in a dignified way.

People's relatives and the health and social care professionals we spoke with after the inspection all told us they were made to feel welcome when they visited 1A, Overhill Road. We were told about the recent

Christmas party that everyone enjoyed. Other events throughout the year when people were invited to attend were also mentioned, such as people's birthday parties and summer barbeques.

Good

Is the service responsive?

Our findings

People, their relatives and the health and social care professionals we spoke with all told us they were central to the process of drawing up care plans and the reviews of these plans. Our inspection of people's care files evidenced what we were told by people. We saw that the method used to structure people's care was person centred and placed the person at the centre of their care plan.

All the care plans we inspected were comprehensive in that they covered people's physical, mental, emotional and social needs. They were written in the first person and most were signed by people to demonstrate their agreement with what had been written in their care plans. We saw that people's ability to gain independence wherever possible was supported so as to improve their quality of life. This was an important part of the care planning process. An example of this was how one person was encouraged and assisted to undertake voluntary work in the community. Another was where a person liked to attend a day centre. Both these examples provided people with the sufficient skills, knowledge and confidence to undertake these activities which they really enjoyed and contributed to their improved quality of life.

We saw that each person had a variety of activities that involved them both within the service and outside in the community. Each person had a weekly timetable for their activities that set out what they were scheduled to do on a daily basis. Staff told us these activities were determined by people who chose what they wanted to do and included going to church, attendance at a day centre, going to the pub, shopping and seeing family and friends. One person told us they enjoyed their activities and were able to choose what they wanted to do. They said, "Each week I go to college one day to art, painting and drawing". The registered manager told us activities were tailored to meet specific individual needs.

We looked at how complaints were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display in the main hall that helped to clarify the process for those who might need it. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible to anyone who needed or wanted to use them.

People and relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People using the service told us they knew what to do if they had a complaint.

From our inspection of people's care files we saw work was started together with relatives and health and social care professionals to help people discuss and record their wishes for end of life care. For example whether people wanted to be cared for in the home or a hospital or hospice. This was to ensure people had a choice about what happened to them and that staff had the information they needed to make sure people's wishes would be respected.

Good

Is the service well-led?

Our findings

The registered manager and the deputy manager completed a monthly quality audit which was sent to head office. The audit procedure, a quality monitoring tool was developed by the Care Management Group head office. We saw these covered a wide variety of service areas including safeguarding, health and safety, infection control and the management of medicines. Other areas related to staff, such as supervision and training. The registered manager submitted completed audits for approval to the area manager and they were reviewed by the provider's quality assurance team. Action plans were put in place to meet identified shortfalls and the outcomes from action plans were reviewed for satisfactory completion.

Staff told us they felt supported by the registered manager. One member of staff told us, "I feel well supported by both the managers here. I get regular supervision where I can discuss my work and my training needs and talk about anything else I need to. Another member of staff said, "They do listen to us when we want to discuss something and we have good team meetings as well." Staff we spoke with said the service had an open culture and they felt able to share their views. The managers organised regular team meetings on a monthly basis. We read the records of the last two team meetings. These showed that staff discussed people's needs and improvements to the service.

From our discussions with staff we saw they understood their roles and responsibilities. The registered manager told us that staff members took the lead in a number of different service areas. They are known as "House Champions". Examples of the areas included health and safety, medicines, tenant's activities and dignity. It was explained to us that these "Champions" take responsibility for the areas allocated to them and develop and improve practices so that people experienced improvements and benefits in those same areas.

The registered manager was in post since registration with CQC in January 2017 and had gained good management experience. We saw they had relevant and appropriate qualifications to manage this service. The registered manager told us they attended regular meetings with Care Management Group and the local authority in order to keep up to date with developments and good practice within the health and social care sector.

We saw evidence that people, their relatives and other professionals associated with people's care were consulted about a range of aspects of the care they received through quality assurance questionnaires. We viewed questionnaires sent out earlier in Autumn 2017. Returns from people were positive about the service, although returns from the other groups were poor. The registered manager told us they would be chasing up these groups to encourage a fuller return of feedback information. They said the intention was to ensure that any areas identified that needed improvement will form part of an action plan for service development.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.