

Care Management Group Limited

Earlmont House

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

About the service

Earlmont House is a supported living service. The service can support up to 10 people living with mental health needs. There were seven people living in the service at the time of the inspection.

Not everyone who used the service received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

At the August 2018 inspection we found audits and checks did not effectively identify issues or record action taken to make changes and drive improvements. At this inspection we found improvements had been made.

People's medicines were managed safely and effectively. Accidents and incidents were investigated.

There was a clear management and staffing structure in place. The provider had quality assurance systems in place to monitor the quality and safety of the service.

People were positive about living in the service. They felt they had the right amount of support and advice from the staff team.

People were involved in the development and review of their support plans and risk assessments. They could give their views on what support they needed and where they wanted to gain daily living skills. This included help with healthy eating and attending health and social care appointments.

Professionals were positive about the support people received and confirmed staff worked in partnership with the community mental health team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was requires improvement (published 25 September 2018) and there was one breach of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Earlmont House on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Earlmont House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because the service is people's own homes, as they have a tenancy agreement and we wanted to let them know of the inspection visit to their home.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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

We received feedback about the service, via email, from a health care professional.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the support provided. We met with the area director, registered manager, a senior support worker, a support worker and a visiting social care professional.

We reviewed a range of records. This included one person's care records and a small sample of care related documents for a second person and one person's medication records. We looked at one staff file in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- During the 2018 inspection we rated this domain as requires improvement as we found some areas needed to be improved relating to how medicines were being managed. At this inspection we found medicine systems and checks had improved and people were safely receiving their medicines.
- People were supported to manage their own medicines, if this was deemed safe to do so. There were safe systems for the receipt, storage, administration and disposal of medicines. The medicines we counted were correct and matched the quantity recorded on the medicine administration records.
- Staff had been trained in administering medicines and their competency checked at least once a year to ensure they carried out medicine tasks safely.
- Guidance and protocols were in place for people prescribed 'as required' medicines. This enabled staff to know when people might require these medicines.
- Professionals had no concerns about how staff were supporting people with their medicines. One social care professional told us, "Never had any issues with medicines, they [staff] monitor them well."

Assessing risk, safety monitoring and management

- Risks to people and others were assessed. This included, risks surrounding mobility and finances. Information was clear for staff to know what the possible triggers were for people and how they could support people to minimise the risks occurring.
- We identified during the inspection that some risk assessments did not have a record of when they were last reviewed. The registered manager confirmed they had reviewed these documents shortly after the inspection.
- Staff actively sought ways to make sure people were safe. One person was encouraged to wear a pendant alarm so that staff could be alerted if they fell over.
- Personal emergency and evacuation plans (PEEPS) were in place so that staff knew how people responded in the event of a fire.
- Improvements since the 2018 inspection had been made to the safety of the service. This included new fire systems installed and regular checks to ensure people lived in a safe environment.

Staffing and recruitment

- People said there were staff available if they needed to talk with them.
- Staff said generally there were enough staff, but some days were busy, especially after the week-end and extra staff could be useful. However, people were independent and did not rely on staff to take them out or assist them with many of the daily living tasks. We were satisfied there were sufficient numbers of staff working at any one time.

- The registered manager confirmed the recruitment checks had not changed since the last inspection. We found recruitment checks had been carried out on the staff member who joined the team in May 2019. However, we identified that there was an employment missing on the staff member's curriculum vitae. Shortly after the inspection, the registered manager confirmed this had been updated and they had checked all staff member's recruitment documents and details to ensure these followed the provider's recruitment policies and procedures.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living in the service and had no concerns.
- Staff received safeguarding training. Information was available to inform staff on how to report safeguarding concerns. Staff were clear what they would do if they had any concerns. They knew how to identify and escalate any safeguarding concerns and told us they would report issues to their line manager. In addition, they knew senior staff and external organisations they could share concerns with.
- The registered manager was aware of reporting any safeguarding concerns to the local safeguarding team and to the Care Quality Commission. There had been one safeguarding concern since the last inspection which had been reported and dealt with appropriately.

Preventing and controlling infection

- Staff received infection control training. The environment was fresh, clean and free of any unpleasant odours. People were supported where it was needed, to keep their bedrooms clean.
- Infection control audits were in place to ensure staff followed best practice when cleaning and carrying out daily tasks within the service.

Learning lessons when things go wrong

- The provider had a system to record accidents and incidents. The registered manager and provider checked these records to ensure appropriate action was taken and patterns and trends were identified and acted on.
- Staff were aware of their duties to complete incident records when an event had occurred. They knew when to call for emergency healthcare services to ensure people were assessed and treated by the relevant professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to moving into the service. The registered manager carried out these assessments with a staff member from the provider's referral team. This helped ensure people's needs were fully considered in line with best practice.
- A social care professional confirmed there was a pre-admission process in place. They confirmed this included the registered manager speaking with the person on several occasions and gathering information from those involved in the person's life.
- People's support plans gave staff information in areas such as people's background history, likes and dislikes, healthcare needs and how people would like to be supported. These records were reviewed on an ongoing basis.

Staff support: induction, training, skills and experience

- People were happy with the staff and their skills. One person said, "They [staff] seem to know what they are doing." New staff continued to be supported in their role. One staff member confirmed, "If I want to know anything I'd ask. They [staff] are happy to help."
- Staff received ongoing training to meet people's needs. This included training in mental health awareness and equality and diversity.
- Staff received support and information through various ways. Daily handover meetings took place at each change of shift and one staff member confirmed, "We have handover sheets, daily notes, any appointments etc they are on the handover form and in the diary."
- Staff told us they had regular one to one supervision to talk through any issues. A staff member told us, "Our one to one meeting's are about me, my contribution and abilities."

Supporting people to eat and drink enough to maintain a balanced diet

- People mainly did their own food shopping unless they wanted or needed support from staff. People cooked their own meals or ate out in the community.
- Staff had identified a community cooking course and some people had attended the weekly cooking sessions to learn about making meals using vegetables. One person gave feedback on this and said, "I have learnt quite a lot, actually. I did enjoy that more than I expected."
- Staff were sensitive to people's relationship and struggles with food and were fully aware of how much help people needed to maintain a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The majority of people took care of their own health appointments and required little input from staff. Extra staff were arranged to work if people needed assistance to see a health or social care professional.
- Staff frequently worked alongside community professionals so that people received the best care. One healthcare professional said, "I found staff very helpful and approachable. They put people's care at the heart of what they do and deliver person centred care."

Ensuring consent to care and treatment in line with law and guidance

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. 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff respected their rights to make their own decisions.
- People living in the service had capacity to make decisions about their lives and were supported to do this via staff and external mental health professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with how they were supported. Comments included, "They [staff] support me well, all is good" and "They [staff] treat you with respect here."
- People's different needs and backgrounds were respected. One healthcare professional told us, "They [staff] communicate effectively with individuals, appreciating their social, cultural, religious, ethnic backgrounds, their age, gender and abilities."
- Interactions we observed between staff and people showed people felt comfortable with staff and engaged with them as much as they wanted to. Staff knew people well and understood the level of support they needed.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups of people who are protected under the Act. The registered manager confirmed this would be an ongoing agenda item at staff meetings to generate discussions with staff about their values and beliefs when supporting people living in the service.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the development and review of their support plans and met regularly with their keyworker (named member of staff). This enabled people to talk about any issues and discuss areas where they needed support.
- Staff met people in a group meeting to ask for their views on the service and to give feedback to people about the service. Minutes from a recent meeting showed discussions took place about people being in charge of keeping the service clean and tidy.
- The main ethos of the service was for staff to enable people to make daily choices about their lives. One staff member said, "We respect if something is very important for people, it's nobody's right to say it's not important. It's really about people being themselves."
- People attended review meetings held with the community mental health team, so they could feel part of the discussions and give feedback on their mental health and well-being.

Respecting and promoting people's privacy, dignity and independence

- People were happy with the level of support they received.
- Staff knew to encourage people to look after themselves and learn independent skills so that they could potentially live independently. One person commented, "I love it, it's my home. I am working on getting my flat, it would be nice to have my own place. They [staff] are supporting me." and another person said, "[Manager] helps me save money."

- Staff spoke about people respectfully. One staff member told us, "I always treat people how I'd like to be treated. We want people to be independent and move on."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were able to express to staff how they wanted to be supported. Some people required minimal help, whilst others required more encouragement and assistance to learn new skills.
- Staff were pro-active in making sure people had the right equipment, if their needs had changed. For example, one person had grab rails in their bathroom and a raised toilet was put in to help them continue to live safely in the service.
- Staff respected people's right to choose how they wanted to live. Staff recognised the balance between making sure people were safe, whilst acknowledging their abilities to make informed choices on how they lived their lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information could be amended to ensure people understood written information. People we met told us they understood information given to them.
- Where people needed help with reading or writing, staff assisted people to find suitable community learning opportunities, such as, reading classes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff identified people's interests and looked to encourage people to develop these and maintain relationships with family and friends. For example, one person wanted to learn to play the piano and the registered manager had found a piano teacher. Another person had a voluntary job that they enjoyed going to.
- As people were independent, other than staff helping them with daily living skills, they were able to choose how they spent their free time. Some people had family they visited, whilst others preferred to stay locally, accessing community places, such as, the gym.

Improving care quality in response to complaints or concerns

- People were clear what to do if they were unhappy about anything. One person said, "I'd go straight to [registered manager] if there was an issue."
- There was a complaints procedure in place. We viewed a copy of this in various areas of the service, so

people could easily access this. There were no complaints recorded. People confirmed there was a book they could record any issues they had.

End of life care and support

- There was no-one receiving end of life at the time of the inspection. The registered manager confirmed that people's end of life wishes would be documented, if people had agreed to discuss this.
- Staff told us, "We are willing to discuss anything. It's important to discuss [end of life wishes]."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have effective quality checks and audits to identify any issues and drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were quality assurance systems in place. These included, medicines and their associated records and health and safety checks. These provided an overview to ensure improvements were made where necessary. Additional audits were carried out by the provider's quality team and the regional manager. They reported on their findings, so the registered manager could act on any areas identified for improvement.
- The registered manager recognised the importance of having effective checks and action plans in place, so they could easily monitor how the service was operating and feed that back to the provider.
- The registered manager had ensured relevant reasonable adjustments could be put in place when required for staff. This was to ensure staff had support that allowed them to fulfil their duties effectively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service was well run. People confirmed the registered manager was helpful, gave them the motivation to achieve things, such as, saving up and buying a car and budgeting to avoid getting into debt.
- Staff were passionate about advocating for people and helping them meet their individual goals. They were clear their roles were to support people gain skills and help them improve their lives.
- Professionals spoke highly of the registered manager. One social care professional told us, "[Manager] is proactive and open for communication. She gives useful information. She has good interaction with clients."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- The registered manager and staff team recognised the importance of good communication. One social care professional said, "I can always email them [staff], we share information, they communicate well."

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important reportable events. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to give their views on the service. One to one meetings and satisfaction surveys were offered for people to engage in, so they could give their feedback. Some people were more involved than others, but all had the chance to contribute their views.
- Staff had regular contact with the registered manager and this helped with communication and ensuring there were two- way conversations about the service.
- External professionals spoke positively about how staff supported people to share their views on the service and staff team. A healthcare professional told us, "They [staff] empower people to give feedback about issues."

Continuous learning and improving care

- The registered manager promoted continuous learning, they held meetings with staff to discuss work practices, development needs and staff's well-being.
- The registered manager said they were supported well by their line manager. They met with other managers to share best practice and to talk through any issues.
- The registered manager kept their skills up to date through receiving updates from the provider, CQC and Skills for Care. They had been in post for several years and had obtained a nationally recognised qualification level 5 in social care.
- The registered manager was receptive to the findings of this inspection and was keen to make ongoing improvements for the benefit of people living in the service.

Working in partnership with others

- Staff worked closely with community mental health professionals in people's best interests. Staff were clear their role was to support people to access the right help and they facilitated this.
- Staff worked well with external professionals to ensure people's needs were met. One healthcare professional said, "Staff have the capability to develop professional networks by working in partnership with patients, carers, service users, their representatives, and colleagues within and across systems to deliver and improve services."