Care Management Group Limited

Earlmont House

Inspection report

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Date of inspection visit:
15 August 2018
20 August 2018

Date of publication:
26 September 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an announced inspection and we gave the provider 48 hours' notice of the visit on 15 August 2018 and arranged to return on 20 August 2018 to complete the inspection. We gave the provider notice because the location provides a supported living service and we wanted the people using the service (tenants) to be aware of the inspection. We also needed to be sure that someone would be available to assist with the inspection.

This was Earlmont House first inspection under a new care provider, Care Management Group Limited (CMG) who took over supporting people in 2017. CMG have approximately 140 locations across the country, predominantly for people with physical and learning disabilities.

Earlmont House can provide care and support for up to 10 people living with mental health needs in a 'supported living' setting, so that they can live in their own home as independently as possible. The service was staffed twenty four hours a day, with a staff member providing waking night support. 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. At the time of our inspection there were seven people using the 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.

Although there were various audits and checks in place these had not effectively identified issues with medicine management and the recording of potential risks for people taking medicines.

This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance (Regulation 17). You can see what action we told the provider to take at the back of the full version of the report.

The majority of risks to people's wellbeing had been assessed and planned for. Where there had been shortfalls in recording some of the risks this was addressed shortly after the inspection.

There had been issues, that fell outside of the remit of the care provider, regarding tenancy agreements and work that needed to be carried out on the building and equipment within the service. This inspection assisted with helping this progress further so that people had suitable tenancy agreements that they felt comfortable to sign and that fire safety was prioritised. Following this inspection, the service received a visit from the fire service who carried out their own assessment of the building and fire safety. This would then inform the care and housing provider what action would need to be taken to meet the Regulatory Reform (Fire Safety) Order 2005.

We received very positive feedback from the people using the service and from a person who had recently moved out of the service. They all spoke highly of the support they had received from the staff team and many noted how the registered manager had made a difference to their lives.

There were procedures designed to safeguard people from the risk of abuse and people confirmed they felt safe using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff confirmed the staff team worked well together and that the support and training they received helped them in their roles. The provider ensured that only suitable staff were employed. There were sufficient numbers of staff working at any one time.

People using the service were asked for their feedback on the service and their views were listened to and valued. Some people had become more independent and were looking to move on to live on their own.

People's care records included their needs and preferences. Information had been reviewed on a regular basis to help ensure people's needs were being met. People had access to the health care services they needed and their nutritional needs were being met.

There were effective systems for making continuous improvements and the staff team worked closely with other health and social care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Medicines were not always being managed safely.

There were procedures in place designed to safeguard people from abuse.

The risks to people's safety and well-being had mainly been assessed and planned for. Recording the risks for people in managing their medicines safely had not been identified.

Recruitment checks were in place and there were sufficient numbers of staff to support people to stay safe and meet their needs.

The provider had systems in place to manage incidents and accidents and took appropriate action where required to minimise the risk of reoccurrence.

There were systems in place to protect people by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and these were regularly reviewed.

Consent to care and treatment was sought in line with legislation and guidance.

People were supported by staff who were well trained, supervised and appraised.

People's health and nutritional needs had been assessed, recorded and were being monitored. People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

Feedback from people using the service was positive about both the staff and the management team.

People said the staff were kind and respectful.

People were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Support plans contained details for staff to know how to meet peoples' needs.

People were supported to access community places and were helped to gain daily living skills.

There was a complaints policy and procedures in place and people knew who to talk with if they had a complaint.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

There were systems in place to assess and monitor the quality of the service, but these had not always been effective and had not identified the issues we found during our inspection.

People found the management team to be approachable and supportive.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and respect within the service.

Earlmont House

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.

One inspector carried out the inspection. This inspection took place on 15 and 20 August 2018 and was announced. We gave the provider 48 hours' notice because the location provides a supported living service and we wanted the people using the service (tenants) to be aware of the inspection. We also needed to be sure that someone would be available to assist with the inspection.

We reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) sent to us in June 2018. The PIR 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.

At this inspection we spoke with four people who used the service, a person who had recently moved out of the service to live on their own, the registered manager, deputy manager, a support worker and a visiting social care professional. We reviewed the care records for two people using the service. We also reviewed two support worker's recruitment documents and records related to the running of the service. These included, checks and audits carried out on the environment and medicines records.

Prior to the inspection, we emailed seven health and social care professionals to gain their views on the service and we received feedback from three.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe living in the service. Everyone we spoke with confirmed they did. They told us, "I feel safe staying here, it is better than being homeless" and "I feel a lot safer here than in hospital." If people had any concerns they all said they would talk with the registered manager and felt sure their problems would be sorted out.

There were some systems in place to support people to receive their medicines. However, we could not carry out a count and check on medicines that was not in a dosette box. A dosette box is a sealed container for a person's medicines that have separate compartments labelled with the time and date for administration. This was because the procedures for recording the quantity of medicines had not taken into account the newly delivered medicines along with any carried forward medicines. Therefore, we could not be reassured that the current amount of loose medicines that was in bottles and boxes was accurate.

During the inspection the registered and deputy manager reviewed the procedures for checking medicines. They developed new forms to record daily the amount of any un-dosetted medicines so that staff would know what had been given to people and the quantity remaining. We also found that written protocols for giving people their 'as and when required' medicines were not in place. The registered manager informed us after the inspection that these had been completed on every person using the service. On the second day of the inspection we found that a staff member had made an error in the recording of the amount of loose medicines on the new form. The registered manager confirmed they would ensure all staff understood the new way of checking and recording all medicines.

We also identified that people had medicine knowledge and awareness forms completed to show they understood what medicines they were taking and why. However, the registered manager had not ensured that medicine risk assessments were completed for people taking medicines with or without the support of staff. The day after the inspection the registered manager confirmed to us in writing that these were now completed.

Although the registered manager had now put in place processes to address the issues we found relating to medicines management the errors could have had an impact on people's welfare and systems should have been in place to follow the provider's policy and procedures on medicines.

Other medicines we looked at that were in sealed dosette boxes were correct and we saw no gaps in staff signatures on the Medicines Administration Records (MARS). People could describe to us the medicines they were taking and most them knew what the side effects were and the importance of taking them to keep stable and well. One person who looked after their own medicines confirmed to us that the staff team checked that they were taking the medicines. This ensured that the staff team were vigilant in supporting people to be independent whilst checking they were looking after themselves.

Staff received training on medicines management and observed medicines being given to people before carrying out this task unsupervised. We saw the registered manager had taken appropriate action when

medicine errors had occurred, for example, ensuring staff were re-trained on this subject and had their competency re-assessed prior to them taking on this task again. We saw a sample of other medicines competency checks on staff which the registered manager carried out so that they were satisfied staff were confident and skilled to give people their medicines.

The provider had systems in place to care for people safely. They reviewed and updated their safeguarding adult's policy and procedures in June 2017. Staff could describe the different types of abuse that they might encounter whilst working in the service and had received training on this subject. When we asked staff how they would respond if they felt a person using the service was being abused, their comments included, "I would report any concern to the manager" and "I could report to higher more senior staff if I needed to."

We saw the registered manager had recorded one safeguarding concern which had been dealt with and was no longer an issue due to the action taken.

We found that the risk assessments had not considered all risks people faced if they were living or had access to windows on the first floor. People could have been disorientated to time and place and therefore could potentially be at risk of harm. We discussed any such risks with the registered manager and during the inspection risk assessments were completed and window restrictors were fitted to the relevant windows before the second day of the inspection.

The staff had assessed other risks for each individual and recorded these. There were contingency plans in the event of a person not returning to the service when expected. The care records included information relating to risks associated with people's mental and physical health, self-neglect and fire safety. There were plans about how the risks could be minimised and action the staff needed to take in event of a person being harmed. The risk assessments had been discussed with people who had agreed to the assessments. The plans included checks on people's bedrooms, where this was deemed necessary, for example, people at risk of substance or alcohol misuse. People's consent was sought for the staff to carry out searches of their rooms and belongings if risks were identified.

The care provider had been working with the housing provider just over twelve months to ensure people lived in a safe environment. We saw evidence from the registered manager where there had been regular communication to the care and housing provider about their concerns regarding various aspects of the building. This included fire safety and during the inspection the registered manager contacted the fire service outlining the issues and concerns. We also made a referral to the fire service and they carried out a visit to the service three days after the last day of the inspection.

The responsibility for maintaining the building and checking on areas such as fire equipment and gas safety fell to the housing provider and we saw there had been delays in resolving this issue. We were satisfied that the care provider had been trying to resolve the problems with the housing provider. Following the inspection, the provider confirmed that progress had started to make sure people lived in a safe environment.

The service was staffed twenty-four hours a day and there was at least one staff member working during the day. Most people said there was always a staff member to talk with, but one person commented that if only one staff member was working they could not accompany anyone out in the community as the building could not be left without a staff member. People were independent and could go out in the community without staff. We informed the registered manager of this feedback and they confirmed if certain appointments required extra staff working to support people then this was arranged.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service and a staff member confirmed they had gone through an interview, which we saw evidence of, and had provided all the necessary information to the provider. These included obtaining references from previous employers, checking a person's identity and ensuring a criminal record check was completed. A person using the service confirmed to us that they had been a part of the interview process and had asked the applicant questions so that they could be a part of deciding who worked in their home.

People were protected by the prevention and control of infection. Staff received training on this subject. People, if required, were helped to keep their bedrooms clean. People told us they were responsible for making sure their bedrooms were tidy. The registered manager was in contact with the housing provider to look at ways to improve the kitchen as there were areas needing to be updated but people were not at any risk in using the kitchen.

The provider had systems for learning and making improvements when things went wrong. All accidents and incidents were recorded. These records showed what steps had been taken at the time and following incidents. The registered manager had completed a section on the forms to show how they had analysed incidents and what action had been taken to learn from these. This information was also passed to the provider, the regional director and the provider's health and safety staff member who looked at any significant events to ensure there were no patterns to the incidents or accidents that needed further attention.

Good

Is the service effective?

Our findings

People's choices and needs were assessed in line with current legislation and good practice guidance. An assessment of people's needs took place before they moved to the service and people could contribute their views about their care, support and any risks they faced. People confirmed they had visited the service before deciding they wanted to move in. One person said, "I came here and then chose that I wanted to stay."

People were supported by staff who had the skills, knowledge and experience to deliver effective care and support. New staff shadowed experienced staff as they became familiar with the service. Their skills and competency were assessed. New staff undertook a range of training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff received regular supervision meetings with the registered manager. This enabled staff to receive ongoing support and receive feedback on their performance.

Staff received training the provider had identified as mandatory. This included health and safety, infection control and food hygiene. They also undertook training specific to the needs of the people who used the service which included, mental health awareness. The registered manager showed us evidence of where they had requested specific training on various aspects of mental health to keep the staff team informed of current good practice. The staff told us they received the training they needed. They also explained they had been supported to undertake vocational qualifications. A new support worker told us, "I'm keen to be doing more things, all staff are helpful and I can ask questions."

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. We checked whether the service was working within the principles of the MCA and confirmed they were.

People using the service had capacity to make their own decisions and staff supported them. People were consulted in all aspects of their care and support. Staff received training in the MCA and demonstrated an understanding of the principles of the Act.

People mainly did their own food shopping unless they wanted or needed the support from staff. People cooked their own meals or ate out in the community. Some people said they could cook a meal independent of staff input. One person said, "I can cook, roast and fry anything." Staff encouraged people to eat a balanced diet and were aware of people's needs such as if people had diabetes, then staff gave them information on healthy eating.

People had a range of health needs and were able to access health care professionals when needed. They usually went to general health appointments alone and were encouraged to feedback to the staff team the outcome of those visits. One person said staff helped them with their health as they required a lot of support. They also said, "Staff help me with phone calls, appointments and they would call emergency services if I was unwell." Records showed that professionals wrote up their visits so that the staff team could see the outcome of each visit and follow up any issues if people required this level of support.

Good

Is the service caring?

Our findings

People who lived at the service told us that the staff were kind and supportive. They said they trusted them. Their comments included, "Staff help me manage my money and talk things through with me," "Staff are easy to talk with" and "The staff do everything they need to do."

We observed that the staff had a good rapport with people. They spoke with people in a friendly way, sharing jokes and listening to people who wanted to speak with them. Staff readily engaged with people and there was a mutual respect for each other. Staff provided emotional support to people and were available to chat with people throughout the inspection. The registered manager had actively recruited a female staff member who could offer emotional and practical support to one of the people using the service. They felt this would benefit the person who could talk with the new staff member about anything they needed help with.

People were supported to be as independent as they wanted and were able to be. People used the community independently and they were helped to cook for themselves. Some people managed their own medicines and everyone was encouraged to do what they could for themselves. This was recorded in their care plans along with specific goals the person wanted to achieve. These goals and how the person was feeling were reviewed monthly in a meeting with their keyworker [a named staff member] so that any problems could be looked at before the person became anxious. People confirmed that they felt appropriately informed and involved with decisions about their care and the service.

People spent time in their rooms and in the communal areas socialising with each other. We met with a person who had recently been helped to move out and live on their own. They described the support they had received to get to the point when they felt ready to live without staff supporting them. They were complimentary about the registered manager and how they had liaised with the local housing department to get them their own accommodation. They said they felt the registered manager had been the driving force in getting them to where they wanted to be and told us, "If it wasn't for the registered manager I would be in hospital" and "I feel the manager understands us."

The registered manager confirmed people did not have an advocate but we saw there were details of advocacy services in the service if they felt they required independent objective support. People could have support from their family and people said where they had family or friends they had contact with them via their mobile phones or visited them to maintain contact and a relationship with them.

People using the service had capacity to make decisions about their care and support. People looked after their own personal care and some just required staff to occasionally prompt them with this task. People's rights for privacy was respected. Staff only entered people's rooms when they were allowed in. Staff spoke respectfully about the people they supported. They talked of valuing people and respecting their human rights and diverse needs.

Good

Is the service responsive?

Our findings

The registered manager explained people had not agreed to or signed their tenancy agreements since the new housing provider took over in 2017. There were concerns that without this in place people's rights were at risk. However, following on from our discussions with the provider, amendments were made to ensure people would not be financially worse off if they agreed to sign their tenancy agreement. Shortly after the inspection, the registered manager confirmed people now had a tenancy agreement in place which gave them certain housing rights to reside at the location.

People received personalised care which met their needs and reflected their preferences. People said that they had support to understand their benefits and to access the services they needed. Each person was allocated a keyworker who gave them additional support and guidance. They met with their keyworker whenever they wanted to and these meetings helped review how the service was for them.

People had individual care and support plans which had been created in partnership with them. People we spoke with confirmed they had seen their support plans. These had details about different aspects of their lives and the support they needed. The plans outlined how to best support a person, for example, giving the person time to express themselves and that they could become anxious if their usual routine was interrupted. People had signed agreements to these plans and these were regularly reviewed. The staff recorded daily contact with people so that any issues could be followed up.

Staff recognised that each person had different interests and abilities and supported them according to their needs. One healthcare professional told us they felt people could benefit from additional activities to offer them a structure to their day. However, people were independent and could make their own decisions about what they did every day. We asked people what they did with their time and they told us a range of things such as, taking part in voluntary work, accessing the local community facilities and seeing family and friends. One person had been supported to work on their reading skills and this had been an achievement for them with the help of the staff team. Another person said they had learnt to drive and now had a car they were doing up. They confirmed that staff had helped them with looking and purchasing the car which gave them further independence.

The service had a policy and procedures for dealing with any concerns or complaints. Details of the service's complaints processes were provided to all the people who used the service. People told us they knew how to make a complaint. They said that they felt comfortable talking with the staff or registered manager and had no complaints other than being unhappy with some aspects of the building which fell under the responsibility of the housing provider. The registered manager told us they had not received any complaints.

No one living in the service was being supported with end of life care. If people had any specific wishes that needed to be considered in the event of them dying these would be recorded.

Requires Improvement

Is the service well-led?

Our findings

Feedback from the people using the service was complimentary about the support they had received from the staff team and in particular from the registered manager. People confirmed the registered manager ran an effective service, which supported people and promoted them to be as independent as they could be. Comments included, "The manager is helpful and kind", "The manager helped me with my benefits, they ask how I am doing all the time to check I'm ok" and "The manager helped me get a driving licence."

There were regular audits carried out by the registered manager and staff team. However, the audits had not identified issues with the management of medicines identified during this inspection. Audits had not identified that staff could not check the quantity of all the medicines. There had been no guidelines completed for the medicines given 'as and when required' to inform staff when this type of medicine could be given to people and the risk for people receiving and managing their own medicines had not been recorded on medicine risk assessment documents. Medicines spot checks carried out by the registered manager had not been recorded. The majority of this was addressed both during and after the inspection visit and the registered manager recognised that all audits needed to be recorded and that there were areas that needed to be improved. However, the issues found highlighted that monitoring systems needed to be more effective to ensure people were being safely and appropriately supported.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Although improvements needed to be made with the quality assurance systems there were many effective checks in place to ensure people were being supported well. Specific audits were undertaken which included looking at staff knowledge and skills and looking at how effective the service was. There were also checks on infection control. Staff carried out various checks around fire safety, however, as noted previously, the registered manager shared with us their concerns about the maintenance of the fire equipment. There had been no referral to the fire service prior to our visit but we were satisfied that following our referral to the fire service and their visit improvements would be made by the housing provider. The registered manager was made aware that they could have made contact with the fire service prior to the inspection.

People were consulted about how they wanted to be supported. There were regular one to one meetings offered to people and group meetings were held to discuss any issues and to make suggestions about the running of the service. One person said, "We talk about different things [at the group meetings], we are listened to." The registered manager said people did not want to complete satisfaction surveys but felt confident people had sufficient opportunities to feedback on their views on the service.

Staff spoke well of the registered manager and the culture of the service. They told us, "I can ask for supervision at any time, I can look at how I am progressing," "The manager will phone to check we are doing ok if they are not working" and "No question to the manager is too silly for staff or tenants to ask."

The majority of feedback from professionals was positive. Comments included, that the registered and

deputy manager provided consistency and were "pro-active." A healthcare professional said, "I notice that residents get adequate support from [registered manager] and the care team." Another told us, "They [staff team] seem to have the patients good care at the forefront of their minds; sometimes a challenging group of patients to work with that they seem to manage well."

There was a clear vision and strategy for delivering a quality service with achieved good outcomes for people. A new staff member was confident what the objectives of the service were and this included the opportunity for people to achieve and appreciating every person and their contributions to the service. The registered manager was receptive in making continuous improvements and listening to feedback. For example, following our verbal feedback at the end of the inspection the provider started to make changes to improve the service and ensure that people lived in a safe environment.

The staff team met on a regular basis and there was a handover after each change of staff member so that important information was passed on. The registered manager used the staff meetings as a chance for a reminder to staff on how to support people. We saw at meetings the Mental Capacity Act (MCA) was spoken about to assist staff in promoting this in their daily work. There was a diary and communication book so that appointments and messages were not forgotten. This helped the smooth running of the service.

The registered manager had many years' experience working with people with mental health needs. They, along with the deputy manager, had obtained a management qualification. They worked closely with the care provider to keep up to date with best practice. They also consulted the Care Quality Commission (CQC) website and Skills for Care, which is a social care organisation providing information and support to providers, registered managers and care staff. The registered manager received ongoing support from the regional director, who was present on the second day of the inspection. They visited to carry out their own checks on the service and their findings were checked with the registered manager on an ongoing basis. They also provided support to the registered manager in their day to day work.

The registered manager and staff team worked closely with a range of health and social care professionals, predominantly with the GP and the community mental health team. A social care professional told us they received regular "intelligence" from the registered manager so they could be sure people using the service were well or if they required extra support. They also confirmed that the registered manager attended the review meetings held with the community mental health professionals. This enabled information to be shared and any issues or progress with a person could then determine the next steps in helping the person achieve their goals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always operate effective systems to assess, monitor and improve the quality and safety of the services or assess, monitor and mitigate the risks relating to health, safety and welfare of service users. Regulation 17 (1)(2)(a) and (b)