

Care Management Group Limited

Care Management Group - 179 Green Lane

Inspection report

179 Green Lane
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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

179, Green lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. This home provides nursing care. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service supports up to five adults with learning disabilities and/ or autism, all of whom had complex needs and behaviours which challenged the service. There were three people using the service at the time of our inspection. One person was unable to communicate verbally but did so in other ways.

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

At our last inspection in July 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported safely, with dignity and respect by caring staff who understood their needs, including behaviours which challenged the service. People had 'positive behaviour support guidance' in place for staff to follow in helping them manage behaviours which challenged which were personalised. Risks relating to people's care were carefully managed by staff. Staff knew the best ways to communicate with people and people were supported as far as possible to develop their independent living skills. People received care in purpose built, clean premises which were well maintained and met their needs well.

People took part in activities based on their interests and had structured activity programmes in place. People were supported to maintain relationships with people who were important to them to reduce social isolation.

The provider had robust recruitment procedures in place for new staff. People were supported by the right numbers of staff to keep them safe and to respond to their needs. Staff were well trained and supported in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People chose their own meals and staff considered people's cultural needs.

Staff supported people to maintain their health and see healthcare professionals as required. People's medicines were safely managed and administered.

People and relatives were involved in care planning and staff followed people's care plans to meet their needs. Care plans reflected people's physical, mental, emotional and social needs, their personal history, preferences, interests and aspirations. The service had begun to engage people and relatives in end of life care planning as part of a programme run by the local hospice.

The service was well led by a registered manager staff who understood their role and responsibilities well.

The provider had good governance systems in place to audit and improve the service with frequent checks of the service in line with CQC standards. Systems were in place for the provider to communicate and gather feedback from people, relatives and staff. The provider investigated and responded to concerns and complaints appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service has deteriorated to RI as the service was not always safe. People received their medicines safely but there were errors in the recording of the stocks of medicines.

People were protected against the risk of abuse. Staff were aware of their roles in safeguarding people and could demonstrate clear knowledge of how to appropriately raise concerns of alleged abuse.

People were protected against identified risks as the service had comprehensive risk assessments in place. Risks in relation to the premises were being appropriately managed to help ensure the safety of people and others.

People received care and support from sufficient numbers of staff at all times.

Requires Improvement ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service remains Good

Good ●

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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 unannounced inspection took place on 1st February 2019. It was carried out by one inspector. Before this inspection we looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths. One person living at 179, Green Lane was unable to communicate with us due to their complex communication needs.

At the time of this inspection we spoke with two people. We also spoke with two staff, the registered manager and the area manager. We looked at three people's care files and three staff files. We also looked at other records related to the running of the service. After the inspection we spoke with two relatives and two health and social care professionals.

Is the service safe?

Our findings

We checked the safe management of medicines. Medicines records [MARs] were not always accurate and we found errors in the recording of medicines stocks for three different boxed medicines for one person. The monthly MAR sheets we checked [where the errors occurred] were one day into the new month's records and the stock was less than that recorded. We spoke with the registered manager about this who told us this had not presented any risk to the person's safety as this was a recording error rather than an administration error and people received their medicines as prescribed. We also spoke with the person concerned. They were aware of the medicines they were prescribed and needed to take and they told us they had taken their medicines exactly as prescribed by their GP. However, the registered manager recognised the recording error and told us they would put in place new measures for two staff to check the quantity of medicines received immediately following this inspection.

We did not find any gaps in signatures on MAR sheets and all medicines were signed for after administration. Medicines were appropriately secured in a locked cabinet. The registered manager told us that the pharmacist regularly undertook a medicines audit. We saw evidence of the last audit which had not identified any problems. Registered nurses formed part of the staff team and they administered medicines to people. Their competency was assessed and staff told us they were provided with appropriate training.

Healthcare professionals told us that engagement with the provider was good. Communications were effective and regular and people's health benefitted from good working and co-ordinated relationships with them. People continued to be happy and relaxed as they were supported safely by staff.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report anything they were worried about to the registered manager. They could describe the various types of abuse they might encounter. Training records showed and staff confirmed they had completed safeguarding adults training. Staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us safeguarding was discussed regularly at their supervision sessions.

Risk assessments were in place for each person that were regularly reviewed and evaluated to ensure they remained relevant, reduced risk and helped to keep people safe. There were clear instructions for staff to follow to reduce the risk of harm occurring.

A personal emergency evacuation plan (PEEP) was available for each person, which took into account their mobility and moving and assisting needs. The plan was reviewed monthly to ensure it was up to date. This was for if the building needed to be evacuated in an emergency.

There were sufficient numbers of staff available to keep people safe. Inspection of staffing records evidenced that staff were recruited correctly as the necessary checks to ensure people's safety had been carried out before people began work in the service. We saw relevant references had been obtained before staff were employed. Criminal records checks were carried out to see if people had any criminal convictions, before

they were offered a job. The registration of nurses was checked with the Nursing and Midwifery Council [NMC]. We saw application forms included full employment histories.

The home had safe infection control policies and procedures in place. There was a pleasant homely atmosphere. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. The provider had an infection control policy in place that was in line with best practice guidance. The housekeeping staff used a cleaning schedule to ensure all areas of the home were kept clean.

Staff received food hygiene training and we saw food preparation was undertaken hygienically. Staff used coloured coded chopping boards for the preparation of different food types. People were protected from food poisoning by the safe food hygiene practices of staff. People and staff had information available to them in the kitchen about hand hygiene during food preparation.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the registered manager who told us they were drawing up a process to identify any patterns of incidents or accidents so as to ensure measures were taken to reduce further occurrences.

The registered provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. We also saw records to show that equipment used at the service was regularly checked and serviced.

Is the service effective?

Our findings

People's care and support needs were assessed and discussed with them. A full assessment of needs was completed which involved the person, their relatives or friends where appropriate. This covered people's health and mobility needs, their likes, dislikes, daily routines and communications needs. People were asked about their hobbies and interests and any religious or cultural preferences.

Staff had the skills, knowledge and experience to deliver effective care and support. People told us they thought staff at the service were all well trained. Staff thought they had received enough training to deliver effective care and support to people. This included mandatory training and regular refresher courses to ensure staff knowledge was updated in-line with best practice. When additional specialist training was required staff told us this was available for them. We saw records that showed all nursing staff were registered with the NMC and their registration was renewed every three years. We noted nursing practice was supervised by the registered manager and the clinical director for nursing. This helped to ensure they remained competent with their nursing practice.

We observed people being supported to eat and drink during the inspection. Staff supported people to make choices about their food. Staff said they ensured people could make choices about their meals. We saw the kitchen was well stocked. Staff provided support to people who needed assistance with their food and drinks. Support plans contained detailed information about people's specific dietary needs.

People continued to access appropriate healthcare services. We saw records indicating people saw their GP when needed. People told us about accessing healthcare professionals outside of the service and about those services who visited such as a chiropodist and optician. People's care records contained the outcomes of visits undertaken by a range of professionals including GPs, pharmacists, podiatrists and dietitians together with information regarding attendances at hospital outpatient appointments.

The environment was clean and tidy and as the building was only three months old and purpose built, all the facilities were in excellent condition and well maintained. People told us they were involved in making decisions about the home and in how their rooms were decorated and furnished.

We saw from the records the provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We saw that appropriate applications had been submitted by

the registered manager to the local authority for the one person who needed this in their best interests.

People's support plans included mental capacity assessments specific to the decision being made. Where people were assessed to lack capacity to make certain decisions, the service had followed the principles of the Mental Capacity Act 2005 to make decisions in the person's best interest. The process had included input from the person, their family, health and social care professionals and staff at the service.

Is the service caring?

Our findings

People continued to receive kind and caring support. They told us they were happy with the care and support they received from staff. One person told us, "It's so nice to be in this lovely new home with the same wonderful staff." Another person told us staff were very gentle when they provided them with personal care. People also told us the service welcomed their family members. We observed staff supporting people in a kind and caring way throughout our inspection. People appeared to be relaxed and comfortable with staff. We saw people were supported to be as independent as they could be. We saw frequent and positive interactions between people and staff. We found the atmosphere was relaxed between staff and people.

Staff told us each person was allocated a member of staff as their own key worker. A keyworker is a member of staff who has the lead role for the care of that person and involving them in the development of their care plan. This helped to ensure people remained central to and involved with their care planning. Relatives told us they were kept well informed about their family members' support and care and when changes in people's needs happened.

All of the care files we looked at included a "My Life" section on people's personal histories. This recorded the person's preferred name, hobbies and interests and the jobs they used to do. They were written respectfully and staff said that they read them and worked with people including relatives and health care professionals to deliver good care. All staff told us they recorded the care delivered in the daily log and we saw good examples of the recording of daily care in the records that we saw.

People's privacy, dignity and independence was respected and promoted. Staff told us how they always asked people how they wanted their care and support to be provided for them and respected their wishes. We observed staff knocked on people's doors before entering and closed people's doors while giving care. People were asked if they were ready for personal care or if they wanted staff to come back later, what clothes they wanted to wear and where they wanted to go. The registered manager told us all staff had recently completed training on respecting people's dignity and their wishes and preferences.

People's records were kept securely within the home so that their confidential personal information was protected.

Is the service responsive?

Our findings

People continued to receive care and support which was responsive to their needs. People told us they enjoyed living at the home and were satisfied with the quality of care they received. They commented, "I really like it here in this lovely new building,"; "I am happy here, the staff give me the support I need."

Relatives echoed these views and were equally positive in their comments. One relative told us, "My [family member] is happy there. They have everything they need." The service assessed and met people's communication needs as well as meeting the requirements of the Accessible Information Standard. All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. For example, where appropriate menu choices were provided for people in pictorial form to enable them to make informed choices.

The provider had arrangements in place which enabled people to engage in a wide variety of activities that people told us they really enjoyed. The activities programme included attendance at an activity centre where people participated in creative arts and drama. An aroma therapist visited the home weekly to provide massage therapy. People were assisted to go shopping in town, to visit the pub and to take trips out to gardens and places of interest. Staff told us people were offered choices and were encouraged to participate in the activities to help maintain good physical and mental health. The activities programme also included quizzes, craft work, bingo and sing-a-longs.

The provider had not received any formal complaints since our last inspection in 2016. People knew how to make a complaint. They told us they would speak to staff or the registered manager if they had any worries or concerns. Staff were aware of the complaints procedure and knew how to record and escalate concerns and complaints.

People were supported with compassion when they required end of life care. Staff received training in end of life care to help ensure that people received dignified and pain-free care as they approached the end of their life. People's choices for their care were recorded and this information was communicated to all staff involved in their care. Where people did not want to discuss end of life care this was stated in care records and respected by staff. The service liaised with healthcare professionals to ensure that people were comfortable and good practice was followed in supporting people receiving end of life care.

People and their relatives were involved in care planning. A social care professional told us care plans were very comprehensive and there was clear evidence of good practice and consistent support and care. The provider incorporated information about people from their personal histories, discussions with them and their relatives and observations. People's care plans detailed people's backgrounds, needs, preferences, interests and aspirations. Staff understood and followed people's care plans well in responding to their needs. Staff had a good understanding of people's needs in relation to their mental health, autism and behaviours which challenged. Care plans were reviewed regularly and people attended care reviews led by

social services. Each person had a key worker who met with them regularly to check they were happy with their care.

People were supported to develop and maintain relationships which were important to them through welcoming visitors and supporting people to visit their family. People were supported to attend social events for people with learning disabilities to spend time with other people.

The complaints process remained suitable. A relative told us, "I've never had to raise a complaint" and told us the provider acted promptly on a minor concern they once raised. The provider investigated any concerns and complaints and kept detailed records of the issues and action taken in response. People and relatives were informed of the complaint process and encouraged to share any issues.

Is the service well-led?

Our findings

The service was well led by a registered manager who had a good understanding of their role and responsibilities. A relative told us, "The manager is helpful, listens and always tries to sort things out for us." The registered manager was an experienced manager of services for people with challenging behaviours. People, relatives and staff had confidence in the registered manager and described them as approachable. Staff told us the registered manager supported and encouraged them with their work. Staff had clear roles and understood their responsibilities well.

The provider had good systems in place to oversee the service and ensure quality of care. The service was supported by an operations manager who provided guidance to the management team and staff at the service. The operations manager visited regularly to carry out informal checks of the quality of care. The provider had a dedicated compliance team to assess quality in all their services. A member of the compliance team visited the service unannounced each quarter to carry out an inspection in line with the CQC key lines of enquiry (KLOEs). The registered manager developed plans from these visits to make any identified improvements.

The provider gathered views from people, relatives, staff and professionals and communicated openly. A relative told us, "The management is good and they do listen to any issues we raise with them." A professional told us the service communicated well with them. The provider also gathered relative's views in annual feedback surveys. The provider asked those who could communicate verbally their views during service audits. For people who could not communicate verbally the auditors carried out observations to check their satisfaction levels. The provider held regular staff meetings to ensure feedback from staff was encouraged and used as part of monitoring and improving the service. The provider also produced a newsletter to update stakeholders on service developments. The provider worked openly with key external organisations such as the local authority safeguarding team and healthcare professionals involved in people's care. The provider submitted notifications to CQC as required by law, such as any allegations of abuse.