

Care Management Group Limited

Care Management Group - 72 Croydon Road

Inspection report

72 Croydon Road, Beddington, Croydon, Surrey, CR0
4PB

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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 

Overall summary

Our inspection took place on 14 and 15 April 2015 and was unannounced.

Care Management Group – 72 Croydon Road is a residential care service that offers housing and personal support for up to six adults who have a range of needs including learning disabilities. At the time of our inspection six people were using the service. At our last inspection in July 2013 the service was meeting the regulations inspected.

The service had 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.

Summary of findings

The service knew how to keep people safe. Staff helped make sure people were safe at 72 Croydon Road and in the community by looking at the risks they may face and by taking steps to reduce those risks.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough staff to support people to live a full, active and independent life as possible at the service and in the community. We observed staff had a good understanding of people's needs and were able to use various forms of interaction to communicate with them. Staff supported people in a way which was kind, caring, and respectful.

Staff helped people to keep healthy and well, they supported people to attend appointments with GP's and other healthcare professionals when they needed to.

Medicines were stored safely, and people received their medicines as prescribed. People were involved in their food and drink choices and meals were prepared taking account of people's health, cultural and religious needs.

Care records focused on people as individuals and gave clear information to people and staff using a variety of photographs, easy to read and pictorial information. People were appropriately supported by staff to make decisions about their care and support needs. These were reviewed with them regularly by staff.

Staff encouraged people to follow their own activities and interests. Relatives told us they felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed.

The provider regularly sought people's and staff's views about how the care and support they received could be improved. There were systems in place to monitor the safety and quality of the service that people experienced.

Summary of findings

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 was safe. There were arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

The provider had an effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Good



Is the service effective?

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received ongoing training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Good



Is the service caring?

The service was caring. People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. People had person centred care records, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the service. People were encouraged and supported by staff to be as independent as they wanted to be.

Relatives and friends told us they were confident in expressing their views, discussing their relatives' care and raising any concerns. The service actively encouraged people to express their views and had various arrangements in place to deal with comments and complaints.

Good



Is the service well-led?

The service was well-led. People and their relatives spoke positively about the care and attitude of staff and the manager. Staff told us that the manager was approachable, supportive and listened to them.

Good



Summary of findings

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels.

The provider encouraged feedback about the service through regular house meetings and staff and relative surveys.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Care Management Group - 72 Croydon Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 undertook the inspection which took place on 14 and 15 April 2015 and was unannounced.

We spoke with one person using the service and we conducted observations throughout the inspection as

some people were unable to speak with us. We spoke with five members of staff, the manager and deputy manager. We looked at three people's care records, four staff records and other documents which related to the management of the service, such as training records and policies and procedures.

Before the inspection we reviewed the information we held about the service. This included notifications, safeguarding alerts and their outcomes and information from the local authority.

After the inspection we spoke with three relatives of people who used the service.

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe living at the service. They told us, "[My relative] has come out of their shell since being there... they are 100% safe and well" and "[My relative] is very settled and feels safe." We observed people interacting with each other and staff in the communal areas. People were comfortable with staff and approached them without hesitation.

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. Managers and staff knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding adults' team. Records confirmed most staff and managers had received safeguarding training. People's finances were protected and there were procedures in place to reconcile and audit people's money.

Monthly meetings for people who used the service discussed the type of abuse people could experience and how they were protected. Minutes were available in pictorial and easy read for people and gave information on how to keep safe, such as staying with a member of staff when in the community.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. Staff told us they knew how to whistle blow if they needed to and details of a whistleblowing reporting line was displayed in the office. This allowed staff to report their concerns anonymously if they were uncomfortable speaking with their manager. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. For example, following an error in one person's medicine, details of contact with healthcare professionals and family were recorded. Action to reduce future risk included additional training for the staff member concerned and a discussion at the next staff meeting to raise awareness.

Staff followed effective risk management strategies to keep people safe. People's care records contained a set of risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. We saw risk assessments related to people's risk to self, risk from others and issues such as safety in the kitchen and in the local community. One member of staff told us about the risk one person faced who had difficulty in swallowing. They told us, "I need to make sure [the person's] food is pureed, so they can swallow it." We noted guidance in the kitchen for staff on how to reduce the risk of the person choking including constant supervision while eating, only small amount of liquids and pureed food. Later we observed staff following this guidance at mealtimes.

There were sufficient numbers of staff on duty to meet people's needs. On the day of our inspection there were three staff on duty, and the manager. There were enough staff to support people when accessing the local community and to accompany people to and from activities throughout the day. Where people stayed at the service staff were always visible and on hand to meet their needs and requests. We looked at staff rotas during the inspection which confirmed staffing levels. Staff told us they undertook daily duties, such as cleaning and cooking, but felt there were enough staff on duty during the day to give people the support they needed. Nights were covered by two staff, one waking and one sleeping. Some staff we spoke with felt two waking staff would be more appropriate at night because of people's complex needs. We spoke with the manager about these concerns, they told us staffing levels were flexible according to people's needs at any one time. They gave one example, following an incident when one person required increased supervision and waking night staff had been increased for a short period to allow for this. Annual leave and sickness was covered by internal bank staff to make sure people experienced consistent care.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers,

Is the service safe?

photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People received their prescribed medicines as and when they should. All prescribed medicines handled by staff on behalf of the people who lived at the service were stored appropriately in locked secure cabinets. We found no recording errors on any of the medicine administration

record sheets we looked at. Only those staff who had received regular training in medicines management were able to administer people's medicines. In addition staff undertook yearly competency checks to ensure they handled people's medicine safely, we saw confirmation of these checks in staff files. The manager confirmed there was always a trained staff member on every shift to administer people's medicine.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One relative told us they were confident that staff were suitably qualified they said, “As far as I know staff have a lot of training, I know they do their NVQ.” NVQ is a nationally recognised work based qualification that is also available for staff that deliver health and social care. Staff told us “We have loads of training, I’m going to dementia training tomorrow”, “We have regular training and it’s marked on the rota and we can use the office or the laptop to do our on-line training” and “We have lots of support with our training, they give us a lot.”

Records were kept of the training undertaken by staff. The manager showed us how they monitored their system to ensure all staff had completed their mandatory training. This included emergency first aid, food safety, infection control, understanding equality and diversity, dealing with emergencies, safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Most staff had completed all of their mandatory training and we saw overdue training had been identified. Training that had been booked for staff was clearly listed on the staff rota. Staff received additional specialist training to meet people’s needs such as diabetes, epilepsy and autism. Staff confirmed they had received one to one supervision with their manager and that training was a discussion point during these meetings. We saw records of staff supervision and noted these were held regularly through the year.

Over 90% of staff at the service had received training about the MCA and it was apparent from our discussions with managers and staff that they were aware of what processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. Care records contained details about people’s capacity to make decisions and gave guidance to staff about how people should be given choice in every aspect of their day to day lives. We saw the applications that had been made to the supervisory body which included decisions about depriving people of their

liberty so that they would get the care and treatment that they needed. Some authorisations had been returned and we were satisfied that the provider was complying with the conditions that applied to the authorisation.

People were supported to have a balanced diet and were involved in decisions about their food and drink. Menus were planned every month where they were discussed at service user meetings. The daily menu was displayed in the kitchen in easy read and pictorial format. People’s preferences and special dietary needs were recorded in their care records but also noted in the kitchen for staff to refer to. For example, one person could only eat Halal meat and there was a reminder for staff on their likes and dislikes and what they were unable to eat because of their religion. Staff used different ways to communicate with people to give them choices about food. One person, who was unable to communicate verbally, had a book with photographs of their favourite food. Staff explained how the person used the pictures to let them know what they wanted each day, or tell them if they didn’t like something.

People were encouraged to be as independent as they could be with the preparation of their own food and drink, we observed how staff supported one person to make their own tea and toast.

People were supported to access the healthcare services they required when they needed to. We saw from care records that there were good links with local health services and GP’s. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and peoples social workers. The service involved and informed people about their healthcare and people’s health action plan were in easy read and pictorial format.

Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show staff how they like to be looked after.

Is the service caring?

Our findings

People and their relatives told us they were happy living at Care Management Group - 72 Croydon Road and that staff were caring. One person said, "I'm fine." Relatives commented, "[My relative] is happy, the older staff are very good and the newer staff are good too", "The staff are fantastic, they are kind and caring... [my relative] is well looked after" and "The staff never clock watch, they only leave their shift when their task is finished."

We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. In the morning we observed one person leading a member of staff to the door, the person did not verbally communicate and was showing the staff member what they wanted to do. The staff member told us, "[The person] has taken us out towards the car, so we are going to take them for a little drive."

During lunch staff took their time to sit and engage with people in a kind and friendly way. One person needed assistance and a staff member sat with them and chatted with them while they ate their meal. We observed another person sitting in the kitchen while staff prepared lunch, staff told us they like to be there, to feel involved. We later saw the person's care records that confirmed this. When their food was ready staff encouraged the person to go with them to the dining room to eat their meal.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. A staff member told us about one person's achievements while they had been at the service and how they had encouraged them to be as independent as they could be, they said, "The best thing is to see [the person]

progress...it's really fulfilling." In the dining area a board was displayed with "our achievements". We saw photos of people reaching important milestones in their lives, for example folding clothes or making a cup of tea. Captions were attached to the photographs giving the date of achievement together with lots of words of encouragement and compliments.

People were involved in making their own decisions and planning their care. Regular service user meetings were held where people discussed issues such as menu choices, activities, news and events and what they should do if they felt unhappy or did not feel safe. People's individual views and responses had been recorded in the minutes in easy read and pictorial formats. We saw people making choices about their day to day life, for example one person wanted to have new curtains and bed sheets and staff told us how these had been purchased for them.

Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, their food preferences and dislikes, what activities they enjoyed and their preferred method of communication.

Relatives said staff respected their relatives privacy and dignity they told us, "The staff are kind and respectful" and "[My relative's] keyworker is fantastic...she made sure they were dressed in a smart shirt and suit for their birthday celebrations." We observed staff respecting people's privacy for example, knocking on people's doors before entering and discretely helping people to their room for personal care and ensuring doors were closed.

Relatives told us they came to visit when they wanted, One relative said, "I give them plenty of notice as [my relative] is always doing something."

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member received. They told us, "The staff talk to me about [my relatives] care and what's happening" and "I want to be involved, [the staff] will phone me or talk to me about things when I visit...we always work together with [my relative's] care."

Care records gave staff important information about people's care needs. We saw some good examples of how staff could support people who had communication needs. There was clear guidance for staff on how one person could communicate by using some sign language or by using objects for reference. We read that the person would lead people by the hand to a place or object to communicate their need and we saw this happening throughout our inspection. We saw how the local speech and language therapy team were involved with one person to help support their communication and development needs.

One person who was unable to communicate verbally used a Picture Exchange Communication System (PECS) as a means of communicating with staff. The pictures allowed the person to make a choice about everyday things such as food or activities, make a request, or tell staff their thoughts. We saw pictures of healthcare appointments such as GP or dental visits and taking medicine. Staff told us this helped them involve the person in their care and treatment by explaining when healthcare appointments were due or when it was time for their medicine.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do, the things that may upset them and how staff could best support them. For example, one person liked trips out, bowling and birthday celebrations and another person enjoyed visiting family and friends. Each person using the service had a

keyworker and monthly keyworker reports covered areas such as medical appointments and health concerns, activities offered and those declined together with details of what the person's achievements over the month.

People were supported to follow their interests and take part in social activities. Each person had an individual activities planner which included outings to social clubs, swimming, bowling, walks to the park and household chores such as laundry, cleaning and baking to help encourage people's independence.

One relative said, "There are activities every day, even on the weekends, they go out together as a group and as individuals." During our inspection we saw people coming and going on various activities. One morning people were involved in drawing and colouring, one person went for a walk and another person told us, "I'm going to the library to get some books and a DVD." In the afternoon staff asked people if they wanted to go shopping with them for groceries.

People's relatives told us they knew who to make a complaint to, if they were unhappy. One relative told us, "I made a complaint to [the manager] she put a plan in place and immediately acted on my concerns...the last time I visited everything was fine." The manager took concerns and complaints about the service seriously with any issues recorded and acted upon. People were asked if they were happy or unhappy at the monthly service user meetings and information was available for people in the reception area. Some people at the service were unable to communicate verbally, one member of staff explained, "We know [people] well, if they are not happy we are able to pick it up by the way they are." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. All complaints were logged at provider level and were regularly monitored.

Is the service well-led?

Our findings

Relatives we spoke with knew who the manager and deputy managers were and were positive about how the service was run. Relatives told us, “I get on well with [the manager]. I can talk to her about anything” and “Leadership is so important and the manager has been really good, sometimes she will phone me at 7 pm to speak to me about things.” We observed the manager and the deputy manager were both actively involved with people who used the service and knew them well.

People were asked about their views and experiences of the service. Relatives told us they were asked about the service and had completed surveys with their feedback. They said, “I am always giving feedback” and “[The manager] is forward thinking and always thinking of new things to do for the clients.”

Results from the yearly survey were used to highlight areas of weakness and to make improvements. The answers given during the most recent survey sent during March 2015 fed into the provider’s governance system for quality assurance purposes. We looked at the results from this survey and noted the feedback was mostly positive. Any issues highlighted by relatives had been recorded and the manager had taken appropriate action to contact the relatives and review and update any processes as necessary. People were encouraged to be involved in the

service through regular meetings. We saw minutes from these meetings covered issues such as menus, up and coming events, activities, keeping people safe, complaints and safeguarding.

Staff said they felt supported by their managers and were comfortable discussing any issues with them. Staff told us, “I always support good practice, if anything is wrong I tell [the manager] and she will sort it out”, “[The manager] supports us, she helps out and is always willing to help” and “I am happy here, I have a good manager and I’m happy working with her.” Staff meetings were held monthly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included actions from previous meetings, updates including new legislation staff should be aware of, safeguarding, people’s general well-being and guidance to staff for the day to day running of the service.

There were arrangements in place for checking the quality of the care people received. These included monthly and weekly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people’s medicine. The provider also carried out quarterly reviews of the service including checks on care records, risk assessments, medicines, staff files, supervision and training. Reports of each audit contained detailed findings, action needed, who was responsible and the timescales for any actions to be completed by.