

Care Management Group Limited

Care Management Group - Brent Supported Living

Inspection report

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Date of inspection visit:
29 June 2016

Date of publication:
27 July 2016

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

We undertook this announced inspection on 29 June 2016. Care Management Group - Brent Supported Living is a supported living service providing personal care support for people with profound and multiple learning disabilities. Accommodation is provided by Brent Council. At the time of our inspection, the service was caring for five people with very complex needs.

At our last inspection on 16 September 2014 the service met the regulation we looked at.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service did not provide us with feedback regarding the care and services provided. This was due to difficulties associated with their learning disability. We were able to speak with three relatives of people who used the service. They informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by support workers of the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse.

Support workers were knowledgeable regarding the individual needs of people. They were gentle, caring and attentive towards people. People's care needs and potential risks to them were carefully assessed. Support workers had been provided with guidance on how to minimise potential risks to people. They prepared appropriate and up to date care plans which involved people and their representatives. People's healthcare needs were closely monitored and they had been attended to by healthcare professionals. Support workers worked well with healthcare professionals and communication with them was good. This was confirmed by professionals we contacted. There were suitable arrangements for ensuring that people received their medicines as prescribed. Audit arrangements were in place and these indicated that people had been given their medication.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care and management of the service. Regular reviews of care had been carried out with people, their relatives and professionals involved to ensure that people received appropriate care. Where possible, people were encouraged to be as independent as possible and to engage in social and therapeutic activities. Support workers did the shopping and meal preparation. Menus had been prepared following consultation with people's representatives and the dietician.. Support workers ensured that people's nutritional needs were met and people's weights were monitored monthly.

Support workers had been carefully recruited and provided with a comprehensive induction and training

programme to enable them to care effectively for people. They had the necessary support, supervision and appraisals from the registered manager. There were enough staff to meet people's needs. Teamwork and communication within the service was good. Support workers were aware of the values and aims of the service and this included treating people with respect and dignity, providing efficient and high quality support.

Audits and checks of the service had been carried out by the registered manager and senior staff of the company. These included checks on care documentation, medicines administration and health and safety checks of premises. Complaints made had been promptly responded to. Healthcare professionals provided positive feedback regarding the management of the service. They indicated that the service was well organised, staff were capable and their clients had benefitted from the care provided.

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. Support workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

There were suitable arrangements for the management of medicines. Support workers were carefully recruited. There were sufficient staff to meet people's needs. The premises were kept clean with the help of support workers and infection control measures were in place. Appropriate risk assessments had been carried out.

Is the service effective?

Good ●

The service was effective. People who used the service were supported by support workers who were knowledgeable and aware of their complex care needs.

People's healthcare needs had been closely monitored and attended to. Their nutritional needs were met and support workers monitored their weights. Support workers were well trained and supported to do their work

Is the service caring?

Good ●

The service was caring. There was guidance for staff of promoting equality and valuing diversity. People representatives informed us that support workers treated people with respect and dignity.

Support workers were caring and pleasant in their approach. Feedback from people relatives and professionals involved indicated that they were involved in decisions about people's care.

Is the service responsive?

Good ●

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. Reviews of care had been carried out by support workers with people involved.

Support workers supported people to participate in social and therapeutic activities appropriate for them. Complaints made had been promptly responded to.

Is the service well-led?

Good ●

The service was well-led. Relatives of people and healthcare professionals we contacted expressed confidence in the management of the service. Support workers worked well as a team and they informed us that they were well managed.

Audits and checks of the service had been carried out by the registered manager and senior staff of the company. This included audits on care documentation, medicines administration and health and safety checks. Appropriate care documentation and essential policies and procedures were in place.

Care Management Group - Brent Supported Living

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 checked 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.

The inspection took place on 29 June 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and other information sent to us by the service.

There were five people who used the service. However, due to their mental condition, they did not provide us with feedback regarding the care and services provided. We spoke with three of their relatives. We also spoke with the registered manager and four support workers who were on duty at the supported housing service. We also obtained feedback from the General Practitioner (GP) and three healthcare professionals who had involvement with people who used the service.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people who used the service, four staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the service.

Is the service safe?

Our findings

Representatives of people informed us that people were safe in the care of the service. One relative said, "When I visit my relative is happy, clean and nicely dressed." A second relative said, "My relative is safe. The staff behave properly. There is enough staff."

When we visited the supported living service, we observed that support workers were constantly present to assist people and they interacted regularly with people. People appeared relaxed and comfortable with their support workers.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Support workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the office.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with choking on food, having fits and acquiring infections and falling. Support workers we spoke with were aware of specific actions to take to keep people safe. We saw this in practice when a person appeared to have difficulty swallowing. The support worker concerned stopped assisting with the feeding and gave people time to rest before continuing to assist people with their meal. The service had monitoring charts in place to record when people had epileptic seizures and for ensuring that people were carefully observed and provided with one to one support when needed. One healthcare professional indicated that these charts were also checked by them.

To further protect people, personal emergency and evacuation plans (PEEPS) were prepared for people. This provided information and guidance for staff regarding people's mobility and ability to respond in an emergency. Fire safety arrangements were in place. The fire alarm was tested weekly to ensure it was in working condition. A minimum of four fire drills had been carried out in the past twelve months. There was an updated fire risk assessment and staff had received fire training.

We looked at the staff records and discussed staffing levels with the registered manager of the service. The staffing levels in the supported living service normally consisted of support workers during the day shifts together with the registered manager and support workers on waking duty during the night shifts. Support workers we spoke with told us that there was sufficient staff for them to attend to their duties. Relatives of people informed us that there were sufficient staff and they were satisfied with the care provided. Professionals we contacted expressed no concerns regarding staffing arrangements in the home.

We examined a sample of four records of support workers. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to support

workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people.

There were arrangements to ensure that people received their medicines as prescribed. There was a policy and procedure for the administration of medicines. People received their medicines from care workers. Suitable arrangements were in place whereby support workers checked incoming stock and if needed, they disposed of unused medicines by returning them to the pharmacist. Checks were made to ensure that medicines were correctly stored. The service had a system for auditing the arrangements for medicines. This was carried out by the registered manager monthly. There were no gaps in the medicines administration charts examined.

The premises had been kept clean with the help of support workers and no unpleasant odours were noted. Support workers we spoke with had access to protective clothing including disposable gloves and aprons. The service had an infection control policy and staff had received training in infection control. Relatives of people informed us that support workers staff observed hygienic practices and people who used the service had been provided with clean clothing.

Is the service effective?

Our findings

The feedback provided by representatives of people indicated that the service had effective arrangements to meet the needs of people. One relative said, "The care workers are excellent. They have consulted and asked for my consent when needed." Another relative said, "The healthcare needs of my relative have been met. A dietician has seen my relative and my relative has pureed food. The staff keep to it"

A healthcare professional informed us that support workers had ensured that the healthcare needs of people were attended to. This professional stated that support workers were well trained and they had no concerns regarding the service. Another healthcare professional stated that staff had attended training provided by their organisation.

People's healthcare needs were closely monitored by support workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their medical or behavioural conditions. There was evidence of recent appointments with healthcare professionals such as people's GP, dietician and physiotherapist.

There were suitable arrangements whereby care workers ensured that the nutritional needs of people were met. We saw in the care records that people's nutritional needs had been assessed. This ensured that supported workers knew what the individual needs of people were. We were present when people were assisted with their meals. Some people had swallowing difficulties. Support workers were knowledgeable regarding the needs of these people and what to do if they experienced swallowing difficulties. They were also aware of the need for some to have nutritional supplements to ensure that they were not malnourished. They stated that they discouraged people from over eating and if a person had a weight problem and they would assist them to lose weight. Weights of people were recorded.

Support workers had been provided with essential training. We saw documented evidence including copies of their training certificates which set out areas of training. Topics included Mental Capacity Act, equality and diversity, moving and handling, health and safety and the administration of medicines. Support workers confirmed that they had received the appropriate training for their roles.

New support workers had been provided with a comprehensive induction programme. They informed us that they found the induction to be helpful and informative. The registered manager informed us that new support workers would be enrolled on the care certificate course. One new support worker had already been enrolled on the course.. The course has an identified set of standards that social care workers adhere to in their daily working life. New support workers worked alongside experienced support workers to help them build relationships with people and provide care in a consistent way. The induction programme enabled support workers to be assessed against a variety of competencies, for the duration of their probation period. The topics covered included areas such as medicines, staff conduct, equality and diversity, confidentiality and health and safety.

Support workers said they worked well as a team and received the support they needed. The registered manager carried out supervision and annual appraisals of care workers. Support workers we spoke with confirmed that this took place and we saw evidence of this in the staff records. They informed us that communication was good and the registered manager was approachable.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. The service had a policy on the MCA and support workers were aware of the implications of the MCA. Support workers we spoke with were familiar with the MCA. There was documented evidence that care workers had been provided with MCA training.

The registered manager informed us that all people using the service did not have capacity. They were aware that where people lacked capacity, close relatives such as parents or professionals such as the general practitioner should be consulted. This was confirmed by relatives who stated that they had been consulted and their consent obtained when needed. Care records contained information regarding people's advocates.

Is the service caring?

Our findings

Relatives of people informed us that care workers took good care of people and people were well treated. One of them said, "The staff understand my relative. There is plenty of support." Another relative stated, "Yes, I am satisfied with the care. My relative has been treated with respect and dignity and seem happy."

One professional informed us that support workers were courteous and people who used the service appeared happy, content and well looked after. Another healthcare professional stated they observed that care workers were able to make positive relationships with people who used the service and their relatives.

We observed that support workers spoke in a gentle manner with people and people co-operated with staff. We saw support workers assisting people with their lunch. Support workers were all seated and the atmosphere was homely and unhurried.

Support workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw information in people's care records about their life history and their interests. Support workers could provide us with information regarding people's background, relationships important to them, likes and dislikes. Care record contained personal information regarding how people would like to be addressed, the shampoo they used and equipment they used for shaving. A support worker informed us that they checked with people what clothes they like to wear. For those who were non verbal they said they showed them clothes from the wardrobe and observed people's reaction to determine what clothes people liked to wear.

Care plans included information that showed people's representatives had been consulted about their individual needs including their spiritual and cultural needs. Support workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Support workers informed us that they had received training on equality and diversity and they were informed during their induction to treat all people with respect and dignity. There was documented evidence that people had been supported with their religious and cultural needs and this included attendance at places of worship and provision of vegetarian diets.

The care records contained guidance to staff on communication with people. These included signs and gestures or eye and hand movements people used when expressing themselves. Support workers stated that they were familiar with people's needs and knew what to be aware of when attending to people. We were also informed that people's birthdays were celebrated and this was evidenced by photos of these events.

The service was aware of the cultural and religious needs of people. The registered manager stated that two people who wanted to had been able to attend their chosen places of worship. Another person had been able to have food which met their religious needs.

Is the service responsive?

Our findings

Relatives of people informed us that they were satisfied with the care provided for people and care workers were responsive to their needs. One relative informed us that their relative who received the service had improved significantly and had not needed to be attended to in hospital as frequently as in the past. Another relative said, "The staff are responsive. They listen to my suggestions. There are meetings for relatives."

A healthcare professional informed us that their client had made significant progress when being care for by the service. Another healthcare professional stated that support workers took good care of people and have facilitated their medical reviews efficiently.

The service had ensured that the care which was individualised and person-centred. People's complex needs had been carefully assessed by support workers. Their relatives or representatives had been consulted and were involved in planning care and the support provided. These assessments included information about a range of needs including their health, nutrition, mobility, medical, religious and communication needs. Records also contained a personal history of people. Following the assessment, care plans were prepared.

Care plans contained guidance to care workers on how to meet people's needs and assist them achieve the goals they had. When we discussed the care of particular individuals with support workers, they demonstrated a good understanding of people's needs. For example, we were informed that one person had put on weight and support workers had assisted this person to reduce their weight. This was reflected in the weight chart. Support workers could describe to us what signs to look out for if another person was unhappy or distressed. Another person had a history of frequent admissions to hospital due to their medical problems. The registered manager informed of action they had taken and how they had successfully reduced the need for these admissions. This was confirmed by the representatives of this person.

Reviews of care had been arranged with people on a regular basis. Some of these reviews were carried out by the registered manager and support workers. Reviews were also carried out with the relatives of people and professionals involved. This was confirmed by relatives and professionals. They confirmed that regular reviews had been done and they were involved in ensuring that people received appropriate care.

We discussed the personal care of people with the registered manager and support workers. We were informed by them that the home had a system for ensuring that people were kept clean and received daily showers. Support workers also ensured that pads worn by people were regularly changed. Relatives of people stated that they had no concerns regarding the personal care of people.

We saw support workers encouraging people to participate in activities appropriate for them. Activities had been provided for people. These included sensory therapy to stimulate people's senses. Examples of these including enabling people to have aromatherapy, hand massage and light therapy. One care worker informed us that people could smell vegetables to be cooked and this enabled them to use their senses.

Other activities provided included going to the library, cinema and shopping. An outing to The Shard building in London and a holiday had also been arranged in the previous year for people. Professionals and relatives informed us that people had access to various activities. We saw a support worker engaging a person in a card game.

The service had a complaints procedure and this was included in the service user guide. Relatives of people told us that they knew how to complain. However, they stated that they were satisfied with the services and had no need to complain. Support workers knew that they needed to report all complaints to the registered manager so that they can be documented and followed up. We noted that complaints recorded had been promptly responded to.

Is the service well-led?

Our findings

Relatives of people expressed confidence in the management of the service. One relative said "My relative is safe. The service is well managed and well led. Management and staff are doing well." When we asked another relative if the service was well managed, they replied, "I think so!." This relative also stated that they had been asked for feedback and they had completed a satisfaction survey form in the past year.

All healthcare professionals were satisfied with the management of the service and said the service maintain close liaison with them. One professional state that their client had made tremendous progress. Another professional stated that care documentation was always up to date and of a good quality.

We noted that support workers had a positive attitude and informed us that they were committed to ensuring that people received a high quality of care. Support workers were of the opinion that the service was well managed and the registered manager was supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. Support workers were aware of the values and aims of the service and this included working as a team, treating people with respect and dignity and providing an efficient and high quality service to people who used the service. They expressed a desire to support people to improve their lives and be as independent as possible.

The service had a system for ensuring effective communication among support workers. We noted that following a recent safety incident in another location, senior management had circulated information and provided guidance for support workers on action to take to minimise risks. Support workers informed us that there were also meetings where they regularly discussed the care of people and the management of the service. This enabled them to be well informed. The service had a clear management structure with a registered manager and deputy manager who were supported by a regional director.

Care documentation was well maintained, up to date and comprehensive. The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Support workers were aware of these policies.

The service had carried out satisfaction surveys of relatives of people and their representatives in the past twelve months. We noted that the feedback was positive. Some suggestions made in the survey had been responded to and action taken was documented next to the suggestions. This was seen by us. Audits and checks of the service had been carried out by the registered manager and senior staff of the organisation. Some of these were carried out monthly and included checks on care documentation, cleanliness, medicines and care documentation. Documented evidence of these were provided.

The service had a record of compliments received. These included the following:

"Staff are very caring and maintain good relationship with the family."

"Carers are always pleasant and make genuine attempts to understand my relative."

"Carers are hardworking."