

Care Management Group Limited

Care Management Group - Craignish Avenue

Inspection report

12 Craignish Avenue
London SW16 4RN
Tel: 02086536377

Date of inspection visit: 1 September 2015
Date of publication: 25/09/2015

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

This inspection took place on 1 September 2015 and was announced. Care Management Group - Craignish Avenue is a supported living service. Supported living services are where people live in their own home and receive care and/or support in order to promote their independence. The service provides support to six people who have mild to moderate learning disabilities, mental health needs, and other associated health needs. This was the first inspection of the service since it registered in December 2013.

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.

People were protected from harm or abuse. Staff provided guidance to people in easy read format to help

Summary of findings

them understand how to keep safe. Staff supported people and helped raise their awareness about abuse and keeping themselves safe in the home and in the local community.

People told us they would talk to staff if they had any worries or concerns and felt that staff listened to them and were very helpful. Staff understood the principles of safeguarding and were knowledgeable and followed procedures that helped safeguard people.

The service had developed systems that helped identify and appropriately manage risks people may experience, whilst promoting their independence. The provider placed a strong emphasis on person centred care, and checked this was effective when they undertook visits to the service. People were supported to plan their support and they received a service that was based on their personal needs and wishes. The service was flexible and responded positively and promptly to changes in people's needs.

Staffing levels were deployed to appropriately meet people's needs and protect them from harm. Recruitment processes were thorough and ensured that staff were suitably equipped and of good character to support people using the service.

Staff were knowledgeable about the people they supported. They had appropriate skills, training and were focussed on providing individualised care and support in a friendly and supportive way. Staff had access to good support and career advancement. The provider had a training and development programme to equip staff with the skills and knowledge they needed to support people effectively.

People were helped to develop independent living skills, staff supported people with developing travel skills and to access the community, and with preparing food and drink. Staff supported people with promoting their healthcare needs.

Staff were kind and compassionate and developed caring relationships with people. People were involved in planning their own care and consulted about their needs, the care arrangements reflected their own views and opinions.

There was strong and effective management at the service. The registered manager had a clear plan for the development of the service and was supported by the provider. There were systems in place to quality assure the service. The registered manager monitored the care which was being delivered and took appropriate steps to ensure people received high-quality care.

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. People were protected from avoidable harm. Systems were in place to help manage risks whilst promoting their independence. Medicine procedures were safe and only trained and competent staff administered medicines.

Staffing levels were sufficient to meet people's needs and protect them from harm. Recruitment processes were robust and ensured that staff were of good character to work with vulnerable people.

Good



Is the service effective?

The service was effective. People received the support they needed and that enabled them to live their lives as independently as possible. Staff were provided with training and support to ensure they had the skills and knowledge they needed to support people effectively. People were supported to access healthcare professionals and attend appointments when they needed to.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights. Staff understood their responsibilities in relation to mental capacity and consent.

Good



Is the service caring?

The service was caring. Staff treated people with kindness and compassion. They developed positive and caring relationships with them. People were treated with dignity and respect by staff who worked with them to uphold their privacy.

Care was personalised and tailored to meet each person's specific needs and wishes. Staff took the time needed to get to know the people they supported, they knew and understood them as individuals.

Good



Is the service responsive?

The service was responsive. People received care which was personalised to meet their specific needs and wishes. The care and support arrangements were person centred; people were involved in planning their own care and were consulted to ensure their care plan reflected their own views and opinions.

Feedback, including complaints, was welcomed by the service to help drive improvements.

Good



Is the service well-led?

The service was well-led. There was a registered manager who provided clear leadership and direction. The service promoted a positive culture within the home which focussed on people developing as individuals.

Staff were supported by the manager and management team and opportunities were available for staff to develop their skills and advance their careers. The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Good



Care Management Group - Craignish Avenue

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.

The inspection took place on 1 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported housing service for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team comprised of one inspector. Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with a social worker and a psychiatrist to gain their feedback about the care and support that people received.

We spoke with all six people who used the service. We also spoke with the registered manager and two members of care staff. We looked at care records for two people. We reviewed staff recruitment files, recruitment procedures and training records. We also looked at further records relating to the management of the service, including quality audits and quality monitoring systems.

Is the service safe?

Our findings

People told us they felt safe at their home because they had staff available who were willing to assist them with things they could not manage. One person told us, “I feel safe and staff here work with me to ensure my safety is maintained, I can tell them if I have any worries.”

There were robust arrangements in place to protect people from the risk of abuse. Our records showed that the service fulfilled its responsibilities by letting us know when safeguarding matters had been referred to the local authority about incidents people experienced using other services. Staff supported people by raising their awareness about abuse and keeping safe in their home and in the local community, this was done in house meetings and in key working sessions. We saw that information in easy read format/pictorial was provided about promoting people’s awareness of safeguarding. People held monthly meetings and at these safeguarding issues were raised to make sure people were reminded of keeping safe. One person said, “We meet with our key worker and discuss how things are going. We make plans together, staff advise me on what I should do or avoid.” People told us they would talk to staff if they had any worries or concerns.

Risks to people and the service were managed effectively. We saw from care records and staff told us that risk assessments were completed for each person. These considered the individual’s needs and strengths, and areas where support was required. Clear plans were in place too about supporting people with their finances, with staying safe and becoming more independent. Management audited these procedures to ensure they were followed. The risk assessments and management of these were kept under review and amended as changes took place.

People were encouraged and empowered to develop independent living skills. We saw that staff promoted positive risk taking and did not restrict people’s interests and encouraged them to try new things. For example, two of the people now go out independently. Staff and managers had an excellent understanding of managing risks and had supported people to reach their full potential. The manager and staff had worked with them on travel arrangements in the locality using public transport. This had helped them develop their skills to go out independently in the community. Both of these people now attended activities of their choice every day

independently. We saw how staff supported people with staying safe and becoming more independent, examples seen on our visit included staff presence to support people with preparing packed lunch for the following day out, and supporting them in attending community events. There were additional contingency plans in place that directed staff on what action to take if a person experienced a relapse in their mental health. This helped ensure they got the support they needed promptly to keep them safe. We saw examples of a referral to the psychiatrist for a person when they displayed signs of deterioration in their mental health.

There were positive behaviour plans in place to support persons who may behave in a way that put themselves or others at risk of being physically harmed. The plan included strategies and interventions for staff to use, there were also indicators to help staff recognise signs and triggers of relapsing such as becoming anxious or upset. A social care professional involved with people who use the service told us, “Staff do a good job of offering a good quality of support to enable people to live as independently as possible in community.”

People told us there were enough staff around if they needed them. One person said, “There are staff around all the time we are here.” Another person told us of sitting down with their keyworker every month to discuss things, and records we saw demonstrated these meetings were held. Feedback from people and the care records showed that people received appropriate staff support. The registered manager told us staffing levels were organised flexibly and according to people’s needs. There were five support staff employed. Each weekday all six people were out attending their activities and day centres until mid to late afternoon and there was one support worker in the house. We saw from staff schedules there were always two staff available in the morning at peak times and in the afternoon on weekdays. There was one member of staff on call at night who remained on call and slept overnight in the premises. The registered manager told us of changes to individual needs, they had referred these changes to the social worker and requested a review of the person’s care needs.

We examined medicine procedures. Each person was supplied with a lockable cabinet in their own room which was used to store their medicine. One person was assessed to self-administer their medicine with a need for prompting

Is the service safe?

by staff, and this was being well managed. Another three people prescribed medicine had their medicine administered by staff. We found that medicine procedures were safe. Medicines were administered by staff who were trained and assessed as competent to administer medicines. The medicine administration records (MAR) were up to date and corresponded with the amount of medicines administered. People had detailed records of their medicines; there was an identity photograph, guidance on when to offer as required (PRN) medicines. There was also information of any allergies or possible side effects of medicines which raised staff awareness. Medicine audits were completed daily to ensure staff followed procedures and that people received their medicines as prescribed and on time.

Only suitably qualified and fully vetted staff were employed. People were cared for by staff whose suitability for their roles was checked through safe recruitment processes. We looked at two staff files to examine recruitment procedures. We found appropriate checks were made and references were taken up before staff

began work at the home. The registered manager confirmed that no one was permitted to work unsupervised at the service until all the relevant pre-employment checks had been completed

There were arrangements to deal with emergencies to help reduce risks to people. Staff knew what to do in response to a medical emergency; they were also trained in first aid. There were suitable arrangements for staff to respond to a fire and manage the safe evacuation of people in such an event. There was always a manager present or on call for support or advice, if required, and contact numbers were on display.

There were health and safety checks made of the premises and equipment by the landlord and the provider to ensure people were safe. The service had infection control policies and procedures; staff followed these and wore protective clothing such as aprons and gloves. The landlord of the premises undertook regular health and safety checks of the premises and had fire control procedures in place.

Is the service effective?

Our findings

Staff were well supported and received suitable training to undertake their roles. Staff told of being supported by the registered manager and provider. They completed an induction when they began work and were confirmed in post when they completed a satisfactory probationary period. As part of their induction staff completed all mandatory training before they worked with individuals.

The provider had a training department and an on-going programme of training for staff. This consisted of on line 'e-learning' and face to face training. The company used a database system which displayed a record for each member of staff and flagged up an alert when refresher training was due. This meant that staff kept their knowledge, skills and expertise up to date at the required frequency. There was also an annual report made of training status of staff. This showed that staff had completed all the necessary training. Other records showed that staff had received the training they needed to care for people and meet their assessed needs. For example, staff learned about supporting people with autism and other behaviours that may challenge the services.

All staff received regular supervision and had an annual appraisal. Staff also told us that they received regular supervision and felt able to approach the registered manager whenever they needed to. They used these sessions to discuss people and their needs, as well as identify areas for learning and development or raise any concerns or issues. Staff received regular supervision from the registered manager or the deputy manager. The provision of one to one supervision was monitored through audits. Staff received additional training and support throughout their employment.

There were systems in place to ensure that people had access to healthcare services if required. Staff supported people to make and attend health appointments, if necessary. We saw that people's health needs were recorded. Each person had a health action plan which recorded all appointments with health and social care professionals, and the outcomes of these to ensure people's care was reflective of their consultations. The registered manager told us they referred people for services as required. Staff had developed hospital passport with each person. This information was a summary of the

individual's needs together with their medicine profile. This was provided when the person used hospital services and ensured that there was no breakdown in communication with the service.

Staff understood about the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make certain decisions. Staff had attended training and read the provider's policies. Care plans explained how when people could not give consent and what actions were needed so that they received care and support in a way that maintained their rights. The majority of people were unable to make decisions in relation to their finances; the local authority was their appointee. One person had a relative who was appointee.

People told us they consented to the care and support they received. A person told us, "I agreed my support plan and am in control of what happens." Staff told us the capacity of people to consent was assessed, they used their knowledge of people's communication needs to explain choices to people and assist them to make decisions. Care records included information on how people were supported to make decisions in relation to their day to day support. A social worker involved with people who use the service said, "Staff appear to work well with service users, offering a good quality of support to enable them to live as independently as possible in community." The service followed the MCA code of practice to ensure staff followed correct procedures to ensure people consented to the care and support they received. For people who were unable to consent to aspects of their care these were made in line with the MCA through 'best interests' meetings and with support from nominated people who had power of attorney or deputyship through the Court of Protection.

People told us staff supported them with shopping and meal preparation. Some people told us that staff helped them with cooking in the large kitchen in the house. People planned their menus every week and chose to eat in their dining room/kitchen. People's nutritional needs were assessed and monitored. We saw that all those with special dietary requirements and/or cultural needs were catered for appropriately. Care plans included information about people's food preferences, including cultural choices and any risks associated with eating and drinking. For example, one person had developed a swallowing problem; they were referred to a specialist for this. Their care plan explained how the person should be supported. Staff

Is the service effective?

supported people to monitor their weight and advised them on healthy eating. We saw any significant changes and outcomes were documented. None of the people using the service were identified as at risk of poor nutrition. People told us that, where necessary, staff supported them to prepare meals and hot drinks. They provided them with

the food that they had chosen and involved them as much as possible in its preparation. We saw this in practice as staff supported people to safely prepare packed lunches. People's care plans recorded their preferences to provide staff with guidance and support.

Is the service caring?

Our findings

People told of being supported by staff who were kind and compassionate. One person said, “Staff are lovely, we get on well.” We observed the interaction between people who used the service and staff on duty. Staff were respectful and encouraging, we saw there was reassurance from staff and a hug for a person who told about the little things that had irritated them earlier at an activity they attended. We observed that staff when supporting people took steps to ensure their privacy was maintained as much as was possible.

People expressed their views and were involved in making decisions about how they wanted to spend their evening. The group of people living at this house had lived together for up to twenty years and liked to consult with one another about their preferences. As a group people had decided they wanted to go to the local pub for their evening meal and not have supper prepared in the house. We observed staff acknowledged this and arranged for staff members to go along to support the group.

Staff worked hard in establishing and developing relationships with the people they supported. They took time to them to get to know people so that they could provide them with the care and support they needed, and in the way that they wanted. When the service first opened all six people transferred to the service together from their previous address. People were assigned the staff member as a support worker on a regular basis where possible, they were known as their key worker. Staff had supported people to complete a profile about themselves and included “What is important to me, what makes me upset, my goals.” A staff member was able to describe how one person became emotionally upset if their communication was misunderstood, they made sure that other agencies such as day centres were kept up to day on the emotional needs of the person. Care records also recorded this information. Time was set aside for a staff member to spend with the person they supported discussing their needs and interests and recording their progress, the outcome of this key working session was recorded. The

sessions allowed them to build relationships and help them understand their strengths and areas of need. Monthly progress reports were sent to relatives to ensure they were kept up to date with events.

The registered manager told us the service had experienced a turnover of staff in the past twelve months as staff members took up other employment opportunities. A social care professional also commented on the staff changes but did not indicate there were any negative outcomes for people as a result of these changes. The registered manager told us how the service managed staff changes to ensure consistency remained. There was one staff vacancy at the service which was covered by regular in-house staff. People told us they were well supported by the manager and staff members and commented on how the teamwork was good.

Support plans included information about people’s rights to privacy and how staff should support them. People’s diversity, values and human rights were respected. Records included details about people’s ethnicity, preferred faith and culture and we saw that staff responded accordingly to individual’s needs. We saw that one person had displayed in their bedroom an altar and religious effects to reflect their beliefs. We saw that staff attended training on equalities and diversity and were able to describe the specific religious and cultural needs of people.

Staff had worked hard to help people settle and adjust to their new environment. The registered manager told us this transfer took place before Christmas and all six people had chosen to live at this location as they were close as a community. Staff described the actions they took to enable people become more independent. At the previous location people had not been successful in making good progress in developing independent living skills. However, since moving to this supported housing unit there were many signs seen of the progress made by individuals. Staff encouraged and supported people to prepare their meals, do their chores, access community facilities. At the provider monthly visits to the location the area manager monitored that these keyworker meeting took place and that any follow up actions were addressed.

Is the service responsive?

Our findings

People's needs were assessed and care and support was planned and delivered in line with the individual's needs. People received consistent care and support, they found it was personalised to meet their specific needs and wishes. They told us that staff listened to them and that they received the care they felt they wanted, rather than what somebody else said they needed.

Care records showed that assessments took place before people moved there. These plans provided relevant social and personal information, which enabled staff to deliver person-centred care. The plans recorded details about what each person could do for themselves and where support was required. The plans were written from the perspective of the person receiving care and how they wanted their needs to be met. People told us that they were involved in the development of their person centred care plan (PCP). The care records showed that where people's needs changed, the service responded promptly and flexibly. They reviewed the person's care needs and amended the care arrangements to ensure that the care and support provided met the person's needs appropriately.

We saw that there were on-going reviews of people's care needs and staff had updated records accordingly to meet individual changing needs and circumstances. Each person had a health action plan which contained details about them and their healthcare needs. Correspondence showed that the staff team worked closely with healthcare professionals to ensure that people receive the services they needed. One example concerned a person who had experienced an increased number of falls and the staff had arranged for them to have a falls assessment. There was evidence that the person's support and risk management plans were reviewed and arrangements changed. The person was unable to get to the bathroom safely at night so staff arranged for a commode to be placed close by in their bedroom. This showed that the service worked with other professionals as necessary to deliver the care people required. Staff wrote daily reports for each person which we found were detailed and gave a good overview of a

person's daily experiences, activities, health and well-being. Records we looked at confirmed that people were supported to maintain contact with their family and friends in accordance with their wishes. A social worker who was involved with people who use the service said, "In my experience the service users have been well supported and integrated into the community."

People were supported with promoting their independence and in community involvement. Staff knew and understood the people they provided care and support to. They were familiar with people's care plans and spent time with people to get to know them. This meant that staff had an understanding of people's needs and wishes, but also of their strengths and abilities. Staff told us they felt this was important as it allowed them to promote people's independence and helped them develop independent skills. One staff member told us, "We know the importance of promoting independent living skills and encouraging people to do things for themselves in order to increase their self-esteem." Each person had an activity planner which they had helped create. This recorded their interests, hobbies and day to day routines. One person told us they liked going to the cinema with their friend, another person liked attending the day centre every day. People felt that staff respected their independence and encouraged them to learn new skills such as cooking and budgeting. During our visit, staff supported people with their daily routines and choices about what to do; we saw that staff responded accordingly. Staff supported people to develop and maintain friendships and relationships. People that had formed friendships in their previous community where they had lived were supported to stay in contact if they wished.

The provider gave people clear information about how to make a complaint; it was in suitable (pictorial) format for people to understand. Minutes of meetings held at the service showed that people discussed any issues or concerns they had. In addition to the complaints procedure, the area manager visited people monthly and asked if they were happy with the service as part of their quality monitoring checks. In our discussions with all six people there were no concerns raised.

Is the service well-led?

Our findings

Staff were clear about their lines of accountability and their role. The service had a clear management structure in place. There was an experienced registered manager in post who also was responsible for managing a residential service locally. She shared her time between both locations. Staff and people who used the service told us there was clear leadership which they valued. Throughout our visit, the manager spent time speaking with people using the service and responding to their queries or requests. The registered manager cascaded to the team the importance of supporting individuals to achieve their goals and aspirations. This was demonstrated in the progress people had made since they moved to the home twenty months earlier. People told us they felt involved in how the service was run and that their views were respected.

Staff told us they could easily raise any concerns with their manager and were confident any issues would be addressed appropriately. Staff told us that they were well supported in their roles. One staff said, "I have enjoyed my role and feel supported to do my work." Professionals in the community commented the service was well-led, both professionals who responded to our questions felt the service's manager and staff were accessible, approachable and dealt effectively with any concerns they or others had raised. People using the service were given satisfaction surveys once a year. From the findings and the analysis of surveys, an evaluation report was written up that identified the aims and outcomes for the next year.

Evidence we were provided with showed that the provider used a range of methods to continually audit the processes in place, and to drive improvement and place the interests of the people using services at the centre of what they did. The numerous on-going audits, both internally and externally, ensured that the quality of care was regularly assessed and evaluated. The provider had its own in-house audit committee of staff board members to review service

quality. Other quality assurance arrangements included an annual business plan, a risk register for monitoring the service, and monthly meetings with the landlord and people who used the service to discuss any issues.

Internal audits were regularly carried out by the manager and deputy manager and staff team. These checks were made on records such as support plans, risk assessments, health and safety and finances. There was evidence of the registered manager checking financial records including bank statements to ensure procedures were robust. The registered manager carried out a monthly audit to assess how the service was running. They wrote up a report on the visit findings, and when it identified shortfalls an improvement plan was developed. Where there were shortfalls in service there was evidence that action had been taken in a timely manner. The range of quality assurance processes included medicine audits. At the start of a shift staff leading the shift checked medicine cabinets and their contents and records to identify any gaps. A member of the management team visited the service monthly and undertook compliance assessments, following the findings on the visit a report was written up to recommend any actions that needed to be implemented. The action plans were followed up during the following inspection visit.

There was evidence of learning from incidents, we saw that investigations took place and appropriate changes were implemented in response to events. The service kept appropriate records of all actions taken following incidents and changes were made to people's risk and support plans as necessary. We saw that a person experienced some confidence issues when travelling in the community to their daily activity. Staff had liaised with the day centre and arranged transport for the person to attend their chosen activity. The provider's risk panel board looked at incidents and near-misses, complaints, safeguarding and whistle-blowing to identify where any trends or patterns that may be emerging. Our records show that the service has kept us promptly informed of any reportable events, as required by law.