Care Management Group Limited

Care Management Group - 72 Croydon Road

Inspection report

72 Croydon Road
Beddington
Croydon
Surrey
CR0 4PB

Tel: 02086865693
Website: www.cmg.co.uk

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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

Summary of findings

Overall summary

Our inspection took place on 14 and 16 June 2017 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 varying range of needs including learning disabilities. At the time of our inspection six people were using the service. At our last inspection in April 2015 we found that the service was overall good and rated good for the five key questions of safe, effective, caring, responsive and well-led.

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.

Staff helped to make sure people were safe at Care Management Group – 72 Croydon Road and in the community by looking at the risks they may face and by taking steps to reduce those risks while still encouraging people's independence.

Staffing levels were adequate to keep people safe and an ongoing recruitment program was in place. The registered manager used the same bank and agency staff where possible to keep continuity in the care people received.

Staff competency was assessed when giving people's medicines. Any medicine errors identified were dealt with quickly and appropriately to keep people safe. Medicines were stored safely, and people received their medicines as prescribed.

Staff felt they had enough training to do their jobs well and records confirmed an ongoing, monitored training program was in place.

People were offered choices and supported to feel involved. Many people at the service were unable to verbally communicate. Staff were working with healthcare professionals to improve the way they communicated with people and were looking at different ways of involving people in the care and support they received. People were observed to be relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful.

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

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. There were arrangements in place to protect people from the risk of abuse and harm.

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.

There were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. People received care from staff who were trained and felt supported.

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.

Is the service caring?

Good

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.

Is the service responsive?

Good

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

support arrangements.

People were encouraged to join in with a range of in house activities and some external activities.

Relatives and friends told us they were confident in expressing their views, discussing their relatives' care and raising any concerns.

Is the service well-led?

Good

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.

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. 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.

Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

One inspector undertook the inspection which took place on 14 and 16 June 2017 and was unannounced.

During our inspection we spoke with the regional manager, the registered manager and four staff members. We met all the people who used the service and we conducted observations throughout the inspection as some people were unable to speak with us. We looked at three people's care records, three staff files and other documents which related to the management of the service, such as medicine records, training records and policies and procedures. After the inspection we spoke with two relatives of people using the service and one healthcare professional.

Good

Is the service safe?

Our findings

We observed people interacting with each other and staff in the communal areas. People were comfortable with staff and approached them without hesitation. One relative told us, "[my relative] is definitely safe with [staff]."

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. Records confirmed most staff had received safeguarding training and records confirmed safeguarding was a regular agenda item at team meetings and during staff supervision. Managers and staff knew about the provider's whistle-blowing procedures and contact details for those staff wishing to report concerns were clearly displayed on the office wall. People's finances were protected and there were procedures in place to reconcile and audit people's money.

Staff knew about the risks people faced both in the service and in the community and, they gave examples of how they could help keep people safe while still encouraging their independence. This included managing the risk of choking, monitoring people's food intake and day to day support. The manager was working hard to reduce some of the restrictive practices that had previously been put in place to keep people safe, instead concentrating on learning lessons from people's behaviour and putting into practice positive behaviour support plans. Staff spoke about changing the way they reacted to people's behaviour. One staff member told us about a person who used the service who liked to watch certain things in the community and would often sit where they were to observe. They told us, "We used to encourage [name of person] to get up but now we let them sit and they will get up when they are ready, as long as they are safe."

The service had undergone many staff changes and the registered manager confirmed she was nearing the end of an extensive recruitment program. Relatives told us staff turnover had been high and that they had concerns over staff retention and the impact this had on the continuity of their relatives' care. When we spoke with the registered manager she acknowledged staffing levels had been a problem but was getting better. She explained she had been working hard to recruit a motivated and diverse staff team with the hope of bringing new skills and experiences to the service.

Staff told us they thought there were enough staff on duty to keep people safe. They explained how they used internal bank staff and agency staff when they needed to. The registered manager confirmed they would try to use the same bank and agency staff for continuity but hoped a full staff team would be in place soon. We observed staff supporting people when accessing the community and 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.

The manager explained how she liked people to meet potential new staff and involve them in the interview process as much as they were able. Appropriate recruitment practices were followed 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, 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.

We looked at how people received their prescribed medicines. All prescribed medicines handled by staff on behalf of the people who lived at the service were stored appropriately in locked secure cabinets. 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. However, when we looked at people's medicine administration record sheets we found some gaps in records where staff had failed to sign when people were given their medicine. We also noted some temperature checks of medicine cabinets had not been completed. We spoke with the registered manager about our concerns. They conducted an audit of people's medicine the same day and confirmed to us that people had received the medicine they needed. Full details were provided to us of the errors identified and the reasons why and immediate action was taken to suspend those staff from future medicine administration until further training was giving and competency checks completed. We noted regular medicine audits had taken place and saw results from the most recent pharmacist audit conducted in February 2017 where actions had been taken on advice given. We were assured from the audits and controls in place that people received their medicine safely. However we will look at medicine again during our next inspection.

Good

Is the service effective?

Our findings

Staff told us they thought they had the skills and knowledge they needed to carry out their role. One staff member told us. "We have a lot of on-line and face to face training…there is always something else to learn." Another staff member told us about the training they had attended the week before. They said, "It was really interesting."

All new staff completed an induction program that included a 3 day introduction to the service, policies and procedures and on-going staff shadowing until new staff were confident and competent. For those staff who had limited experience and skills the provider used the Care Certificate to give staff the basic knowledge required. This is a nationally recognised framework for good practice in the induction of staff. Records confirmed that staff had undertaken training across a number of areas including safeguarding adults, health and safety emergency first aid and moving and handling. We saw how the system was monitored by the registered manager and the provider to ensure all areas of training had been completed by staff. Staff also received additional specialist training to meet people's needs such as awareness in 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.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met. Where people lacked capacity, relevant healthcare professionals and those close to the person were involved to make sure decisions were made in the person's best interests. The registered manager had assessed where a person may be deprived of their liberty. DoLS applications had been submitted to the supervisory body (local authority) and authorisations were regularly reviewed.

People were supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and encouraged people to make decisions about their food and drink. Most people at the service were non-verbal so staff used pictures of food or other objects of reference to help people make decision. Menus were planned by a nutritionist to give a balanced diet and cater for the different needs of people using the service. For example, one person was diabetic and menus gave staff guidance on the recommended carbohydrate intake for that person. Another person could not eat spicy food and another was only to be given Halal meat. One person was diagnosed with Dysphagia (Dysphagia is the medical term for swallowing difficulties) and detailed guidance had been provided by the speech and language therapist (SALT) on how food and drink should be prepared and how staff could best support them during mealtimes.

People were supported to maintain good health. Health action plans in place addressed people's health needs and staff kept records about people's healthcare appointments and any follow up action required. Staff knew people's health needs and gave us examples of how they were working with other healthcare professionals to meet these. There was evidence of regular visits to GPs, and appointments with the dentist, optician and people's social workers. 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.

Good

Is the service caring?

Our findings

One person told us they were happy living at Care Management Group - 72 Croydon Road, they showed us their room and photographs of the things they had done and the things they wanted to do. One relative told us. "[My relative] is happy, staff looking after [my relative] give 100%."

Most people were unable to communicate verbally with us but we were able to observe positive relationships between staff and the people we met at the service. People appeared to be relaxed and comfortable in the company of staff. People's communication needs were different and staff were working on the best ways to communicate with people on an individual basis. We were shown models of cars and buses , various symbols and pictures of food , outings and events. The registered manager explained, "We are trying to break communicating down so we are clear about what works for people." Staff explained how they used objects of reference to help tell people about their day and give them choice. One staff member told us they would use a coffee cup to help explain to one person they were going out for a drink and plastic car keys were used when a trip in the car was about to happen. We observed people were able to lead staff into the kitchen at any time during the day where they could tell staff what they would like to drink or eat by gesturing towards the item they wanted. For example, one person could tap the kettle and say tea and another person was able to lead staff to the fridge where they were able to choose a yogurt.

People's needs varied considerably but staff knew people well and were able to tell us about their preferences, interests, likes and dislikes. They knew what people liked to do, what their preferred routines were and how to support individual physical and sensory needs. We heard how one person liked things to be tidy and would pick up rubbish, so staff brought a litter picker to encourage them to go outside to pick up litter in the community. Another person liked to keep fit and be active and we noted a small area had been set aside for keep-fit equipment.

During our inspection a musician came to play music to people. They involved people by letting them play various instruments and we observed how staff and people sang and danced together, everyone was laughing and smiling and having fun. Staff spoke about people with compassion and kindness. Comments included, "I try to make [people who use the service] feel good, I try to understand…it's good", "I like seeing people happy when you're doing thing with them, seeing them smile makes me feel better" and "It's good seeing people do more…becoming more independent."

Care records were centred on people as individuals and contained detailed information about people's 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. The registered manager acknowledged care records were continually being updated and improved as they learnt more about people's likes, dislikes and the best methods of communication.

Staff were encouraged to offer choice whenever possible. Examples of this were to move away from set tea times but support people to make drinks or have snacks when the wanted. Staff told us about how people

made choices in their everyday lives such as the clothes they wore or the food they ate. One staff member told us of one person that always favoured brightly coloured clothes. We observed staff respecting people's privacy by knocking on people's doors before entering and discreetly helping people to their room for personal care and ensuring doors were closed.

People were supported to maintain relationships with their family and friends. Care plans recognised all of the people involved in the individual's life, both personal and professional, and explained how people could continue with those relationships. Relatives told us they came to visit when they wanted.

Good

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member received. One relative explained the staff would always ring them if there was a problem.

People had a range of diverse needs and most people were not able to verbally communicate. The service worked hard to make sure people received consistent, personalised care that met individual needs but understood this could sometimes present challenges when everyone required different levels of support. We spoke with the registered manager about how they involved people in their care, asked for their views and gave people as much choice and control as they were able. The manager explained they had been working with internal and external healthcare professionals to give advice on communication needs, supporting positive behaviour, internal environmental changes and encouraging people's involvement. One healthcare professional we spoke with confirmed the registered manager had listened to them and was working on putting advice and recommendations into place.

Care records gave staff important information about people's care needs. 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 was able to make a choice if offered a selection and another person's records gave guidance to staff on how to support them when they became anxious or upset. People had an assigned key worker, (key worker is a named member of staff and main co-ordinator of support for people in the service). Key workers supported the person and monitored their progress. This was recorded in monthly reports and contained details about activities, healthcare appointments, family visits, progress made and any issues that made the person feel unhappy.

Daily handover meetings and the communication book were used to share and record any immediate changes to people's needs. We observed a handover meeting and saw how this helped to ensure people received continuity of care, share information at each shift change and to keep up to date with any changes concerning people's care and support.

Staff were encouraged to actively engage with people in activities and we saw examples of this throughout our inspection. Staff were joining in with people during arts and craft sessions, dancing and singing with people during the music session and seen bouncing on the trampoline. The registered manager explained they wanted to identify activities and hobbies people enjoyed. They wanted people to try new activities but also needed to be sure people enjoyed the activities they already took part in. She spoke about organising a one to one "play" session with one person who she felt would benefit from this type of activity and spoke about activities in the community that people had recently taken part in such as free jumping, cycling and a visit to a local night club. Staff were asked to observe people's reactions and moods to see if they liked what they were doing, enjoyed watching or didn't like the activity at all. This would enable the service to build individual activity planners that accurately reflected what people enjoyed and wanted to do.

People's relatives told us they knew who to make a complaint to, if they were unhappy. The registered manager took concerns and complaints about the service seriously with any issues recorded and acted

upon. Records confirmed there had been no complaints made about the service in the last 12 months. People were asked if they were happy with the care and support they received during their regular key worker sessions, and their responses were recorded and responded to appropriately. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. All complaints were logged with the provider and were regularly monitored.

Good

Is the service well-led?

Our findings

Relatives told us there had been problems at the service when the last manager had left but they knew who the new registered manager was and spoke positively about her. One relative told us, "I like her very much, she is changing things…she is pulling out all the stops." Another relative told us, "[The manager] is trying, I think she is doing well…I hope she is successful."

Since our last inspection there had been some safeguarding concerns raised about the service. We liaised with the local authority and the provider over this period and found the provider was responsive to the concerns raised and had conducted a full investigation working alongside the local authority to put things right. At the time there was not a registered manager in place at the service. The new manager had recently registered with The Commission and we noted they had been working hard to make improvements to the service. They were working on an action plan with recommendations made following the safeguarding investigation and had added further actions for improvement following internal audits and advice from various healthcare professionals. This created a rolling review of progress achieved against the recommendations that had been made. Evidence of the staff member responsible for actions and the date completed allowed the registered manager to evidence how they were driving improvement across the service. We spoke with the provider's regional director who was happy with the improvements being made at the service. They told us, "[The manager] will always put the service users in the centre of everything." A healthcare professional also commented on the progress made to date and thought the registered manager listened to and acted on their recommendations and advice as much as they were able. They explained there was still some way to go but felt confident the manager could improve things further if given the right support.

The registered manager was well known to people and she spent much of her time on the floor. Throughout our inspection we observed her giving support and guidance to staff. Staff told us they felt supported by the registered manager and were able to speak to her if they had any concerns. Comments included, "[The manager] is very good, she knows what she is dong", "When [the manager] joined things started to get better…I always talk to her when I'm stressed, "I would tell [the manager] if I had any concerns, if I felt I wasn't being listened to I would use the Whistleblowing process" and "[The manager] is very supportive, I can talk to her openly."

Although most people could not verbally give their views on the service their feedback was encouraged through regular service user meetings and during one to one keyworker sessions. The service involved people in decisions about the décor of their rooms and looked for new ways to make people's own space personalised to them. Annual surveys were sent to stakeholders including relatives of people who used the service. The results of which were used to highlight areas of weakness and to make improvements.

Staff meetings were held regularly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included discussions about people's needs, updates and refreshers on legislation, policies and procedures and information on the day to day running of the service. Management meetings shared intelligence and discussed learning.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered manager had notified us appropriately of any reportable events. We saw that records were maintained and held securely but easily accessible when required.

There were arrangements in place for checking the quality of the care people received. These included weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people's medicines. The provider also carried out quarterly quality monitoring in line with the CQC standards. Any issues identified were noted and monitored for improvement. This helped to ensure that people were safe and appropriate care was being provided.