

Care Management Group Limited

Care Management Group - Craignish Avenue

Inspection report

12 Craignish Avenue
London
SW16 4RN

Date of inspection visit:
15 December 2017

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23 January 2018

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

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 with a learning disability, mental health need or other associated health needs. Some people using the service were living with dementia. There were six people using the service at the time of our inspection.

When we last visited the home on 1 September 2015 the service was meeting the regulations we looked at and was rated Good overall and in all five key questions.

At this inspection we found the service continued to be Good.

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

People were protected from abuse and neglect as staff understood how to safeguard people. In addition, the provider had processes in place to learn and improve when things went wrong.

Risks relating to people's care reduced as the provider identified, assessed and managed risks well. People's medicines were managed safely by staff.

There were enough staff deployed to care for people safely and staff were recruited via procedures to check they were suitable to work with people. People received care in line with the Mental Capacity Act 2005.

People were involved in their care and their needs and choices were assessed and responded to well. People were supported to maintain their health and people received food and drink of their choice.

People were supported by staff who were well supported with induction, training, supervision and annual appraisal.

Staff knew the people they supported and understood their needs and preferences. People were encouraged to maintain their independence. Staff maintained people's dignity and treated them with respect.

People's care plans were 'person-centred', focused on people as individuals. Care plans contained details of people's backgrounds, preferences, support networks and aspiration, as well as guidance for staff on how to support people.

People were provided with a range of activities they were interested in and were also supported to maintain

relationships with people who were important to them.

The provider had a suitable complaints procedure to investigate and respond to any complaints, although no complaints had been received since our last inspection.

The service was well-led with a registered manager in post who had a good understanding of their role and responsibilities and leadership was visible and capable at all levels.

The provider had a range of audits to monitor, assess and improve the service, which included gathering feedback from people, their relatives and staff. The provider celebrated success with staff and people through a variety of award ceremonies.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

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 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the service on 15 December 2017. Our inspection was announced and carried out by one inspector.

On the day of our visit we spoke three people using the service. We observed how staff interacted with a person who was non-verbal. We also spoke with the registered manager, deputy manager and a two care workers. We looked at care records for three people, staff files for three staff members, medicines records for two people and other records relating to the running of the service.

After the inspection we spoke with two relatives. We also received feedback from a social worker.

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment by the provider. People told us they felt safe with the staff who supported them. A relative told us, "I think [my family member] is more than safe." Staff discussed safeguarding topics with people during monthly tenants meetings, such as explaining what abuse is what to do if you feel unsafe. The registered manager confirmed there had been no allegations of abuse in the last 12 months. The registered manager had a good understanding of how to respond to allegations of abuse as part of keeping people safe, as did staff as they received annual training in safeguarding.

Risks relating to people's care were reduced because the provider managed risks well. The provider identified and assessed risks such as those relating to medicines management, receiving personal care and accessing the community. The provider then put a risk management plan in place for staff to follow in reducing the risks. The registered manager ensured risk assessments were reviewed when people's needs changed or otherwise annually.

The provider had systems to learn and improve when things went wrong. The provider held a monthly safeguarding forum where all safeguarding investigations across different regions were discussed in depth. Guidance for services to follow to reduce the risk of similar safe safeguarding's occurring was then passed to registered managers across the organisation who shared this with staff at monthly meetings.

The provider checked staff were suitable to work with people. The provider ensured applicants completed an application detailing their work history, training and qualifications. The provider obtained references from former employers, identification and right to work in the UK. All staff attended an interview where the provider checked they had the right qualities to care for people with learning disabilities and the provider monitored staff suitability during their probationary period.

Enough staff were deployed to support people safely. People using the service and staff told us there were enough staff. Staff told us they were not rushed in their work and there were enough staff to support people safely. Our observations during our inspection were in line with this feedback from staff. The registered manager told us how they kept the staffing levels under review and had recently increased staffing due to a person's deteriorating health.

People's medicines were managed safely by the provider. Our checks of medicines stocks and records showed people received their medicines as prescribed. The provider stored, recorded and disposed of medicines safely. The registered manager ensured guidelines were in place for staff to follow in administering 'as required' medicines to people. The provider trained staff in medicines administration each year and also assessed their competence annually.

Is the service effective?

Our findings

People were supported to maintain their health by staff. The registered manager ensured people had health action plans in place where their health conditions and how staff should support them in relation to these were logged. Records confirmed staff supported people to attend regular healthcare appointments including for the GP, dentist and opticians. The provider also supported people to access specialist healthcare services where necessary, such as speech and language therapy in relation to choking risk.

The provider worked well with other services, internally and externally, to support people. When a person's condition rapidly deteriorated the provider liaised closely with their social worker to arrange assessment to determine how they could continue to meet their needs. The provider also facilitated annual reviews of people's care by social services ensuring people were involved in the process. The service had a 'buddy house', which was a local service in the organisation with which they worked closely. The buddy houses provided assistance to each other such as sharing staff and facilities in emergencies.

People received care from staff who were supported well by the provider. New staff received an induction which followed the Care Certificate. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. In addition, staff received training in a range of topics relevant to their role each year including learning disabilities awareness, autism, dementia and positive behaviour support. Staff received supervision with their line manager each month during which they received guidance on the best ways to care for people and reviewed their training needs. Staff also received annual appraisal during which they received feedback on their performance and set goals for the coming 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 received care in accordance with the MCA. The registered manager told us there was reason to believe a person's capacity to consent to their care had changed recently. Because of this they had arranged for their social worker to assess their mental capacity as part of determining how the service could continue to meet their needs. Staff had a good understanding of the MCA and were clear about obtaining consent before providing care as they received training in this each year.

People received their choice of food and drink and people told us they enjoyed the food. A relative told us, "They let [my family member] choose what he would like to eat." Staff supported people to plan menus each week based on their preferences. During our inspection a person told us their favourite food was Caribbean and we observed staff cooking this food for their special day. People were also provided with food to meet their ethnic and cultural needs.

Is the service caring?

Our findings

People were supported by a service which was caring. A relative told us their family member was, "very happy [at the service]." A second relative told us, "Staff are nice as far as I can tell but there seems to be a high turnover of staff. [My relative] says he is fine with that and they are all lovely. They've all been nice when I've visited." People confirmed staff cared for people with a kind manner. A professional told us people seemed happy and content at the service. During our inspection we observed staff spending time interacting with people with warmth and sharing jokes. Staff ensured a doll, which we observed gave a person comfort, was always in easy reach for them. We observed were understanding and of the comfort the person gained from caring for the doll and treated it with respect. The registered manager explained a person spent much of their time asleep due to a rapid deterioration in their condition. We observed staff taking care to ensure the person was comfortable and received food and drink during the day. We observed staff took care to ensure a person celebrated their birthday in the way they wanted to, having arranged a birthday party for them during our inspection which they told us they were very excited about. The registered manager confirmed staff always celebrated people's birthday and other significant events in the ways people preferred.

People were supported by staff who knew them and understood their needs and how best to support them. A professional confirmed staff had a genuine interest in the people they supported and their needs. Our discussion with staff showed they knew people well, including their backgrounds, people who were important to them and their likes and dislikes. Staff provided care to people based on people's preferences and decisions. We observed staff had built good relationships with people and people were comfortable in the presence of the staff who supported them.

People's communication needs were understood by staff. We observed staff understood the best ways to communicate with people, such as using some repetition and choosing words carefully to help understanding. Staff received training in communication skills in relation to people with learning disabilities and followed detailed guidance in people's care plans.

People were treated with respect and their privacy and dignity was maintained. Staff supported people to maintain their appearance with clean clothes of their chosen style. We observed staff painting a person's nails which the person clearly enjoyed. Staff supported people to visit the hairdresser as often as they wanted. We observed staff referred to people in their preferred way and staff confirmed they always closed doors and curtains when providing personal care.

People were supported to maintain their independence. A person told us how they enjoyed their gardening job and they prepared their packed lunch themselves. A relative told us their family member often went out and about themselves to places of their own choosing. Staff supported people to keep their rooms clean and tidy and to be involved in other household chores such as laundry and cooking.

Is the service responsive?

Our findings

People's care plans contained sufficient detailed information to staff to guide staff reliably in caring for people. The registered manager ensured people's care plans remained current because they reviewed them regularly. Care plans contained details of people's backgrounds, preferences, networks of support, aspirations and interests. The provider developed care plans for each aspect of people's lives to guide staff, such as receiving personal care, road safety and their health needs. Care plans were 'person-centred', focusing on how staff should provide care to people as individuals, in the ways people preferred.

People were provided with activities they were interested in. A relative told us their family member had "enough to do." A second relative told us their family member, "does quite a lot of activities." People had individual activity programmes in place developed around their own interests. Activities included shopping, swimming, cinema and meals out. One person was in paid employment with part time job and another person spent time at a day centre. One older person told us they preferred to spend their time relaxing at the service and they were sufficiently occupied interacting with the other people they lived with and staff. We observed staff engaging with people in activities they enjoyed in the house such as arts and craft, and watching TV and listening to music.

People were supported to keep in contact with people who were important to them. A relative told us, "I've never ever been turned away [when I've arrived to visit]." During our inspection we observed the registered manager contact a relative to discuss their relative's rapid deterioration and their plan for ensuring their needs continued to be met. Relatives confirmed the provider kept them up to date with any significant developments in the lives of their family members. Staff supported people to call, visit and receive visits from relatives as part of helping them maintain relationships.

A suitable complaints process was in place and people were aware of how to complain. People told us they would raise any concerns with staff or the registered manager and they were confident they would be taken seriously. Staff reminded people of how to make complaints during 'house meetings'. The registered manager confirmed they had not received any complaints since our last inspection. However, the registered manager assured us they would always follow their complaints policy to investigate and respond to any complaints.

Is the service well-led?

Our findings

The service was well-led by an experienced registered manager. A relative told us the manager was "straight-talking" and they had never had any problem with them. Staff were complimentary about the registered manager and told us they were very supportive. A healthcare professional told us the registered manager always accommodated them and made sure they were available to speak with them. The registered manager had managed the service since it registered with CQC in December 2014. The registered manager also managed a local care home within the same organisation and shared their time between both services. Our findings during this inspection, and our recent inspection of the care home, showed they had a good understanding of their roles and responsibilities, as did staff. The provider worked openly in partnership with key organisations including social services and the numerous NHS healthcare services involved in people's care.

Leadership was visible and capable across the service. The registered manager was supported by a deputy manager who was promoted from within the organisation earlier in the year. The deputy manager told us they felt well supported by the provider and the registered manager as they transitioned into management. The regional director was also readily available to support the team when necessary. Staff were clear about what was expected of them on each shift as there was a clear shift plan and staff confirmed they worked well as a team. The provider celebrated success of staff and people using the service. The provider held an award ceremonies and staff and people were nominated for various awards.

The provider maintained their standards in monitoring, assessing and improving the service. The provider continued to audit all aspects of the service, including medicines management, infection control and health and safety. The regional director also carried out audits of the service in line with CQC inspections and they spoke with people and staff to gather their views as part of their audit. An electronic system was in place to track staff training. The registered manager ensured documentation was in place, accurate and regularly reviewed where necessary including people's care plans, risk assessments and other documents relating to the management of the service. Staff were confident about whistleblowing if they observed bad practice and the provider had a whistleblowing line which they could call to raise concerns anonymously at any time.

People, relatives and staff were encouraged to communicate openly with the provider. Staff gathered the views and experiences of people during regular key work meetings and tenants meetings. A keyworker is a person who works closely with a person to ensure their day to day needs are met. The provider also sent annual surveys to people and their relatives to gather their views as part of improving the service. Staff felt able to approach the registered manager to raise any issues and told us the registered manager always took their comments on board. The registered manager held regular team meetings during which staff were able to discuss any items of concern and receive feedback on organisational developments.