

Care Management Group Limited

# Care Management Group - 49 Oakdale Road

## Inspection report

49 Oakdale Road  
Streatham  
London  
SW16 2HL

Tel: 02086779509  
Website: [www.cmg.co.uk](http://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

This inspection took place on 19 January 2016 and was unannounced.

Oakdale Road is a residential home that provides accommodation and support to up to ten people with learning disabilities and associated conditions in the London Borough of Lambeth. At the time of the inspection there were seven people living at the service.

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 supported to have their medicine safely. The service had comprehensive and robust systems in place to ensure medicines were stored, administered and recording in line with current good practice guidelines. Staff received on-going medicine management training.

People were protected against the risk of abuse. Staff were aware of the correct action to take if they suspected abuse. Staff showed clear knowledge of the provider's safeguarding procedure and who to contact to raise their concerns. Risk assessments were in place and reviewed regularly to minimise known risks. Staff had clear guidelines on how to support people safely and in conjunction with their risk assessments.

People received care and support which was person centred. Care plans were regularly reviewed and updated to reflect people's changing needs, preferences and abilities. Care plans were person centred and people were encouraged to be a part of their development where possible.

People's liberty was not restricted unlawfully. The service followed the correct process in obtaining DoLS (Deprivation of Liberty Safeguards) authorisations. The service followed the Mental Capacity Act 2005. These aim to make sure that people in care homes, hospitals, and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner.

People were supported by staff who had undergone the necessary pre-employment checks, to ensure they were safe to work in the care profession. Staff received

induction training where their competency was assessed and support and guidance given. Staff received comprehensive supervisions with the registered manager, which enabled them to reflect on the care they provided and plan ways in which to improve the service delivery.

Staff received on-going training in all mandatory areas to enable them to effectively support people in their care. People were supported by sufficient numbers of staff to meet their needs.

People were treated with dignity, respect and kindness at all times. People were encouraged to make decisions about their care and these were respected by staff. Staff were aware of people's needs and had maintained relationships with people that gave them the confidence to achieve their goals.

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People were encouraged to maintain a healthy active lifestyle. People were given support to help prepare meals and staff had sought the guidance of a nutritionist with planning their menu. People had access to sufficient food and drink throughout the day.

The service supported people to engage in activities of their choice. Weekly activity plans were in place for people however this was flexible enabling people choices about what they wanted to do and when they wanted to do it.

The registered manager carried out audits of the service to ensure people were safe and identified areas of change were implemented swiftly by the registered manager. The registered manager actively sought feedback about the service through quality assurance questionnaires and a feedback communication book within the service.

People and staff had developed a positive relationship with the registered manager who was hands on in delivering care and support to people. Staff and people felt the registered manager was kind and respectful and took their ideas and suggestions on board.

## 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. The service demonstrated good practice in the safe management of medicines. The service stored, administered, recorded and disposed of medicines safely.

People were protected against the risk of abuse by competent staff. Staff could identify the correct procedures in reporting suspected abuse and/or actual abuse. The service had posters around the house informing people of how to identify suspected abuse and the procedure in reporting it.

People were supported by sufficient numbers of known staff at all times.

People were protected against identified risks. Risk assessments were in place and regularly reviewed to ensure they met people's needs.

### Is the service effective?

Good ●

The service was effective. Staff sought people's consent about the care and support they received prior to delivering care.

People were supported by a team of knowledgeable staff, who displayed the skills and ability to fulfil their roles and responsibilities supported people.

People's health was regularly monitored and encouraged. People were supported to access health care professionals when required to maintain their health.

People received sufficient amounts to eat and drink. The service encouraged people to eat nutritional food which was available throughout the day.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness and compassion by staff.

People's privacy and dignity was respected and encouraged.

People were encouraged to make decisions about the care they received and their decisions were respected. Staff supported people to understand what was going on by sharing information in a manner they chose.

### **Is the service responsive?**

**Good** ●

The service was responsive. People's care plans were comprehensive and person centred. Care plans detailed people's preferences and gave staff clear guidance on how to meet people's needs.

People and their relatives contributed to the development of care plans.

People were supported and encouraged to make choices about the care and support they received. Staff respected people's choices and encouraged people to maintain their independence and skills.

People were supported to participate in a wide range of activities both in the service and in the local community.

People were supported to raise concerns and complaints and were given one-to-one meetings with their keyworker to voice any concerns.

### **Is the service well-led?**

**Good** ●

The service was well led. The registered manager encouraged an open and inclusive service where people were treated with respect.

The registered manager actively sought feedback about the quality of the service through quality assurance questionnaires, staff meetings and care review meetings.

The registered manager encouraged partnership working with health care professionals to meet people's needs.

The registered manager carried out regular robust audits of the service.

# Care Management Group - 49 Oakdale 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.

The inspection took place on 19 January 2016 and was unannounced. One inspector and an inspection manager carried out the inspection. Prior to the inspection we reviewed the information we held about the service. We looked at statutory notifications the service had sent to us, previous inspection reports, safeguarding and other information shared with us. We also looked at the provider information return [PIR] the service had sent us, this is a document services complete to inform us of information about the service.

During the inspection, we spoke with two people, two care workers, the deputy manager and the registered manager. We also carried out observations of staff interacting with people. We reviewed five care plans, four MAR (medicine administration recording) sheets, four staff files and other documents related to the management of the service. After the inspection we spoke with one relative and two health care professionals.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person we spoke with told us, "I am safe, they [staff] keep us safe. They [staff] check the fire alarms so we are safe". A relative we spoke to told us, "I believe my relative is safe, when I'm there I know he/she is safe and I feel he/she is when I'm not there".

People were protected against the risk of abuse by knowledgeable staff. Staff told us, "We take safeguarding very seriously and we look out for signs of abuse. Even if we aren't sure it's abuse we report it anyway". Staff had sound knowledge of safeguarding and how to recognise signs of abuse. Staff were able to identify the correct procedures in reporting suspected or actual instances of abuse by following the company procedure. The service had signs around the home highlighting the importance of 'speaking out' against abuse and how to do so. Staff received on-going safeguarding adults training.

People received their medicines safely. The service demonstrated good practice in the safe management of medicines. The deputy manager told us, "We have medicine training and six monthly medicine competency assessments. If it is identified that a staff member requires additional competency assessments we do this three monthly, this is used if staff were making errors but we haven't had to do that". A care worker told us, "I've never noticed an error on the MARS [medicine administration recording sheet]. We always ensure we check it, even if a medicine is discontinued I will double check." Staff were aware of the correct procedure in reporting any medicine errors, staff told us, "If I noticed a gap or an error, I would document the error and make my manager aware immediately".

We looked at four people's MAR charts for a months period and found these were completed correctly and in line with good practice. We then looked at a MAR chart for February 2015 and found this to be appropriately completed. Medicines were stored securely with only staff having access to the medicines key. Medicines were audited by the service regularly, this meant any errors would be identified quickly and action taken to minimise the risk to people.

People were protected against known risks. The service had comprehensive and person centred risk assessments in place, detailing the known risk and action to be taken when faced with the risk. Risk assessments covered behavioural needs, health needs, mobility issues and risks relating to accessing the community. We looked at risk assessments for four people and found these were regularly reviewed and reflected people's changing needs and identified risks. Where possible people were involved in the development of all aspects of their care including their risk assessments, for example one document showed a person's 'likes and dislikes', which they had indicated to staff. From the information gathered staff could then create a risk assessment based on shared information from the person.

People were supported to remain safe in the event of an emergency. The service had robust personalised emergency plans in place which were regularly reviewed and updated. We looked at one emergency plan that identified the risk, the measures to be taken in order to reduce the risk and comments from staff. The emergency

plan gave staff clear guidance on how to safely support the person to evacuate the premises by using positive reinforcements. We looked at the fire drill evacuation book and found that people were successfully evacuating the building within the time scale set by the service. This meant that in the actual event of a fire, people were familiar with the safe procedure for evacuating the building.

The service had a system for recording all accidents and incidents. During the inspection, we looked at the accident file and found one recorded incident in the last 12 months. The document showed the registered manager had taken appropriate action.

People were supported by staff that had undergone the necessary pre-employment checks to ensure they were safe to work in the service. We looked at staff files and found the service had taken appropriate action to ensure all safety checks had been carried out. For example staff personnel files showed staff had had DBS [disclosure and barring services] checks, two references and the files contained photo identification and proof of address. Where appropriate staff files contained letters from the Home Office confirming staff's right to work.

People were supported by adequate levels of staff at all times. One person we spoke with told us, "Staff help me to go out and help me to do things". Staff told us, "We have bank staff to cover shifts and if we were really short staffed we would use agency staff". A health care professional told us, "I understand the service has very low staff turnover which is indicative of good staff/ manager relationships". We looked at the rota and found that there were sufficient numbers of staff to meet people's needs. Staff told us, if there is an activity that requires additional staff then this will be arranged. During the inspection we observed both the deputy manager and the registered manager working 'on shift' as one person wanted to participate in an unplanned activity.

The service carried out regular audits of the premises to ensure people were safe. We reviewed the maintenance file and found instances where maintenance work needed carrying out was done so in a timely manner. Records showed the description of the fault and what work had been carried out. Checks the service carried out included fire safety, cleaning schedules and premises safety. Checks were carried out in line with the provider's policy.



# Is the service effective?

## Our findings

People were supported by knowledgeable and skilled staff. One person we spoke with told us, "They [staff] help me to do things, they know what I like". Another person told us, "Staff know how to help me". A relative told us, "They [staff] know what my relative needs and know how to meet his/her needs".

On commencing employment all staff undertook an induction shadowing more experienced staff, enabling them to understand how to effectively care for and support people. Records showed staff competencies were assessed and support and guidance given to those staff that required additional training throughout the induction process.

People received support from staff who received on-going training to effectively meet their needs. One care worker told us, "We do a lot of training and I find it very helpful. It helps us understand how we should conduct ourselves". Another care worker told us, "I have done lots of training, how to administer medicines for people with epilepsy, emergency first aid and safeguarding. We have both classroom based training or E-Learning". We looked at records the service held and found staff underwent all mandatory training, for example, first aid, Mental Capacity Act 2005 and safeguarding. The service had a plan in place for upcoming training and dates scheduled.

People were supported by staff who regularly reflected on their working practices. Records showed that staff received ongoing comprehensive supervisions and yearly appraisals. During the inspection we spoke with staff who told us, "We talk about how I'm getting on and if there are any issues. We also talk about people and if there are any concerns and what we can do about it. I can talk to the registered manager in my supervision, but I can meet with him before that if there is something of concern I need to discuss". Records showed that the registered manager and staff discussed all areas of work performance such as, staff morale, concerns relating to people, safeguarding, training needs identified and competencies. We looked at staff files relating to annual appraisals and found that all files reviewed contained signed development plans. Appraisals showed agreements made between the registered manager and staff on what goals and objectives were set for the coming year, how these would be met and when.

People were not deprived of their liberty unlawfully. Staff had a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation. These aim to make sure that people in care homes, hospitals, and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner.

People's consent was sought at all times. People told us, "Staff ask me what I want. I can say no if I don't want them to come in my room or don't want them to help me".

Throughout the inspection, we observed staff seeking consent from people and respecting their decision when consent was not given. For example, staff sought consent

to support someone to another room, the consent by the person was not given. However the staff were respectful of this and offered alternative activities to participate in. Staff were also observed seeking people's consent with support at meal times.

People were supported to have access to sufficient amounts of food and drink. The service had an open kitchen whereby anyone could access food and drink throughout the day. People who required additional support in the kitchen in line with their risk assessments were given support. People were observed accessing the

kitchen and being supported to make drinks when they wished as well as during meal times. One person told us, "I like the food here, I like my food". Records showed that the service had liaised with health care professionals to support a person to maintain a healthy nutritional balanced diet, in order to maintain a healthy weight. Staff

provided the person with health alternatives, whilst encouraging them to eat foods they enjoyed. This had resulted in the person being closer to their ideal weight.

# Is the service caring?

## Our findings

People received support from staff who were kind and caring. One person told us, "I like them [staff] they are nice to me". A relative told us, "Staff are most often open and generous with their time". A health care professional we spoke with told us, "The staff that I've met have always seemed to show a caring and respectful attitude to people. They have always been very welcoming to me and from my observations work well together as a team". Throughout the inspection we observed speaking with people in a compassionate and respectful manner.

People's privacy and dignity was maintained at all times. People told us staff knocked on their bedroom doors and waited for permission to enter. We saw examples of staff seeking permission to access people's bedrooms to offer them support. We also observed staff being respectful when permission was not given. Staff were aware of the importance of maintaining people's dignity and privacy and were steadfast in respecting this.

Staff were aware of the importance of maintaining people's confidentiality. Throughout the inspection we observed staff speaking to people in a manner as to not divulge or breach their confidentiality. For example, staff were seen asking someone if they wanted person support out of earshot of their peers. This meant that staff were mindful of who should have access to information and who should not.

People were encouraged to maintain their independence wherever possible. People told us, "I can do the things I like, sometimes I need help and sometimes I don't need help". Staff were observed on numerous occasions encouraging people to do things for themselves, however being on hand to directly support if need be. For example, one person indicated they wanted a hot drink. Staff encouraged them to participate in making their own hot drink by getting their cup and the tea bag ready. Staff then gave positive encouragement to ensure the person was as safe and independent as possible. Staff had a clear understanding of the importance of enhancing people's skills and how to use different positive reinforcement techniques, to maintain people's independence.

Staff were observed sharing information with people throughout the inspection. Staff used various communication methods to ensure the information received was understood. For example, some people preferred verbal cues whereas others required a gentle touch on the arm to accompany the verbal cue. This meant that staff were aware of people's preferred communication methods and followed their guidelines as set out in the care plans and communication plans. A health care professional we spoke with told us, staff seem responsive and attuned to the various means service users use to communicate and they appear motivated to ensure they have the best quality of life. During the inspection we observed staff taking time and being patient when communicating with people. Where appropriate staff would kneel down to maintain eye contact and for people who struggled with making eye contact, staff would gently reassure them that it was ok. Staff encouraged people to communicate at a pace they preferred and did not rush, or speak over people.

People's wellbeing was regularly monitored and when issues were identified these were shared with health

care professionals. Records showed that the service had referred people to receive additional nutritional support where appropriate. Records indicated staff had followed the guidance provided by health care professionals to ensure people's well-being was addressed and monitored.

## Is the service responsive?

### Our findings

People received care and support that was person centred and tailored to their individual needs. The service had devised care plans that were person centred and contained comprehensive information and guidance for staff to support people. Care plans were regularly reviewed and amended to reflect people's changing needs. We looked at one person's record that showed staff had documented their life history, likes and dislikes, people that are important to them in their lives and other medical and behavioural information. Where appropriate, records were in pictorial format, this meant that people could understand documents that contained information about them. The service had included people and their families in the development of care plans, one relative told us, "We attend a yearly meeting and we discuss the care plan, our ideas and suggestions are listened to. Sometimes things take time to be followed through, but we understand there is a process to follow, and we monitor the progress". A health care professional told us, "The home does appear to make the effort to ensure that residents are provided with a service customised to their individual needs."

People were encouraged to participate in a wide range of activities, both in-house and in the local community. One person we spoke with told us, "I go on holiday and I really enjoy going away". We saw pictures of planned holidays taken by the home and activities they encouraged people to engage in. On the day of the inspection two people were accessing the local community, one to attend an appointment and one to go shopping. The service provided in-house activities such as board games and art and crafts. People were encouraged to participate however those that declined were offered alternatives.

People were protected against social isolation by staff who knew them well. One person told us they could spend time both in communal areas of the house or in their bedroom if they wished. During the inspection one person had chosen to begin their day at approximately 10.30am whereas others had chosen to rise earlier. We observed one person spending time in the lounge away from others, staff were able to explain that this person would spend time with others however liked to have their own personal space. Staff were observed as being respectful of this however were also observed them gently encouraging the person to participate in activities and not be excluded.

People were encouraged to make choices about the care and support they received. One person told us, "I can chose to do what I like. I can say yes if I want to and I can say no if I want to". When asked if staff respected their choices the person confirmed that they did. A relative told us, staff are respectful of people's choices and that they have a good sense of knowing when to withdraw or engage with people. During the inspection we observed staff supporting people to make choices, for example, we saw staff asking whether they wanted to access the community or remain in the service. We also saw staff ask one person if they required support with their personal care or if they preferred to do this themselves. Staff were respectful of people's choices at all times.

People were given the opportunity to raise any concerns and complaints. One person we spoke with told us, "I can talk to [staff member] if anything's wrong. I can talk to the manager". A relative told us they felt comfortable raising their concerns with the registered manager should the need arise. Staff were aware of

the correct procedure when raising a complaint and the importance of maintaining an impartial view. The service had in place a complaints process that was in pictorial format for those that might find written documentation difficult to understand. The service had posters around the home giving both people and staff guidelines on how to complain and what to do if they were unhappy with the outcome of their complaint. We reviewed the complaints file and found no complaints had been raised in the last 12 months.

## Is the service well-led?

### Our findings

People, their relatives and staff spoke positively about the registered manager. One person told us, "I like him [registered manager] he talks to me", another person told us, "He [registered manager] is nice". A relative told us, "He [registered manager] works towards including family in the different aspects of activities in the service. The relatives got together at the service to exchange views. He's progressive and is forward thinking, he is open to ideas and seeks our ideas. He is encouraging us to write down feedback and our views on the service. He is receptive to ideas."

People received care and support from a manager that was open to change, inclusive of all and strived for improvement. People told us they could contact the manager at any time should they wish to discuss anything with him. Staff told us they found the manager approachable and he would listen to their suggestions. During the inspection we observed the manager working on-shift both giving and receiving direction from people and staff. The registered manager was observed supporting people to meet their needs. The registered manager had developed and encouraged an open, inclusive and positive culture within the service. People were encouraged to speak up and share their views and wherever possible these were listened to and acted on. By operating an open door policy, the registered manager ensured people could access him throughout the day.

The registered manager actively sought feedback on the quality of the service. Quality assurance questionnaires were sent out annually to people, their relatives and health care professionals involved in the care of people living at the service. Feedback received was then analysed and action taken where issues were identified. Records showed that quality assurance questionnaires looked at areas such as, health and safety, staff approach, management, activities and care plans. It also asked what the service does well and what the service could do better. All results seen gave positive feedback.

The registered manager carried out regular audits of the service to ensure people and the environment were safe. Records showed that audits relating to the health and safety of the service were carried out daily, weekly and monthly and were reviewed by the registered manager. Records relating to fire safety, first aid, maintenance, care plan reviews, risk assessments, food hygiene were completed in line with the service policy and identified areas of risk were acted upon in a timely manner. For example we looked at the maintenance log and found that lights were no longer working in one area and action taken to rectify this was done swiftly.

The registered manager actively sought partnership working. Health care professionals we spoke with told us, the registered manager was forthcoming with information. This was also echoed by a relative we spoke with, who told us information was shared between the service and relatives. We found records that showed the registered manager had sought guidance and support from health care professionals in relation to the health and wellbeing of people. This meant that people received care and support from staff who liaised with others to improve and maintain the quality of care delivered.

Is the service well-led?