

Care Management Group Limited

Care Management Group - 43 Florence Avenue

Inspection report

43 Florence Avenue
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Surrey
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on 2 November 2015 at which breaches of legal requirements were found. The provider had not ensured risk assessments were reviewed and revised appropriately in order to minimise the risks identified to people living in the home. Accidents and incidents had also not been monitored to prevent further occurrences. Staff had not received regular or effective supervision of their work. People's care plans had not been reviewed where progress or a lack of progress against care plan objectives were commented upon. We found inspection of the files in the home difficult to access where up to date information was hard to find. The provider's quality assurance systems had not identified the issues we found at this inspection. After the inspection the provider wrote to us with a plan of how they would meet the legal requirements in relation to these breaches.

We undertook this unannounced focussed inspection of 43, Florence Avenue on 4 March 2016. We checked the provider had followed their plan and made the improvements they said they would make to meet legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 43, Florence Avenue on our website at www.cqc.org.uk.

43, Florence Avenue is a care home registered to provide care and support for up to six people who have severe or profound learning disabilities and autism. At the time of this inspection the home was providing care to four people.

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

At this inspection, we found the provider had followed their action plan, and legal requirements had been met. People's risk assessments had been completely reviewed and revised in line with their needs. Appropriate risk management plans were in place for people to minimise identified risks. The registered manager had implemented a review process for all accidents and incidents that happened in the home to analyse and learn from these with the aim to reduce re-occurrences.

Staff told us they now received improved support through regular supervision of their work by their line

managers. We saw evidence that supported this; we were shown staff supervision notes and a staff supervision timetable for the year ahead for all staff.

We saw that care plans had been reviewed appropriately and completely re-written together with the people concerned. Every person had up to date care plan objectives that could be reviewed as their needs changed.

The home's records had been given a thorough overhaul and recording systems revised to ensure that they were more clear, accessible and up to date. This made the process of inspection easier and helped to ensure the registered manager and staff had improved access to important information. The provider had also reviewed and revised their quality assurance systems to ensure they identified any problems or issues that needed to be acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that appropriate action was taken by the provider to ensure the service was safe.

People's risk assessments and risk management plans were reviewed and updated appropriately.

The register manager had put in place a system to monitor accidents and incidents so as to minimise the risks of further occurrences.

Although improvements have been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice in relation to the review of risk assessments and risk management plans and accidents and incidents in the home.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Is the service effective?

The provider had taken the agreed actions set out in their improvement plan for the home.

Staff were supported with regular supervision and monitoring of their work and this had helped to ensure people were better cared for in the home.

Although improvements have been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice in relation to the supervision and support of staff.

We will review our rating for effective at the next comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The provider has made improvements in this area. We saw that care plans had been reviewed appropriately and completely re-

Requires Improvement ●

written together with the people concerned. Every person had up to date care plan objectives that could be reviewed as their needs changed.

Although improvements have been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice in relation to the review of people's care plan objectives.

We will review our rating for responsive at the next comprehensive inspection.

Is the service well-led?

We found that appropriate action had been taken by the provider to ensure the service was well led.

Records relating to people, staff and to the management of the home had been reviewed to ensure these were well ordered, up to date and accurate.

Although improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice in relation to the service's record keeping arrangements.

We will review our rating for well led at the next comprehensive inspection.

Requires Improvement 

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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.

This unannounced focused inspection was undertaken by a single inspector on 4 March 2016. It was done to check that improvements had been made by the provider after our comprehensive inspection on 2 November 2015. This is because the service was not meeting legal requirements at the time of that inspection. We inspected the service against four of the five questions we ask about services: Is the service safe? Is the service effective? Is the service responsive? Is the service well led?

Before the inspection we reviewed the information we held about the service. This included the written report we asked the provider to send us, setting out the action they would take to meet the regulations they breached at their last inspection.

During our inspection we spoke with two people who use the service, the registered manager and two staff members. We looked at people's care files, staff files and other records relating to the management of the home and quality assurance.



Our findings

At our comprehensive inspection of this service on 2 November 2015 we found the provider was in breach of the regulations. The provider had not ensured risk assessments were reviewed appropriately or managed in line with the provider's own policy. We identified concerns with how some risk assessments had not been reviewed or updated after people living in the home had had falls or other accidents. We also found that records of incidents and accidents had not been reviewed so as to minimise the risk of further occurrences. The provider sent us an action plan for the necessary improvements in December 2015. They told us these would be completed by the end of January 2016 to ensure they met the requirements of the regulations.

At this inspection we checked whether the provider had taken all the actions they said they would in the action plan. We found that improvements had been made to the management of risks in the home to meet the requirement of the relevant regulation. We also found that the registered manager had put in place a system to review and act upon accidents and incidents that happened so as to minimise any re-occurrences.

From our inspection of people's care files we saw the provider and the registered manager had undertaken a review of all the risk assessments in place for all the people living in the home. The risk management plans we saw set out clear guidance for staff to follow with people to minimise the risks identified. All the risk management plans had been signed off by people to demonstrate their agreement with these and we noted that they had been written, together with their keyworkers and they were also dated.

The registered manager showed us the accidents and incidents log. They told us they ensured any that occurred were recorded and reviewed. This was to ensure any trends or patterns in relation to accidents or incidents that happened were identified and dealt with appropriately. From our review of the home's records we found evidence to substantiate what we were told.



Our findings

At our comprehensive inspection of this service on 2 November 2015 we found the provider was in breach of the regulations. The provider had not ensured people were cared for by staff who were appropriately supported in their roles. Whilst staff had received an annual appraisal of their work in 2014 they had not received regular formal supervision. The provider sent us an action plan for the necessary improvements in December 2015. They told us these would be completed by the end of January 2016 to ensure they met the requirements of the regulations.

Our inspection of staff records showed that staff had two supervision meetings with their line managers since the last inspection. We saw supervision records that detailed these supervision sessions; they had been signed off by staff in agreement with what was recorded. Staff also told us they had had more regular supervision since the last inspection and they said they had found it supportive and useful to them. One member of staff told us, "It's good because we feel better supported and we can carry out our jobs more effectively in the home." Staff told us they had received notes of their supervision sessions. The registered manager said they had implemented a new staff supervision timetable for all staff that indicated the dates of the supervision sessions planned for the year ahead. We saw this in place on the notice board in the home's office. This should help to ensure that people were cared for by staff who have been appropriately supported in carrying out their roles effectively.



Our findings

At our comprehensive inspection of this service on 2 November 2015 we found the provider was in breach of the regulations. The provider had not ensured that people's care plans were reviewed appropriately. There was no comment to do with people's individual care plan objectives highlighting progress or lack of progress to do with them. This meant that where people's needs changed their care plans were not responsive to them. The provider sent us an action plan for the necessary improvements in December 2015. They told us these would be completed by the end of January 2016 to ensure they met the requirements of the regulations.

At this inspection we looked at all the people's care plans who lived in the home and we found they had been completely re-written together with the people concerned. These plans were dated and signed off by people to show their agreement with what had been written down. They contained specific individual care plan objectives that met the needs of the people living in the home and which could be reviewed regularly or when people's needs changed. The registered manager told us that every person living in the home had a member of staff who was their keyworker. They had the responsibility to ensure the care plans were up to date and reviewed as appropriate. We noted there were monthly reviews and updates by the keyworkers in each of the files we inspected. Staff confirmed with us their responsibilities as keyworkers to people living in this home as described above.



Our findings

At our comprehensive inspection of this service on 2 November 2015 we found the provider was in breach of the regulations. The provider had not maintained accurate records relating to people, staff and to the management of the service. The provider sent us an action plan for the necessary improvements in December 2015. They told us these would be completed by the end of January 2016 to ensure they met the requirements of the regulations.

At this inspection we checked whether or not the provider had taken all the action they said they would in their action plan. We found that improvements had been made by the provider to improve their quality monitoring arrangements and to ensure records maintained were up to date and accurate.

Records showed the provider and registered manager carried out regular audits and checks to assess and monitor standards within the home. These checks covered key aspects of the service such as people's care records, staff files, cleanliness and infection control, health and safety in the home and medicines management. Prompt action to address any gaps or shortfalls was taken where these were identified.

Our checks of records maintained by staff about people's risk assessment and risk management plans showed they were reviewed and revised to meet people's current needs. It was also evident that the provider and registered manager had ensured key workers reviewed and revised people's care plan records. Staff supervision records were accurate and up to date. Inspection of the home's records showed that there had been a useful review and revision of staff's recording practices so as to ensure records were well ordered, properly maintained and accessible.