

# Care Management Group Limited

# Woodvale Avenue

## Inspection report

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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

Care Management Group - Woodvale 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 four young adults males with a learning disability. Some people using the service also had mental health issues. There were three people using the service at the time of our inspection. This was our first inspection of the service since it registered with us in November 2016.

There was no 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. The manager registered with us had left the service and a new manager was in post. The new manager had submitted their application to register with us and told us the provider would send an application to remove the registration of the manager who was no longer in post.

The manager understood their role and responsibilities, as did staff. Leadership was visible across the service with both the manager and deputy manager.

The provider had systems to protect people from abuse and neglect and to respond to allegations to abuse. The provider also had processes to learn and improve when things went wrong, including monthly safeguarding meetings to share learning from any safeguarding investigations across the organisation.

Risks relating to people's care were reduced. The provider had robust risk assessment processes to manage risks and staff knew the support people required in reducing risks relating to their care. People's medicines were managed safely by staff.

The providers' recruitment processes checked staff were suitable to work with people. There were enough staff to care for people. Staff received appropriate induction, training, supervision and appraisal to help them understand how to support for people.

People's needs and preferences were assessed by the provider before they began receiving care and on-going. People were supported to live healthy lives and received food and drink of their choice. People received care in line with the Mental Capacity Act 2005.

People were positive about the staff who supported them and staff understood their needs and personalities. People were supported to maintain their independence. Staff maintained people's dignity and treated them with respect.

People were supported to spend their time meaningfully and to maintain relationships with people who

were important to them.

People's care plans were sufficiently detailed to inform staff about people's needs and to guide staff in caring for them.

Although the service had received no complaints in the past year the complaints process was suitable and the provider had robust processes to investigate any complaints.

The provider celebrated success with staff and people through a variety of award ceremonies.

The provider had systems to assess, monitor and improve the service. In addition the provider had systems to openly communicate with, and gather feedback from, people and staff.

## 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 provider had systems to reduce the risk of abuse or harm to people. Staff managed people's medicines were managed safely.

Risks relating to people's care were reduced as the provider managed risks well.

The provider carried out recruitment checks so staff were suitable to work with people. There were enough staff to support people safely.

### Is the service effective?

Good ●

The service was effective. Staff received induction, training, supervision and appraisal to help them understand their roles.

People's needs were assessed by the provider.

People were supported to live healthy lives and received choice of food and drink.

People were supported in line with the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring. People were positive about staff and staff understood people's needs.

Staff had sufficient time to interact meaningfully with people and were respectful.

People were supported to maintain their independence.

Staff maintained people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive. People were supported to spend

their time meaningfully in education, work experience or activities.

People's care plans contained sufficient information about people to inform staff and for staff to follow.

The provider had a suitable complaints process in place.

**Is the service well-led?**

**Good** ●

The service was well-led. The manager was in the process of registering with CQC. The manager and staff understood their role and responsibilities.

The provider had systems to monitor, assess and improve the service including gathering feedback from people and staff.

The provider communicated openly with people and staff and worked openly in partnership with key organisations to provide joined up care.

# Woodvale 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 also sent questionnaires to people using the service, their relatives, staff and professionals to gather their views on the service. We received responses from two people who used the service, three staff and no relatives, friends or professionals. We reviewed all responses received as part of our inspection planning.

We visited the service on 8 March 2018. Our inspection was announced and carried out by one inspector.

On the day of our visit we spoke three people using the service and one relative. We also spoke with the manager, deputy manager and one care worker. We looked at care records for two 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 contacted two health and social care professionals to gather their feedback and we received one response.

# Is the service safe?

## Our findings

Systems were in place to protect people from abuse and improper treatment. People told us they felt safe and a professional confirmed management followed the right processes when people were at risk. Staff we spoke with understood their responsibilities in relation to safeguarding and received annual training in this. Staff discussed safeguarding topics with people during monthly tenants meetings such as how to stay safe. The provider had taken the appropriate action in response to an allegation of abuse in the past 12 months to keep people safe. The provider also took action to learn from the allegation of abuse, putting systems in place to reduce a risk of recurrence. 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 safeguarding's occurring was then passed to registered managers across the organisation who shared this with staff at monthly meetings.

Risks relating to people's care were reduced. Staff understood the risks relating to people's care and the support they required to reduce the risks. For example, a person was at risk of self-harm, self-neglect and suicide when they were unwell. Staff understood the risks and clear assessments and management plans were in place for staff to follow in reducing the risks. The plans guided staff on providing emotional support to the person and liaising closely with the mental health team. In addition guidance was in place to ensure the environment was safe. There was supervised access to knives and secure window restrictors to reduce the risk of falls from height which staff checked regularly. The provider reviewed risk assessments annually and more often when risks were high or people's needs changed.

The provider carried out recruitment checks on staff suitability. Applicants completed an application detailing their work history, training and qualifications. The provider reviewed references from former employer's and checked criminal records, identification and right to work in the UK. Staff attended an interview where the provider checked they had the right qualities to care for people with learning disabilities. The deputy manager told us recently the provider invited people from the service to interview new staff to play a role in selecting staff who they found were suited to them. This also helped reduce people's anxiety about new staff working with them. Staff were invited to spend time with people at the service to develop their understanding of their role prior to accepting the position. The provider monitored staff suitability during their probationary period.

There were sufficient numbers of staff to support people safely. People using the service, a relative and staff told us there were enough staff and staff had time to interact meaningfully with people. Our observations during our inspection were in line with this feedback as staff supported people to do activities in the community and in the service. The provider provided staffing levels for each person as assessed and agreed by social services. There was always one staff member to support people at the service, with two staff assigned depending on the activities planned each day. The manager told us there were recruiting and shifts were covered through overtime and bank staff with occasional agency usage. During our inspection the provider confirmed newly recruited staff were cleared to start the following week which would provide more consistency for people.

People's medicines were managed safely by staff. One person told us, "Staff do my meds and they know what they are for." The provider stored and recorded medicines administration safely and our checks of records showed there were no omissions. Medicines stocks and records showed people received their medicines as prescribed. Each person had a medicines profile in place which detailed the medicines they require and what they were for to guide staff. People also had medicines assessments in place to identify and manage risks relating to people's medicines. We identified the provider had not carried out a medicines assessment for one person. The manager told us the person only recently began receiving the medicine and they planned to carry out an assessment shortly. 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 assessed their competence annually.

Staff supported people through suitable infection control procedures. A cleaning schedule and regular audits were in place for staff to follow in keeping the environment clean and reducing infection control risks. Staff followed suitable food hygiene practices such as storing food at suitable temperatures, checking the temperature of food before serving and using colour-coded chopping boards to reduce cross-contamination. Staff received training in infection control each year to keep their knowledge of good infection control practices current.

# Is the service effective?

## Our findings

People were encouraged to live healthy lives. People told us staff supported them to visit healthcare professionals, such as the GP, dentist and optician. Records confirmed this. Some people had mental health professionals who were closely involved in their care and a mental health professional confirmed staff sought assistance from their team promptly as part of supporting people. Staff also supported people to access other specialist healthcare services they required to maintain their health when necessary. Staff developed 'health action plans' with people which detailed their health conditions and the support they required in relation to these.

People's needs and preferences were assessed by the provider prior to coming to the service and on-going. One person told us, "I came first to visit and settled in quickly." As part of assessing whether they could meet people's needs the provider reviewed professional reports such as those from social services and psychiatry. These reports contained details of people's learning disabilities and other needs with details of how these conditions affected their lives. The provider met with people and their relatives to find out what was important to them in relation to their care. The provider assessed whether people's care was meeting their needs regularly through talking with people and gathering their feedback.

People received care from staff who received a programme of support. New staff received an induction which covered 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 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. The manager told us appraisals were postponed for a short time until they had spent time getting to know staff. This was because the manager was new in their role.

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 manager told us one person lacked capacity to manage some aspects of their finances and the provider had carried out an assessment to determine the person's abilities. The person received additional support from the provider in managing their finances. Staff understood the MCA and their responsibilities in relation to this.

People received their choice of food and drink. People told us they planned their own menus and purchased their own food to prepare. Sometimes chose to share one meal with others in the service. People were provided with food to meet their ethnic and cultural needs and to experience food from other cultures as they wished. Staff monitored people's weights each month and told us no one was at risk of malnutrition.

## Is the service caring?

### Our findings

People were positive about the support they received and told us staff understood them. One person told us, "It's been good here; I enjoy it a lot. ... Staff are really nice and funny and are very understanding. ... Staff have time to sit and talk with me. When I'm feeling angry I go to my room and play [computer games]." A second person said, "Staff definitely know me and chat with me. I have a keyworker who helps me a lot. They ask me if there's anything I want to improve or to achieve, or need more support with." A third person told us, "It's perfect here, the staff are great and they respect me." The person told us about their favourite staff member saying, "She calms you if you're upset and knows a lot about how to help me." A relative told us, "I'm pleased with [the service]. The staff are good." Our discussions with staff also confirmed they knew people well including their backgrounds, conditions, the people close to them and their preferences. Care was provided to people in a 'person-centred' way, based on each person's preferences and personalities. We observed people were comfortable approaching and spending time with staff and staff engaged people in conversations through the day.

People told us they received the privacy they needed. People gave examples of staff allowing them to spend time in their rooms undisturbed and staff knocking and waiting for permission before entering their rooms. We observed when people went to their rooms staff respected their need for privacy and did not disturb them.

People received choice in relation to their care. People told us they had choice in how they spent their day and people were free to spend time in communal areas or their rooms. In addition people could leave the service whenever they wished, one person told us, "Sometimes I go for a walk to get some fresh air and I just let staff know where I'm going." A second person said, "I can leave any time, it's up to me." People were able to choose how they celebrated their birthdays and cultural and religious events such as Christmas.

People were supported to be as independent as they wanted to be. One person told us, "Staff help me be independent and to do household chores, they can tell me what I'm doing wrong or right so I can learn." Another person told us, "I like pizza and chicken and I cook it myself. ... Staff are helping me look for a job." People's care plans detailed their current levels of independence and how staff should support them to increase their independence.

People's communication needs were understood by staff. Staff had learnt to adapt their communication depending on the person, speaking in a literal way for people who had autism and using simpler speech for others depending on their level of understanding. The manager explained to us how a person's learning disability meant they could often misunderstand what was being said to them so staff had learnt to communicate in a way to aid their understanding. This included checking frequently the person understood. Staff followed detailed guidance in people's care plans in relation to the best ways to communicate with people.

## Is the service responsive?

### Our findings

People were supported to do activities they were interested in although one person told us they wanted more to do. The person told us, "I would like more outings but it depends on the staffing, it's not always possible." Another person told us, "I go food shopping and I cook, sometimes with support. I go to the gym and do fitness." A third person told us they had a job as a volunteer in shop and staff were supporting them to seek paid work. People were also encouraged to do further education and one person was enrolled in college. People had individual activity programmes in place based on their interests. During our inspection two people went out for a meal with staff and one person attended college. The manager told us staffing was arranged to support people on planned activities. The manager reviewed the activities in place but told us some people's lack of motivation to increase their range of activities sometimes made this difficult. The provider considered people's religious needs although people did not wish to practice.

People were supported to maintain relationships with those who were important to them. People told us their friends and relatives could visit any time and we observed staff hospitality towards a relative during our inspection. Staff also supported people to visit family members and friends.

People's care plans were robust in providing details and guidance for staff to be aware of and follow. Care plans contained details of people's backgrounds, preferences, networks of support, aspirations and interests. Care plans were in place to guide staff on the best ways to support people for each aspect of their lives, including receiving personal care, maintaining their independence and remaining safe in the community. Care plans were tailored to each person detailing how staff should provide care in people's preferred ways. The provider ensured people's care plans remained current by reviewing them regularly.

People knew how to complain and the complaints process was suitable. One person told us, "I've raised concerns a few times, things always get resolved." Although the provider had received no complaints in the past year people were made aware of the complaints policy and the provider had clear systems for responding to complaints. The provider also presented the complaints process in an easy-read, visual format to help people with learning disabilities understand it better.

## Is the service well-led?

### Our findings

The manager registered with us left the service in 2017 and a new manager was in post who started in November 2017. The manager had submitted their application to register with us and told us the provider would send us an application to remove the registration of the previous registered manager. People, relatives and staff were positive about the manager. The manager oversaw a similar service within the organisation and split their time between both services. The manager had experience managing similar services and had a diploma in health and social care management. The manager attended local authority forums for healthcare managers as part of keeping themselves up to date with best practice in the sector. Our inspection findings and discussions with the manager showed they had a good understanding of their roles and responsibilities, as did staff.

Leadership was visible across the service as the manager was readily available to support people and staff. The manager was supported by a deputy manager who had been promoted from within the organisation. A relative told us the deputy manager had done a good job in managing the service when there was no manager in post. The relative told us, "The deputy manager has been here a long time and he's very, very good." The deputy manager supported people directly in their role as well as carrying out management tasks. The provider also held conferences for managers to share learning and good practice across the organisation. The responsibilities of each staff member were recorded for each shift in a 'shift plan' and staff had a clear understanding of what was expected of them. The provider celebrated success of staff and people using the service through award ceremonies.

The provider had robust systems to monitor, assess and improve the service. The regional director carried out audits of the service in line with CQC inspections. A recent audit identified areas of improvement which included reviewing some documentation. The manager put in place an action plan which we found they had mostly completed. The provider had regular audits in place of people's finances, medicines management, infection control and health and safety. An electronic system was in place to track staff training which showed 98% of staff were up to date. Staff were confident about whistleblowing if they observed bad practice. The provider had a whistleblowing line which staff could call to raise concerns anonymously at any time.

The provider communicated openly with people, relatives, professionals and staff and encouraged their feedback on the service. The provider held monthly tenants meetings where people could share their views on any aspect of the service. One person told us, "Tenants meetings are useful." The provider also held monthly staff meetings and managers meetings during which the provider shared updates on developments within the organisation. Staff told us they felt listened to by the manager and felt comfortable sharing their views. The provider sent annual surveys to people, relatives and staff to gather their views as part of improving the service. The provider worked openly in partnership with key organisations including social services and the NHS healthcare services involved in people's care.