

# Care Management Group Limited

# Warminster Road

## 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

About the service:

- ☐ The service is a supported living service which supports up to nine people. Eight people were using the service at the time of our inspection.
- ☐ The service supports people with learning disabilities and/ or autism with some mental health needs.
- The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- ☐ People received a good standard of care in all areas.
- ☐ The service continued to meet the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection remained "good".
- ☐ More information is in our full report.

Rating at last inspection:

- ☐ At our last inspection, the service was rated "good". Our last report was published on 16 July 2016

Why we inspected:

- ☐ All services rated "good" are re-inspected within two and a half years of our prior inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- ☐ We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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.

Details are in our findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our findings below.

# Warminster Road

## Detailed findings

### Background to this inspection

The inspection:

- ☐ We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- ☐ Our inspection was completed by one inspector.

Service and service type:

- ☐ This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.
- ☐ The service is required to have a registered manager. 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. At the time of our inspection a manager was registered with us.

Notice of inspection:

- ☐ Our inspection was announced.
- ☐ We gave the service 48 hours' notice of the inspection visit because staff were often out of the service or providing care. We needed to be sure that they would be in.

What we did:

- ☐ Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).
- ☐ We asked the service to complete a Provider Information Return. This is information we require providers

to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

- ☐ We spoke with five people who used the service.
- ☐ We spoke with the registered manager and three support workers.
- ☐ We reviewed three people's care records and medicines records, three staff personnel files, audits and other records about the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- ☐ All the people we spoke with told us they felt the personal care they received was safe and they were comfortable with the staff who supported them.
- ☐ All staff received safeguarding training during their induction with frequent refresher training. Staff understood their responsibilities in relation to safeguarding. There was a whistleblowing policy which staff had access to and staff were encouraged to report any concerns.
- ☐ The registered manager knew what constituted safeguarding and took prompt action to safeguard people. This action included supporting staff to improve to prevent a recurrence or following disciplinary procedures.
- ☐ The provider reported any safeguarding allegations to the local authority safeguarding team for investigation and sent us statutory notifications to inform us of any events that placed people at risk, as required by law.

Assessing risk, safety monitoring and management:

- ☐ The provider assessed risks relating to people's care and put guidance in place for staff to follow in reducing the risks. This covered risks such as using kitchen equipment, accessing the community and risks relating to physical or mental health conditions. Staff understood and followed this guidance which meant the risks to people were well managed.
- ☐ Staff followed positive behaviour support management guidelines developed by specialists within the organisation for some people.

Staffing and recruitment:

- ☐ There were enough staff to meet people's needs safely. One person told us, "I've got staff here when I need them." Staff told us they did not feel rushed and felt staffing levels were safe. We observed there were always staff available in communal areas and staff promptly responded to people.
- ☐ The registered manager ensured people received their allocated hours of support. All shifts were covered with the use of overtime, bank staff and staff from other services when required. Additional staff were booked for appointments or scheduled activities.
- ☐ Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included obtaining a full employment history with references, obtaining a criminal records check, proof of qualifications, identification and address and a health declaration.
- ☐ Interviews were carried out to consider whether a candidate was suitable to care for people at the service and included a literacy and numeracy test. A person using the service was involved in the interview process who shared their view on whether the candidates were suitable.

#### Using medicines safely:

- ☐ People received their medicines safely. One person told us, "I have my medicines at the right time."
  - ☐ Staff received regular training in the safe management of medicines and the provider assessed their competency.
  - ☐ Risk assessments were completed for the safe management of people's medicines.
  - ☐ Protocols were in place for staff to follow in administering 'as required' medicines and homely remedies, which are medicines purchased over the counter, to each person.
- Medicines were stored safely in locked cabinets in people's rooms and staff checked the temperature remained suitable.
- ☐ Staff recorded medicines administration appropriately on records (MAR). The provider closely monitored medicines administration, stocks and records. Our checks of medicine stocks against MAR showed people received their medicines as expected.

#### Preventing and controlling infection:

- ☐ Staff followed safe infection control practices such as using personal protective equipment (PPE) and colour coded cleaning equipment.
- ☐ Staff received training in infection control and understood their responsibilities.
- ☐ The provider carried out infection control audits to check people received their care following procedures which reduced the risk of infection.

#### Learning lessons when things go wrong:

- ☐ The registered manager told us there had been no accidents or incidents in the past year. However, systems were in place to record, investigate and improve if any accidents or incidents occurred and none were recorded.
- ☐ Registered managers received robust support from senior managers in tracking incidents relating to any accidents or incidents to ensure people received the right response. Accidents and incidents were reviewed at the provider's manager's meetings to share learning.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were good, and their feedback confirmed this.

Assessing people's needs and choices;

Staff working with other agencies to provide consistent, effective, timely care; helping people live healthier lives:

- ☐ The provider assessed people's needs in a comprehensive way, including their healthcare needs, and developed care plans from these assessments.
- ☐ The provider regularly reassessed people's needs to ensure care plans remained current. The registered manager requested social services review people's care annually to ensure their care packages remained suitable.
- ☐ The provider ensured each person had a health action plan (HAP) setting out their healthcare needs and the support they required from staff to maintain their health. Staff monitored the HAP to ensure people received the right support.
- ☐ People were supported to see healthcare professionals involved in their care, such as psychiatrists and other mental health professionals, hospital specialists, their GP and dentists.
- ☐ Staff received training to help them understand people's conditions such as epilepsy, diabetes and autism.

Staff skills, knowledge and experience:

- ☐ Staff had the necessary knowledge, skills and experience for their roles through regular training in relevant topics such as autism, infection control, first aid, medicines management, fire safety and person-centred care. New staff completed a comprehensive induction in line with national standards and shadowed staff to learn the role.
- ☐ Staff received specific training from specialists within the provider's team on positive behaviour support, tailored to individuals.
- ☐ Staff were also supported to complete diplomas in health and social care to further their knowledge. Staff in more senior roles were provided with leadership and management training to develop their careers.
- ☐ Staff had regular supervision to review their development and any issues they may have, with annual appraisal to review their performance and set goals for the coming year.
- ☐ Staff we spoke with were competent and knowledgeable and felt the training met their needs and they were well supported through supervision and informal support systems.

Supporting people to eat and drink enough with choice in a balanced diet:

- ☐ People were supported to plan, purchase and cook meals of their choice, in line with any cultural preferences. People could eat their food at any time and staff encouraged people to eat healthily.
- ☐ People's preferences were recorded in their care plans for staff to refer to.



Ensuring consent to care and treatment in line with law and guidance:

- ☐ 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- ☐ Staff received training in the MCA and understood their responsibilities in relation to this.
- ☐ Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Staff and the registered manager told us all people had capacity in relation to their personal care.
- ☐ However, some people lacked capacity in relation to hospital treatment and managing their finances and the provider worked with relevant professionals to ensure MCA assessments were carried out and decisions were made in people's best interests.
- ☐ People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- ☐ People provided consistently positive feedback about staff and the service. Comments from people included, "I'm happy. Staff are kind and they listen to you" and "Staff are friendly, kind and helpful", "Staff have a chat with you and if you've got a problem they always listen and help you."
- ☐ Staff spoke about people kindly and told us they greatly enjoyed supporting the people at the service. We observed staff spoke with people in a positive manner and used humour and a warm tone to make people feel comfortable.
- ☐ Staff had a good understanding of people's personal histories, backgrounds and preferences as this information was recorded in care plans. This knowledge helped staff relate to people, guide the topic of conversation and helped good relationships develop.

Supporting people to express their views and be involved in making decisions about their care:

- ☐ Staff supported people to make decisions about their care and knew when people needed help and support from their relatives or professionals such as social workers.
- ☐ People chose how they celebrated their birthdays and events such as Christmas. For example, one person requested a trip to a particular British seaside destination and the provider ensured this took place.

Respecting and promoting people's privacy, dignity and independence:

- ☐ People received dignified care while staff protected their privacy and staff gave us examples of this in the daily support they provided to individuals. One person preferred staff call them on the telephone instead of visiting their room where possible and we saw staff respected their wishes.
- ☐ Staff were careful about disclosing confidential information about people, ensuring they could not be overheard. Staff received training to help them understand the importance of confidentiality.
- ☐ People were supported to maintain their independence by staff who understood the importance of this in supported living. One person told us, "I go out in the community on my own. I did travel training because I lost my confidence on the tube." People were supported to do daily tasks such as cooking, cleaning, laundry and keeping their flats clean and tidy. One person maintained employment in a local shop.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery of care.

The provision of accessible information:

- ☐ All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- ☐ We saw the provider was adhering to the Accessible Information Standard principles with much documentation available in an easy-read format.
- ☐ The provider recorded any communication difficulties and people's preferred methods of communicating. The provider took steps to provide information so people could understand it.

Personalised care:

- ☐ People received care in line with their care plans which their preferences, including those relating to protected characteristics such as age, disability, ethnicity and gender. People's care plans were detailed, accurate and reliable for staff to follow.
- ☐ People were involved in developing their care plans. Through regular reviews with their keyworker people were empowered to make choices and to have as much control as possible.
- ☐ People were supported to follow their interests and take part in activities. People told us they had enough activities and spent their time meaningfully. Each person had a programme of activities based on their interests such as further education, sports, arts and crafts and visits to places of interests. One person was an avid sports fan and acted as a sports ambassador for the provider. In this role the person advised on sporting activities and was involved in planning for sporting events.

Improving care quality in response to complaints or concerns

- ☐ People were encouraged to raise concerns or complaints informally or formally. One person told us, "I'd go to my keyworker or other staff or the manager if I had to make a complaint."
- ☐ There was an appropriate complaints management system. The provider investigated and responded to any concerns or complaints appropriately.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting high-quality support and promoting a positive culture; governance framework; continuous learning and improving care:

- ☐ The service maintained their comprehensive system of audits to monitor all aspects of safety and quality and made improvements when needed. The provider's audits showed the service had improved since the registered manager began their role in 2018.
- ☐ People and staff told us the service was well-led and our inspection findings were in line with this. One person told us, "The manager is friendly, I can talk to her." A staff member told us, "[The registered manager] is a good manager. She is very supportive. She is reliable and supportive to all staff."
- The registered manager worked closely with staff and had a good understanding of the culture and staff worked well together as a team. Staff told us they enjoyed their roles and were proud to work for the service.
- ☐ The service had a clear hierarchy and the registered manager and staff had a good understanding of their roles and responsibilities. Staff felt they were given sufficient responsibility and autonomy to develop in their roles.
- The provider was meeting all regulatory requirements.
- ☐ The provider met their legal requirement to display their rating in the service and on their website.

Engaging and involving people using the service, the public and staff:

- ☐ The provider held regular tenants' meetings and staff meetings where people's views on the service were gathered and acted upon. The provider communicated openly about any service developments with people and staff at these meetings. Staff told us the provider was transparent and communicated well with them.
- ☐ The provider had a 'team of the quarter' award system and the registered manager told us they nominated their team for this award to recognise their achievements.

Working in partnership with others

- ☐ The service worked with external health and social care professionals to ensure people received the care they needed. For example, staff supported a person to meet with specialists in addiction after they agreed to accept their services.
- ☐ The service completed 'hospital passport' to inform hospital staff of people's needs in case of an admission.