

Care Management Group Limited

Care Management Group - 31 Egmont Road

Inspection report

31 Egmont Road
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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

The inspection took place on 16 January 2017 and was unannounced. At the last comprehensive inspection in December 2014, this service was rated Good. At this inspection we found the service remained Good.

31, Egmont Road provides care and accommodation for up to six people with moderate to severe learning disabilities. On the day of the inspection six people lived at the home.

The service had 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.

Relatives told us they felt people were well cared for and safe living at 31, Egmont Road. This view was confirmed by the health and social care professionals we spoke with. Staff knew how to help protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed. Staff knew how to minimise risks and manage identified hazards in order to help keep people safe from harm or injury.

There were sufficient numbers levels of staff to meet people's needs. This was endorsed by the relatives of people we spoke with.

People received their medicines appropriately and staff knew how to manage medicines safely.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and appropriate applications were made by the provider to the local authorities for those people who needed them. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had a varied and nutritious diet and choice of meals. They were supported to stay healthy by staff who were aware of people's healthcare needs and through regular monitoring by healthcare professionals. Relatives and professionals told us staff were consistently kind and caring and established positive relationships with people and their families. Staff valued people, treated them with respect and promoted their rights, choice and independence.

Staff understood family and friends were important to people and ensured they were appropriately involved in people's care, as required. People and their relatives were informed and supported to access independent advocacy services if they needed someone to speak up about their care on their behalf.

Comprehensive care plans were in place detailing how people wished to be supported and had been

produced jointly with relatives and where possible people using the service. Relatives told us they agreed the care plans and were fully involved in making decisions about their family member's support.

People participated in a range of activities within the home and in the community and received the support they needed to help them to do this.

There was a complaints procedure in place and relatives felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible to everyone.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly. Suggestions for change were listened to by the provider and actions were taken to improve the service provided.

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 remains "good".

Is the service effective?

Good ●

The service remained "good".

Is the service caring?

Good ●

The service remains "good".

Is the service responsive?

Good ●

The service remains "good".

Is the service well-led?

Good ●

The service remains "good".

Care Management Group - 31 Egmont 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 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.

The inspection was undertaken by one inspector on 16 January 2017 and was unannounced. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with the deputy manager and three members of staff. We were not able to speak to people because they had complex needs. We therefore observed and heard how staff interacted with people to understand their experiences of using the service. After the inspection we spoke on the telephone with two relatives and two social care professionals and the GP who also supported people within the service.

We inspected the premises. We looked at three people's records which related to their care needs. We looked at three staff files and other records associated with the management of the service.

Is the service safe?

Our findings

Relatives of people said they felt their family members were safe and happy living in this home. One of the relatives told us, "My [family member] couldn't be safer, the staff are so kind to her and I visit her every week and I see what's going on. It's the best place she could be in." Another relative said, "[Family member] is safe there, no problems. I hope they never have to move from there." The GP we spoke with confirmed these views and said they thought the people were well looked after in the home and said they were safe.

Staff were aware of safeguarding issues and knew how to proceed if they had any concerns. They were able to tell us about the possible forms of abuse people might experience and they were aware of the correct procedures to follow in these circumstances. All the staff we spoke with said they would report any concerns they had directly to the registered manager or to the local authority if they thought this was necessary. A relative we spoke with said, "The staff are so caring of people and they make it a priority to keep people safe." Another relative said, "I have no doubts that people are safe there and more importantly they seem very happy."

Staff told us and records we saw showed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm and told us the registered manager actively encouraged them to raise any concerns so that the appropriate action could be taken.

Safeguarding procedures had been discussed during supervisions and staff meetings to ensure that everybody was aware of the correct procedures to follow. This meant that staff helped to reduce the risk of people being harmed and were aware of the procedures to follow if they had any concerns.

Staff were aware of the whistleblowing policy and said that they would feel supported by the provider if they ever had to whistle blow. The registered manager told us that CMG senior management took a very active part in the running of the service and would take swift and direct action if concerns were identified.

Risks for people were assessed and risk management plans were in place to reduce risks while minimising any restrictions that were necessary to keep them safe. An example of this we saw was for one person who posed a risk to themselves if left unsupervised in the kitchen. In order to minimise the risk, we saw there was a comprehensive risk assessment in place. This together with appropriate guidance for staff meant that good precautions were taken that minimised the restrictions placed on the person and others with regards to going into the kitchen. We saw that where possible people's relatives were involved in the risk assessment procedure.

Staff recorded all accidents and incidents and these were reviewed by the registered manager. Any patterns or trends were identified. This helped to ensure any learning was identified so that improvements were made to the care and support people received. This also helped to minimise the risk of an incident occurring again.

The registered manager and the regional manager both carried out separate monthly and quarterly health and safety checks with the support from staff. We saw the last two of these detailed reports. Any issues were highlighted and an action plan drawn up that was monitored by the regional manager to ensure the actions were completed.

A range of health and safety policies and procedures were available to help keep people and staff safe. Records showed the gas, electricity and fire safety systems were maintained to a satisfactory standard.

There were enough staff to keep people safe, meet their needs and provide a person centred approach to people's care and support. Staff had time to sit and engage with people in activities they evidently enjoyed in the house and community. When people went out they usually had one-to-one staffing provided. The registered manager stated that staffing levels were based on the needs of the people who lived at 31, Egmont Road. If people's needs increased or there were special events arranged then staffing levels were increased accordingly. This meant that there were sufficient numbers of staff working with the knowledge, skills and support people required.

There were effective recruitment practices in place and the registered manager worked hard to ensure that staff with the right attitude and values were employed at the service. The registered manager stated that when recruiting new staff an essential part of the process was ensuring their commitment to the values of the provider and to the care of the people living in the home. There were arrangements to help protect people against the risk of being cared for by unsuitable staff. The staff recruitment checks included a criminal records check and satisfactory employment and personal references.

Staff told us and records confirmed that they had completed safe administration of medicines training. The GP we spoke with told us that they carried out an annual medical check for all the people in the home. They told us that staff provided them with good information and called the GP for help appropriately. The registered manager told us that staff completed an annual competency assessment to ensure that they were following the correct procedures when administering medicines. We saw documented evidence of this. Our check of the procedures in place evidenced that medicines were stored securely. Protocols for medicines that were administered on an "as and when required" basis were clear and were only administered when necessary. The records of medicines administered were accurate and showed that people were receiving their medicines as prescribed.

Is the service effective?

Our findings

One relative said, "I visit [family member] every week and have done so for years. I can tell you they are very happy there. They couldn't be better off." Another relative told us, "My [family member] is so happy there. They are really well treated by the staff who know what they are doing." The GP also told us people were well treated by staff. He said staff knew people well and were trained in the skills and knowledge they needed to do a good job.

From our inspection of staff training records we saw that staff received thorough and effective training which enabled them to understand the specific and complex needs of the people they were supporting. The training records we saw showed that staff were either up to date with their training or had training courses scheduled to take place. There was evidence that staff had the opportunity to undertake additional relevant training from time to time. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

New staff received a detailed induction. This induction included a period of new staff shadowing experienced staff to ensure that they were competent and confident before supporting people. Staff had undergone training in areas such as safeguarding, health and safety, person centred support, communicating effectively and first aid.

Staff had guidance and formal supervision support when they needed it. One member of staff said the registered manager was "a very supportive manager who listens to what we have to say." Another member of staff said, "We get good support from both the manager and the deputy manager." Staff were happy with the level of support and supervision they received.

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 be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that for all the people living at 31, Egmont Road DoLS applications had been submitted and granted by the local authorities concerned. This meant that people were only having their liberty restricted after following the correct procedures.

When best interests decisions had been made these had been recorded. The deputy manager stated that they used different ways of explaining things to people so they understand the information to make a

decision. For example, they used scenarios or pictures so that people could understand the decision they needed to make.

We saw from our inspection of the menus that people were supported to maintain a healthy diet. The weekly menu was displayed in picture format so that people knew what was on the menu. If people did not like the options then they could choose something else. Staff told us that people were encouraged to help in the kitchen where they were able to do so safely. Menu choices were discussed at the residents' meetings and included in the weekly menus.

People's care plans were individualised to record the support each person required with mealtimes, and where necessary additional support had been obtained from a dietician. Staff had also obtained advice from health care professionals for one person who was at risk of choking on certain types of food. We saw a detailed plan for this person in relation to the food they could eat safely.

Discussion with relatives and with the GP showed that people had good access to appropriate health care professionals as needed. We saw there was a good working relationship with the local GP and other healthcare professionals. The GP told us that staff always provided them with good and useful information about people where this was needed.

Each person had a health action plan that contained all their necessary health information. For example each person had their own diary of all their medical appointments. This demonstrated people had regular check-ups and were able to see these professionals as they needed to do so. The recording of this information helped to identify any trends or patterns of illness or issues that could need action to be taken for people. Every person also had a hospital passport that went with them if they had to go to hospital. It contained all the necessary information about the person to inform health professionals about their needs.

Is the service caring?

Our findings

Relatives reported to us they were more than happy with the care their family members received at 31, Egmont Road. One relative stated, "The staff care for my [family member] so well. I am more than happy with the care they get." Another relative told us, "Very pleased with the care they get."

From our discussions with staff we could see they were committed to ensuring that people living in the home maximised their potential and led the best quality of life they were able to. We observed this at the inspection and saw that people were treated as individuals. Staff were caring about people and wanted to ensure that they received the best care that they could. They were continually striving to ensure that they promoted best practice and during their staff meetings discussed ways of working with people to empower them to lead full and rewarding lives.

Staff had worked hard to establish the most effective ways of communicating with people living at 31, Egmont Road so people could make decisions in their daily lives. Examples were shown to us of pictorial images used to help describe things to people. Relatives told us they were encouraged by the manager and by staff to maintain their relationships with people. They told us they were made to feel welcome to visit the home and said they could visit when they wanted as long as it was convenient for the person living there.

As far as was possible for people in terms of their ability to understand what was being discussed with them, staff ensured they were involved in making decisions and planning about their own care. Each person was allocated a keyworker. A keyworker is a member of staff who has the lead role for the care of that person and who has additional responsibilities such as helping someone to write their care plan. We saw monthly records of meetings that keyworkers had with people and we saw that people were very much central and involved in their care planning. Relatives told us they were kept well informed about their family members support and care and when changes in people's needs happened.

Although people were unable to tell us they were comfortable in their relationships with staff, we could see from their body language and facial expressions that they were. Staff were very knowledgeable about people living in the home and were able to tell us what people enjoyed doing and what their goals were. We saw that staff respected people's privacy, knocking on their doors before entering and ensuring their personal care was carried out in private.

People and their relatives were informed and supported to access independent advocacy services if they needed someone to speak up about their care on their behalf. There was information on display on the notice board in the home that detailed the available advocacy services. Advocates are people who are separate from the provider and who provide independent support and advice for people if they need it.

Is the service responsive?

Our findings

Staff understood people's individual needs and were able to describe in detail how they met them. We saw from our inspection of people's care files that staff assessed people's needs and developed person centred care plans that included their health needs, support they needed with daily living tasks, nutrition and hydration and personal care. This included information about what people needed to make them happy and what staff should avoid, their likes and dislikes about how their care was delivered, relevant risks and how to meet their communication needs. Each care plan included goals that staff supported people to achieve, which helped them to develop new skills and enhance their quality of life. Records showed that staff also set goals with people for each day and noted whether these were achieved.

People had access to a variety of activities to suit their individual abilities and interests, both in the home and the community. The deputy manager and staff told us that people often went for a walk with staff to the local park, others enjoyed going swimming and the cinema while other people enjoyed trampolining in the garden. Staff told us one person enjoyed playing the piano and often entertained other people who lived in the home in this way.

The home had some sensory equipment available for people such as special lighting and soft furnishings. There were photographs in people's care files showing people on summer holidays with staff. Each person had an activities timetable, which included photographs of the person doing the activities so they could see what was planned. Records showed that people were usually offered activities every day as planned.

People's relatives told us they were aware of how to make a complaint and were confident they could express any concerns. One relative said, "I haven't ever needed to but if I wanted to complain I would talk to staff or the manager." Other relatives told us they would talk to staff if they were not happy with something. They also told us that staff regularly asked them if they were happy or would they like anything to be done differently.

There was a complaints procedure, which was available in an accessible format to help people understand how to complain. The deputy manager confirmed that they had received no formal complaints since our last inspection and told us if people's relatives had any concerns they would invite them to meet for coffee and an informal discussion. They told us this had reduced the likelihood that people would feel the need to use the formal complaints process as they were able to resolve most problems or concerns informally.

Is the service well-led?

Our findings

When we spoke with staff they said the registered manager encouraged them to contribute to making decisions about the running of the home. They said there were regular staff meetings that took place and their views were listened to. This helped them to feel they were an important part of the services being provided to people. Staff described the registered manager as very approachable and committed to the home and the people living in it. They said they felt quite comfortable to raise any concerns with the registered manager. We found there was an open and transparent culture in the home where staff were encouraged to share in the development of the home for the people living in it.

The registered manager and deputy manager worked at this home for several years and knew both the staff team and the people who lived in the home well. Staff said they always had access to management support during the day and night. We attended a staff handover meeting on the day of this inspection and we saw staff were motivated in their work and were keen to improve their learning. The registered manager had completed qualifications in management in care and supported a culture where staff training and development was emphasised.

Staff told us that they felt well supported in their roles. They told us that as well as regular one to one supervision they had on-going support throughout the day. We saw documented evidence in the form of meeting minutes that there were regular staff meetings. Staff told us that these meetings were useful as it gave them the opportunity to talk openly with the registered manager and where any actions were identified or suggestions made these were listened to.

We saw staff were required to read the home's policies and procedures and then sign to say they were understood. This had helped staff to keep up to date with all aspects of running the home and of the procedures to do with caring for and supporting people.

The provider and registered manager had a comprehensive quality assurance system in place. Records showed audits were carried out monthly and three monthly by the regional manager together with the registered manager. This included the completion of a detailed report that included information about staffing levels. Accidents and incidents were reviewed so that improvements could be made where needed; infection control procedures and general cleanliness of the premises were checked; care of people and the documentation of people's care; health and safety checks and an audit of medicines and the administration of medicines was a part of the overall quality assurance process. Any concerns were highlighted by these audit checks and were actioned appropriately by the registered manager.

All the records that we inspected in the home were well maintained and we found that the information we required to see was easy to access and chronologically stored. Old information had been archived appropriately but was also accessible if needed. This reflected on a well organised and efficiently run care home.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. They are legally obliged to send us notifications of incidents, events or changes that

happen to the service within a required timescale. This means that CQC were able review the notifications and decide whether any action was needed on their part.