

Care Management Group Limited

# Care Management Group - 43 Florence Avenue

## Inspection report

43, Florence Avenue,  
Morden, SM4 6EX

Date of inspection visit: 2 November 2015  
Date of publication: 21/12/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on the 2 November 2015 and was unannounced. At our previous inspection on 11 March 2015 we found the provider was meeting the regulations in relation to those we inspected. 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 our inspection the home was providing care and support to four people.

The home had 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 at risk of not receiving appropriate care because their risk assessments had not been reviewed regularly throughout their care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

# Summary of findings

Staff did not receive supervision and support in line with the provider's policies.

People were at risk of not receiving sufficient levels of support that was appropriate and met their needs and reflected their personal preferences because their care plans were not reviewed effectively.

The provider systems and processes that were in place for risk assessments and risk management plans had not been revised after the earlier accidents and incidents had occurred.

People using the service and their relatives told us that they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported.

The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS ensures that a service only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. There were processes in place to assess and consider people's capacity and rights to make decisions about their care and treatment in line with the Mental Capacity Act 2005.

There were enough staff on duty to meet people's needs. There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

Medicines were stored, managed and administered safely. All the people had their own individual medicines profile that we saw had been reviewed every six months. An appropriate risk management plan was in place that related to the administration of medicines to people by staff.

People were being supported to have a nutritious and balanced diet. People were supported to maintain good health and had access to health care support. There was appropriate information about their wishes for end of life care and support to help ensure these needs were met, should this be required.

We observed staff treating and speaking with people in a respectful and dignified manner and people's privacy and dignity was respected.

People's needs were assessed with their and their relative's involvement to ensure that the service was responsive to their individual needs and staff encouraged and promoted people's independence.

People were provided with information about how to make a complaint and people told us they felt confident in making a complaint if they had any concerns.

Staff meetings were held on a regular basis. This meant that staff had the opportunity to update themselves with matters to do with the running of the home and the people living there. People's views about the service were sought and considered through satisfaction surveys that were conducted on an annual basis.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Risks to people's safety and welfare were not reviewed regularly to ensure any changes or new risks were identified so these were appropriately reflected in risk management plans to promote their safety.

Staff knew how to safeguard people from abuse because they recognised the signs of abuse and they knew the policies and procedures the provider had put in place to safeguard people.

The provider operated safe recruitment procedures. They had an effective system in place to ensure that there were enough staff deployed in the home to meet people's needs.

People's medicines were stored and administered safely to make sure people received the medicines they needed.

Requires improvement



### Is the service effective?

The service was not always effective. The provider was not ensuring staff received the supervision they needed to care for people or addressing their concerns and development and performance effectively.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and they did seek permission before they provided care to people. However applications to the local authority for Deprivation of people's Liberty Safeguards had been submitted.

Staff received all the essential and specific training and updates they needed to help them fulfil their roles.

People were being supported with eating and drinking appropriately. People had access to a GP and other health care professionals when they needed it. Health action plans provided the information and guidance staff needed to meet people's health care needs.

Requires improvement



### Is the service caring?

The service was caring. Staff treated people in a respectful and dignified manner and people's privacy and dignity was respected.

People were consulted about and involved in developing their care plans. They told us they found staff took a caring approach in the consultation they had with them about their care and support needs.

There was information on people's care files regarding their wishes to do with end of life care needs. This meant the provider could take appropriate action that was already agreed with people.

People were provided with information about the home and they were aware of the services and facilities available to them.

Good



# Summary of findings

## Is the service responsive?

The service was not always responsive. People's care had not been reviewed effectively. This may lead to people using the service receiving inappropriate care and support from staff because their care and support plans did not reflect their changing needs.

People were provided with a choice of meaningful activities that met their individual needs. They were supported to maintain relationships with people who mattered to them.

Complaints were managed effectively and responded to appropriately. People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

**Requires improvement**



## Is the service well-led?

The service was not always well-led. Systems in place to monitor the quality of the service and to assess the quality of service people received were not always implemented.

Records relating to people's care and the management of the service were not well organised or complete.

People's views about the service were sought through satisfaction surveys that were conducted on an annual basis.

**Requires improvement**



# Care Management Group - 43 Florence 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 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.

This inspection took place on 2 November and was unannounced.

This inspection was carried out by a single inspector. We reviewed the information we had about the provider prior to our visit and we looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with two people living at Florence Avenue, four relatives, four staff, the registered manager and the regional director. We observed the provision of care and support to people living in the home. We looked at three people's care records and four staff records and we reviewed records related to the management of the service.

# Is the service safe?

## Our findings

Relatives told us they felt their family members were safe and well looked after. One relative said, “They are safe, my relative is well looked after there.” Another relative said, “I don’t think there are any problems with their safety, they are well looked after.”

Although relatives told us their family members were safe in the home, we found that risks to people were not always managed appropriately or reviewed in line with the provider’s policy. We found people’s risk assessments and care plans had not been appropriately reviewed or updated. The provider had risk assessment tools in place to assess and monitor risks to people’s physical and mental health however they had not been used appropriately. For example one person had risk assessments in place for road safety, personal hygiene and slips and trips. These were reviewed in June 2015 a year after the previous review in May 2014 but no comment had been made as to whether the risks had changed or not. When we examined the person’s file we saw that further accidents had happened where the person had fallen and injured themselves. The person’s risk assessment and risk management plan required updating and neither had been done. This meant there was a risk that the person may not have received the appropriate level of care, treatment and support to ensure their safety.

Another person had a risk assessment in place for choking due to identified possible risks with eating. We saw a risk assessment was carried out in May 2014 and had been reviewed in December 2014 but with no comment made on how the risk had been monitored or managed over the interim period. No comment was made about the effectiveness of the management plan to mitigate this risk to the person. This meant risks and management plans were not carefully reviewed to make sure risks were being minimised and to make sure that people were kept as safe as possible.

The example above showed the provider was not assessing or mitigating risks to people’s safety effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records we saw demonstrated that accidents and incidents involving people using the service were recorded, although they had not always been acted upon

appropriately. As an example one person had had several falls over the last year. These were recorded as accidents and incidents. Details on the records we saw demonstrated that the falls were almost identical. However risk assessments and risk management plans had not been revised after the earlier accidents and in the light of the information gathered. Had this been done the following accidents may have been prevented and further risks minimised. We spoke with the regional director about this who told us they had identified the need for all risk assessments for people in the home to be reviewed and updated. We were shown the action plan in place to ensure this happened.

There were policies and procedures in place for safeguarding adults from abuse to protect people using the service from the risks of abuse. We saw guidance for staff displayed in the office on how to respond and report any concerns. Staff demonstrated good knowledge on how to recognise the signs of abuse and how to report concerns appropriately. They understood the provider’s policies and procedures regarding safeguarding adults from abuse and how to use the provider’s whistle blowing policy. We saw records where staff were required by the provider to sign to say they had read the policies and understood them. Three staff members told us they had received training and information on safeguarding and whistle blowing. One person said, “I have done the safeguarding training, I found it very interesting and useful.” Another member of staff told us they had done the training, they said, “If I came across any incidents of abuse I would report it immediately to the manager or if they were involved to senior management and the local authority.”

The provider had risk assessments and risk management plans in place for the building that staff followed to ensure identified risks were minimised so that people were helped to keep safe and staff protected. There was an up to date fire risk assessment, an environmental risk assessment and a monthly health and safety checklist to monitor the identified risks. We saw that the checklist was monitored by the registered manager and appropriate actions taken where needed.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. This helped ensure people were cared

## Is the service safe?

for and supported by staff who were deemed as suitable by the provider for their roles in the home. We saw that pre-employment checks and criminal records checks were carried out before staff started work.

We observed there were enough staff on duty and deployed throughout the home at the time of our inspection to ensure people's needs were met. Staffing rota's showed there were sufficient numbers of staff available to supervise and support people at all times. We saw that staff had time to spend with people and to support them to carry out individual activities.

We found medicines were stored and managed safely and appropriately. We undertook a stock take check for three

people to ensure that stored medicines matched recorded medicines stocks. We can confirm that the records matched the actual medicines stored. The registered manager told us that they conducted weekly checks for the administration of medicines. We saw records that detailed appropriately daily medicines counts on medicine administration records (MARs). MAR sheets had been completed appropriately with no errors. Each person who lived in the home had an individual medicines profile that we saw had been reviewed every six months. An appropriate risk management plan was in place that related to the administration of medicines to people by staff.

# Is the service effective?

## Our findings

People were not cared for by staff who were appropriately supported in their roles. Whilst staff had received an appraisal of their work in 2014 that included an annual training and development plan, they did not receive regular formal supervision.

Staff we spoke with said they had not received formal supervision on a regular basis and in line with the provider's policy. One staff member said, "I have not had regular formal supervision with the manager this year, although I have had talks with them on a regular basis, probably weekly." The registered manager agreed that not all staff supervision had taken place as planned. A plan we saw that set out proposed staff supervision sessions and other staff records had not been kept up to date due to changes in the staffing team and staff absences. Staff records we looked at showed that supervision was infrequent. For example the last supervision records we saw for one care worker were dated October 2014. A second staff member covering nights whose file we inspected had not had supervision since May 2012. This meant that staff were not being appropriately supported in their roles in that they were not always given the opportunity to review their development and performance at regular intervals and to discuss any concerns they might have had. We spoke with the regional director who told us they had identified the need for regular staff supervision and had put in place an action plan to ensure this happened.

New members of staff completed an induction programme which included training deemed by the provider as being helpful for them to learn about their role before they started work. One new member of staff told us they had completed their induction at the start of their work at the home. They said this had equipped them to "do a good job." Staff told us they received regular training and they said access to training was good. One staff member said, "It has helped me to meet the needs of people using the service. I have found it useful and interesting, I'm always keen to keep learning" Another staff member told us, "The training provided is good. It's a mixture of e-learning and class room based learning." We saw there was a range of mandatory training that the provider required staff to have refreshed to ensure staff were up to date with best practice. Training included areas such as emergency first aid, Mental

Capacity Act 2005 and deprivation of liberty safeguards, safeguarding adults, equality and diversity and other specialist areas such as Cardio Pulmonary Resuscitation (CPR) refresher, challenging behaviour, autism and epilepsy.

The provider had policies and procedures to assess and consider people's capacity and rights to make decisions about their care and treatment, with which staff were familiar with. These also guided staff to help make decisions in people's best interests in line with the Mental Capacity Act 2005 (MCA 2005) where people might not have the capacity to make decisions. Staff had received appropriate training and had a good understanding of 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. One member of staff said, "We don't force a person to do something against their will." They told us how they followed a person's care plan specific to a particular pattern of behaviour, in order to allow them their choice to do as they wished safely.

The registered manager told us DoLS applications had been made for people to the local authority for them to carry out assessments. Records we saw confirmed the applications had been submitted and the provider was awaiting the outcomes of the applications.

Menus and meal plans were created in consultation with people to ensure that they reflected people's individual choices and preferences. One person told us they had a choice of meals and were involved in meal planning and menu options. They said, "We get to choose what we would like to eat and staff cook the meals." Staff held menu planning meetings with people to discuss food options and menus which were planned in advance. We saw menu and nutritional guidance information was kept in a folder in the kitchen. This contained guidance for staff on safe meal preparation, portion sizes, food allergies, simple nutritious recipes and food monitoring charts to ensure people were receiving enough to eat and drink. We observed that people were offered a choice during meal times and were asked whether they wished to join others eating in the dining room.

People had access to health care professionals when required. People had a health care plan which detailed the support they required to meet their physical and mental health needs. They also had a hospital passport which



## Is the service effective?

accompanied anybody admitted to hospital, containing all their important personal information including their medicines profile. Records of health care appointments and visits were kept in people's records that documented the reason for the appointment and any treatment

required. For example there was a record of optician and dental appointments and guidance from community learning disability team staff. Staff were able to tell us what support was required to keep the person safe that was also in accordance with their health care plan.

# Is the service caring?

## Our findings

One person we spoke with indicated they were happy with the care they received. They said, “I’m very happy here, the staff are kind and caring.” A relative said, “The staff are always welcoming and really caring.” Another relative said, “It is nice at Florence Avenue, the staff’s attitude to residents is good.” Relative’s told us they were provided with appropriate information about the home. People were aware of the standard of care to expect, access to health care professionals, the complaints procedure and the services and facilities provided at the home.

The home had a core of well-established staff who knew the people living at Florence Avenue well. They said, “That is really good for the people living here and for staff. We all know each other well and there is a very friendly atmosphere here.” Relatives of people and one person using the service told us they were helped to make decisions about their care and how they would like it to be delivered. They said they found staff had a caring approach in the consultation about their care and support needs. One person told us, “I know I have a care plan and I know what’s in it. I can talk about it with staff.” A relative said, “Staff talk to us about all of the aspects of my (family members) care.” Another relative said, “The staff went through everything with me and my relative when they came here. They talked to us in detail about his needs. They always let me know if there are any changes, or if my relative needs to go for hospital appointments. We always attend the care plan reviews.”

We observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Some people were not able to verbally communicate their views to us about the service and staff so we observed the care and support being provided. We saw that staff were familiar with people’s needs and knew how best to support them and how to approach and respond to them respectfully. We observed that staff had

good knowledge of people’s behaviour and likes and dislikes and were able to communicate with them effectively. Staff took their time and gave people encouragement whilst supporting them. We saw staff sitting with people engaged in meaningful conversations. They were aware of the need for confidentiality and we saw them speak quietly with people about the support they needed.

People were well presented and looked clean and comfortable. They and the staff all appeared comfortable and relaxed in each other’s company. People’s privacy and dignity was respected. Where people needed support with personal care staff ensured their privacy by assisting the person into their individual bedrooms and shutting doors. One person said, “The staff always knock on my door before coming into my room.”

Staff addressed people by their preferred names, which we noted was recorded in people’s records. Staff told us they tried to maintain people’s independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff said “We try to encourage people to do as much for themselves as they can. I enjoy just chatting to people, playing games or reading with them.”

We saw from our inspection of people’s files that information had been provided about appropriate end of life care and support. Information had been signed and dated by the person or their relatives and by staff. All of the people using the service had end of life care plans.

People were provided with information about the service which was displayed on a notice board in the entrance hall of the service and within people’s care plans. Information was provided in a format that met people’s needs. We saw there was information regarding safeguarding, local community services and details of how to make a complaint. This information was also provided in pictorial formats for people.

# Is the service responsive?

## Our findings

We looked at three people's care files. We saw their needs had been assessed before they moved into the home. The care files included information such as how people would like to be addressed and their likes and dislikes.

Information was also received from family members about people's personal histories, interests and hobbies. The registered manager told us that people's care plans were developed using these assessments together with information from family members and funding authorities such as social services.

Although the care plans we looked at contained appropriate details of people's support needs we saw that reviews of these plans did not include any review of people's individual care plan objectives. We saw no comments to do with progress or lack of progress that had been made. On the files we inspected we saw remarks such as "all needs remain the same" and "all the info is current – no changes needed." As an example with regards to the person who experienced several falls over the last year, no changes had been made to the care plan. The registered manager acknowledged this and we saw on the provider's own auditing report remarks such as "goals to be updated on all service users person centred plans." We also spoke with the regional director about the care plans and they agreed these needed to be more comprehensive and told us they were currently reviewing the care plans for all of the people using the service using a new format.

Some people were not able to verbally communicate their views to us about how they had contributed to the care and support being provided for them so we spoke with relatives and staff. They told us that people received care and

support that met their needs. One person said, "The staff check with me every morning to see if I need any help." That person told us they had been able to say how they wanted their care and support to be provided for them.

People using the service and their relatives told us they enjoyed the activities provided at the home. We saw that each person had an individualised activity programme that included some activities based in the home such as playing games, doing puzzles and other activities based outside of the home such as going to the cinema and drives in to the countryside, an activity that one person living in the home particularly liked to do and told us so at this inspection.

A complaints system was in place and details of how to make a complaint were displayed on notice boards in communal areas throughout the home. The complaints procedure was also included in the service users' guide.

People said they knew about the complaints procedure and said they would tell staff or the registered manager if they were not happy or if they needed to make a complaint. Relatives said they knew how to make a complaint if they needed to. They all said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One relative said, "I've never complained but I would and you can say anything to the manager." Another relative said, "I have never needed to complain about anything but if I did I would speak to the manager and I know they would sort things out." The complaints file included a copy of the procedure and forms for recording and responding to complaints. Complaints records showed that raised concerns were investigated and responded to appropriately and, where necessary, meetings were held with the complainant to resolve their concerns.

# Is the service well-led?

## Our findings

The provider had systems to evaluate and monitor the quality of the service provided to people. We were shown evidence of monthly quality monitoring visits where the provider spoke with people using the service and staff about living and working in the home. They inspected the premises, reviewed records, incidents and accidents, complaints and activities.

During the inspection, we found a number of the home's records such as those of the staffing files and service user's files contained old papers dating back many years, out of sequence and other documentation that could be archived. Files were untidy and information was very difficult to find as it had not been stored in a chronological order. As a result people were not protected against the risks of unsafe and inappropriate care because records were not accurate, complete and contemporaneous enough.

We saw that the provider had also identified the concern with records keeping. There was an improvement plan for the home where most of the concerns we found at this inspection had also been identified. The improvement plan dated August 2015 identified what action was needed to improve these areas of concern and set timescales within which they needed to be achieved. At the time of this inspection only some of the targets had been achieved. The regional director told us that the plan was now a priority and all the objectives should be achieved by the end of this year. We also saw records from regular audits that were being carried out at the home. These included health and safety, fire safety, equipment, infection control, food hygiene, medicines staff training, and care file audits.

The provider took into account the views of people using the service and their relatives through the service meetings

and surveys about the quality of care provided at the home. The registered manager said they used the feedback from these meetings and surveys to make improvements at the home. We saw a report and an action plan from a 'residents and relatives' survey carried out in 2014 and evidence that action had been taken as a result of the survey. For example new floor coverings had been fitted in the hall and in one person's room and the manager had discussed activities with people using the service. One relative said, "I'm aware of the service meetings. The management do listen and they try and sort things out for us." Another relative said, "There are regular relatives meetings which I attend. I find these very helpful. The manager always sends us a letter after the meeting telling us what the home is going to do."

People were complimentary about the registered manager and the staff. They said the atmosphere in the home was friendly and welcoming and staff worked as a team. A relative told us, "I see the manager every time I come, I can talk to them any time I want to." One member of staff said, "The manager is always around and is very approachable." Another member of staff said, "We all help each other. This is a good place to work in, I enjoy it." Staff told us they were well supported by the registered manager. One staff member said, "The manager is supportive and I feel I can speak freely." Another member of staff said, "The manager is very supportive and I enjoy my job."

We saw from inspecting the minutes of staff meetings they were usually held on a monthly basis.. We saw that the staff meetings provided staff with the opportunity to discuss people's needs and the day to day running of the service. As well as monthly staff meetings the service conducted staff handover meetings which took place at the shift changes so new staff starting the shift were informed of people's daily needs and any changes and care and support that they might require as a result.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>People using the service were not protected from the risk of inappropriate care and support because their risk assessments and risk management plans were not reviewed and had not been updated appropriately in relation to their current needs. Regulation 12(2)(a)</p>