Care Management Group Limited

Warminster Road

Inspection report

2 Warminster Road
South Norwood
London
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15 June 2016

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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

Warminster Road is a supported living service that can accommodate up to nine people. Supported living services are where people live in their own home and receive care and support in order to promote their independence. This service supports people with learning disabilities, each person has their own flat with 24 hour support available.

The inspection took place on 15 June 2016 and was unannounced. At the last inspection in July 2014 the service was meeting all the regulations inspected.

The service had a registered manager in charge and she was present for the 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.

People were positive about the service experienced, and they liked living independently in their own flats. They said they received support that enabled them become more independent and this was flexibly delivered.

People were pleased with the care and support they received from regular staff. Staff were familiar and aware of people's needs and the action they should take to meet those needs. There was a training and development programme for staff that helped them develop the skills and knowledge needed for their role, staff said they were effectively supported in their role, they had their practice appraised. The service provided a comprehensive induction based on the Care Certificate and a six month probation period for new staff.

Staff promoted the privacy and dignity of people, they received training on the principles of privacy and dignity, and person centred care, and had their practice observed and appraised. Staff told us the training had emphasised the importance of understanding people's backgrounds, preferences and culture, how to communicate with people. Care records included this type of information; staff found this information made a positive difference as it helped them support people appropriately.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Support workers respected people's decisions and gained people's consent before they provided personal care.

The service was responsive to individual needs, and changes to individual needs were recognised, care and support arrangements were tailored to respond to any changes that arose.

People's views mattered and were central to how the service was developed and improved. The provider had effective ways of quality assurance, and for making sure they continued to get things right. The service

benefited from strong management, staff felt supported and found the management approach was open and fair.

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. Staff ensured any risks were carefully assessed and identified. Management plans were developed to effectively manage these in a way that promoted people's independence.

Individual support plans were positive and balanced safety with people's rights to make informed choices.

Staff were trained and knowledgeable and able to recognise signs of abuse, they were competent at taking effective action to keep people safe. There were sufficient numbers of suitable skilled staff deployed to support individuals safely. Staff recruitment procedures were robust which ensured only suitably vetted staff were employed.

Is the service effective?

Good

The service was effective. Staff received training and support which enabled them to support people with complex needs, additional, service specific, training was provided to staff to ensure they had the necessary skills and knowledge required.

Support plans were written around people's individual needs and behaviours. People received support that promoted their health needs; they were assisted to access healthcare professionals.

Staff supported people in a way that helped them understand information about their care and support in accordance with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. Staff worked in a way that ensured people's dignity and privacy were maintained. Throughout the inspection, staff were observed interacting with people in a calm and friendly manner, treating them as individuals and treating them with respect and acknowledging choices and wishes.

There was stability in the staff team, staff retention was good, as a result staff knew the people they supported and understood

their needs, their likes and dislikes.

Is the service responsive?

Good

The service was responsive. Care needs were discussed and support plans were developed in response, these plans suitably met people's individual needs. The information on the service was available in a format that helped people understand.

There was an accessible complaint's procedure. People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and support they received.

Is the service well-led?

Good

The service was well-led. The registered manager provided strong leadership which staff valued. People and their relatives found manager was very helpful and approachable and always willing and able to deal with their problems.

The provider used a range of resources to continually review their practice and place the interests of the people using services at the centre of what they do. The various ongoing audits, both internally and externally, ensured that the quality of care was regularly assessed and evaluated, any shortfalls were identified acted upon promptly
to drive improvements.

Warminster 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 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 15 June 2016 and was unannounced.'

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR), notifications, safeguarding alerts and outcomes and information from the local authority. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

We visited the service on 15 June 2016. Our visit was unannounced and the inspection team consisted of one inspector. On the day of our visit nine people were using the service, and we met all of them, we spoke with staff on duty and observed how people were supported.

We looked at care records for three people who used the service. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We also looked at recruitment records for three members of staff, also records of supervision and staff training, and staff allocation.

During our inspection we spoke with four support workers and the registered manager. We observed care and support in communal areas, spoke with people in private. We also looked at records that related to how the home was managed. After the inspection visit we spoke with two relatives and a social worker.

Good

Is the service safe?

Our findings

People told us they had confidence in the service. One person said, "I talk to staff if I have any worries, they listen to me and provide me with support in things I find difficult." One person was going independently to an event but staff had arranged a taxi to take them there safely as the public transport route was complex. A support worker told us how they helped people develop their independence explaining the information in ways such as using the right words that helped the person process the information.

The service delivered care and support in a way that helped promote people's safety and welfare.
Risks to people were identified, and support plans developed provided guidance on how to reduce or minimise risks. The information was personalised and covered risks that staff needed to help the person manage appropriately. Examples included keeping safe when preparing food, using equipment, behavioural support and accessing the home and wider community. Information and advice was provided to staff by other health and social care professionals such as behaviour specialists. For example there was guidance about how to support a person if distressed or exhibiting behaviour that could put themselves or others at risk. The guidance enabled staff to maintain their safety, and ensured people had the support they required. Substances that could be hazardous to individuals were stored securely. The service had personal evacuation plans in place for each person so that they could vacate the premises in emergency. Other areas that posed risks such as hot water, and hot radiators were identified and arrangements were in place to manage these appropriately.

Staff had a good understanding of how to positively manage risks, and developed support plans that promoted positive risk management, all staff received this training. Staff were open with individuals and helped them with skills development. People told us they were involved with staff in discussions about risks posed every day and in making choices about how to stay safe. Staff supported people by raising their awareness during key working sessions. A person said, "I meet the key worker and we discuss things about what I should do or avoid."

The service had clear procedures in place on safeguarding adults including the training of staff to recognise abuse. There were posters and leaflets in easy read format displayed in communal areas. Safeguarding was discussed regularly at staff meetings and at the monthly tenant meetings. Staff demonstrated their competency and knowledge on safeguarding people, protecting them from abuse. Staff liaised with people's social workers and other healthcare professionals involved in their care if there were any concerns about a person's safety or welfare. At the time of our inspection there were no safeguarding concerns. There were processes in place which were monitored by management to support people manage their finances and protect them from financial abuse.

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Staff supported people discreetly with managing risks while balancing development of their independent living skills, for example a staff member supported a person to use the communal kitchen equipment while they prepared supper. The daily handover/communication book contained clear information on events that informed staff. Care records showed staff followed the individual risk management guidelines. People using the service had their own mobile phones and telephone numbers should they need to contact someone in

an emergency. The service maintained records of all accidents and incidents. Appropriate investigations and follow up actions were taken following incidents.

People were supported by sufficient numbers of suitably skilled and experienced staff to meet their needs that enabled them pursue a fulfilling lifestyle. Staffing levels were organised flexibly and according to people's needs. People told us of sufficient numbers of staff present to assist and provide the support needed. We saw additional staff were on duty for specific events to provide individuals with one to one support. Some people received one to one support for periods of the day according to the plans agreed whilst other people were more independent and had minimal support. There was a low turnover of staff and newly recruited staff received a thorough induction that included getting to know the people using the service. This helped ensure people were supported by staff who were experienced and knowledgeable about their individual needs.

We examined staff records for three staff. The recruitment process was thorough, records of staff recruitment showed that only suitably vetted staff were employed. Pre-employment checks were obtained prior to people commencing employment. These included two references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service check. This helped to reduce the risk of the service employing a person who may be unsuitable to work at the service.

Assessments were completed for each person in relation to managing their medicines. Some people were independent in taking their medicines. When it was identified that people required support to take their medicines staff followed protocols and administered medicines as prescribed. Staff were trained and competent in administering medicines before being assigned this task. Staff completed medicine administration record (MAR) charts to confirm people had received their medicines as prescribed, these charts were checked at regular intervals and audited to ensure people received their medicines as prescribed and to reduce the likelihood of medicine errors. Care records showed the service supported people appropriately with arranging and attending medicine reviews by the prescribing doctor.

Good

Is the service effective?

Our findings

The service employed enough suitably qualified, skilled and experienced staff to meet people's needs and provide a consistent service, 15 staff were employed. The provider had a training department and a comprehensive training programme was developed for all staff working in this service. The staff training and development was well organised and the facilities allowed the manager and personnel department to monitor staff attendance. The data base system alerted staff when they were due to attend refresher training courses. There was an electronic training record which was up to date and showed what training had taken place and what was planned. Examples included safeguarding, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, infection control, fire safety, food hygiene, first aid, moving and handling, equalities and diversity, health and safety, handling medication and communication.

Some courses were completed through e-learning (computer training) while other face to face training was held at local venues within the organisation. The training records we saw demonstrated staff had completed a range of training and learning to support them in their work and to keep them up to date with current practice and legislation.

A member of staff new to the role told us they completed a comprehensive induction programme and were on a six month probationary period. The induction training involved shadowing shifts with an experienced staff, getting to know people using the service, and progress was recorded in a workbook. The staff member displayed enthusiasm for their role and was keen on engaging in learning opportunities.

There were systems in place to assess the competency of the staff and to make sure they had the skills to perform their duties. We saw that staff had monthly supervision and yearly appraisals with the manager. This enabled staff to discuss their practice and professional development on a regular basis as well as identify any learning or development needs. Staff confirmed they had regular supervision and could raise any issues with the manager. One support worker said, "It is a pleasant supportive environment with excellent teamwork." We saw that there were regular monthly team meetings and staff were kept updated with information on the service. Staff also shared information through handovers, and using daily records and a communication book.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff had undertaken relevant training on the Mental Capacity Act 2005. Staff told us this helped them understand challenges faced by people who may find it difficult to make informed choices about their care. People told us they consented to any support they received. A person told us, "I am in control of what happens – I do my own personal care and have a written plan, my keyworker asks me to be involved with."

Staff told us they assumed people had the mental capacity to consent and used their knowledge of people's communication needs to explain choices to people and assist them to make decisions. Care records included information on how people were supported to make decisions in relation to their day to day support. We saw examples of people being consulted and their decisions acknowledged and recorded, a care plan showed a person was consulted about their end of life plan, following discussions with their keyworker they declined to be involved in developing a relevant plan.

People told us they were able to have food and drink of their choice, staff assisted them with shopping, and preparing food where necessary. Records of care showed the service had asked people about their food preferences and care plans to address any health needs, such as obesity, which had implications for their diet. A person told us, "Staff have encouraged me to eat more healthy food and I now feel better because of losing weight." Staff told us their training and induction had covered how to meet people's nutritional needs. Staff sought guidance from health professionals in relation to people's diet when they had any concerns.

Records of care were well developed and closely reflected the specific needs of the person. People's needs were regularly reviewed to make sure they got the right care and support. The service promoted the healthcare needs of people using the service and enabled them to access health professionals. Records showed the involvement of a wide range of health professionals and it was evident that people's health care needs were constantly monitored and addressed appropriately. A family member told us, "I know my relative is supported with their health, it is comforting to know they have their independence and are effectively supported with their healthcare needs." The service worked effectively with other professionals as necessary to deliver the care people required. When relevant, people had been supported to receive advice and treatment from specialist health professionals such as psychiatry. All appointments with health and social care professionals were recorded and staff had made timely referrals for health and social care support when they identified concerns. One person was supported to their appointment with a hospital consultant while we were present. People told us they visited their GP for a health check every year and staff supported them to attend health appointments if needed. People were supported to manage various changes to their health in relation to ageing; we saw a person had support with managing symptoms of the menopause. Each person had a health action plan and a 'health passport' which contained details about them and their healthcare needs. A health passport is a document which the person can take to health care appointments to show how they like to be looked after. We saw that information was kept up to date and reviewed regularly as people's needs had changed.

Good

Is the service caring?

Our findings

People told us that they were happy with the care that they received. One person described staff as very caring, they said, "I get on with staff especially my key worker." The interactions we observed between staff and people using the service were sensitive, respectful and caring. One relative gave us their opinion about the service and told us that the key worker for their family member was "enthusiastic." another person's relative told us, "The retention of staff was good and my family member experiences great continuity in care."

People using the service told us that staff respected their privacy and dignity. They said they had their own keys and that the staff would only enter their flat if it was pre-arranged or if they were invited. We observed that staff always knocked on doors before entering people's flats. Care plans included information about people's rights to privacy and how staff should support them. Staff had received training on the principles of privacy and dignity and person centred care.

People understood the arrangements for their care and support and knew about the choices and opportunities open to them. We saw that people were provided with written information about the terms and conditions in a tenancy agreement, the available services and fees. People were visited once a week by a tenant liaison officer (TLO) who supported them to pay their rent and checked whether any repairs were needed in their flats. People had signed their support plans and assessments to show that they had been involved, these recorded people's preferences for how they would like their care delivered.

People were supported to maintain relationships with their families and friends. Two people told us they regularly went to stay with their family. In people's care records a circle of support was recorded. This recognised all of the people involved in the individual's life, both personal and professional, and explained how people would continue those relationships. One person's relative told us staff prompted their family member to keep in touch by phone when they could not visit.

People felt valued and told us that staff listened to them. They told us that they could choose what they wanted to do, how they spent their time and organised their lives. One person said, "Staff encourage me to join in things, and they have supported me to express how I feel about one of my peers, this has helped me deal better with issues." Examples were seen in records of one to one keyworker meetings and tenant meetings with staff and other people using the service when they discussed issues that were important to them. One person told us they met their keyworker every week, and sat with them to talk about things. People told us they talked about their accommodation, the food they wanted to eat, activities they wanted to do and recently, about holidays they took in America. One person told us, "I find these are useful, they ask if all is ok."

We enquired with four members of staff in relation to how people who used the service communicated and how they encouraged them to engage in stimulating activities and avoid social isolation. Staff were able to tell us all the methods used and where aware of how best to communicate with each person. Staff spoke in respectful and considerate ways about the people they supported and all felt the staff team worked well

together in achieving this.

People's individual care plans included information about people's cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. We found that staff knew about people's unique heritage and had care plans which described what should be done to respect and involve people in maintaining their individuality and beliefs.

People's independence was promoted. Where possible people were encouraged to maintain their own personal hygiene, prepare their own meals, snacks and also to help maintain their own environment. We observed on the day of the inspection that two people were encouraged to clean their own rooms and also prepare themselves to attend external activities which included attending college. One person told us, "I like to be independent and am able to do most things to maintain my flat." Another person told us, "I needed staff help initially but I now wash my own clothes."

Good

Is the service responsive?

Our findings

The service was responsive. People's needs were assessed, planned and delivered accordingly to meet the person's needs. Support arrangements were monitored to ensure they responded to any changes that arose. Each person had a support plan which was tailored to their personal needs. The plans covered personal, physical, social and emotional support needs. These plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs. Monthly reports of key working sessions recorded progress updates. Some relatives received copies of these. However one person we spoke with told us they had not received any key working reports for their relatives and had recently requested these at a family day. People received care and support they required and were confident that staff responded to their individual needs.

Each person had a programme of activities and support workers made every effort to engage people in activities they enjoyed. For example holidays and day trips were prepared with the person. Staff were deployed to ensure people needing support were able to pursuits. We saw from records and staff told us some people lost interest and chose not to continue with participation in activities. When this happened we saw that staff sought out other opportunities and activities of interest to engage the person, and staff encourage the person in every way possible. One person was involved in football coaching which they told us they enjoyed very much. We noted that people participated in activities that promoted independence and practical skills such as cooking and shopping, cleaning and laundry chores, going to the gymnasium and swimming. Some people continued with education and attended college; one person had part time employment. Another person told us they attended independently events in the community near to their previous address.

People who used this supported housing service were assessed by senior staff prior to moving there. This helped ensure their needs and preferences could be appropriately met at the service. A number of people had lived in residential care prior to using the service. Support plans were informative and goal orientated. There was evidence that they had been prepared with involvement of people and their representatives. We noted that information had been obtained from people regarding the areas in which they were independent, where they needed support and how they wanted to be treated.This ensured that support workers were fully informed regarding people's care and their daily routine.

We saw from support plans that a person experienced more behavioural difficulties when there was alcohol consumption involved. We saw documented evidence that the service had responded to concerns that arose and taken appropriate action. Staff had referred the person to psychiatry when this had become an issue and was impacting on the lifestyle of others. Since the psychiatrist's consultation support staff were using recommendations made and competent at managing the situation. Staff were able to describe to us the techniques and interventions they used to effectively respond to the behaviour.

The service had a system for responding to and recording complaints and compliments. There was a complaints policy clearly displayed in the home, there was an easy read version so that people understood this. There were procedures for receiving, handling and responding to comments and complaints. We saw

the policy made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately. Relatives said that they would not hesitate to speak with the registered manager if they had any concerns or feedback. One relative said, "Staff do listen to my views. I haven't had to complain but if I did, I feel able to do so."

Good

Is the service well-led?

Our findings

Staff were clear about their accountability, their role and responsibilities, and the service had a clear management structure in place. People were involved in how the service was run and their views were respected and acted upon. Throughout our visit, we saw the manager and staff spend time with people and responding to their queries or requests for information.

There was an experienced registered manager in post. People using the service spoke favourably about the manager. One person told us, "The manager does a good job, and is always pleasant." Staff were positive about the manager's leadership style. Staff said that they enjoyed their jobs and felt the manager was fair and open. People using the service, their relatives and other stakeholders were given satisfaction surveys once a year.

People's opinions were central to how the service developed and improved and the provider had effective ways of making sure they continued to get things right. Monthly tenant meetings were held, and monthly key worker meetings took place where people's views were considered. Internal audits were regularly carried out by the manager, and members of the staff team who each had designated responsibilities. These included checks on records such as support plans, risk assessments, fire safety, health and safety and medicines. Where shortfalls in service quality were found, there was evidence that action was taken in a timely manner such addressing water valves controlling hot water temperatures, increasing staffing levels when necessary. The manager was supported by the organisation's regional manager, who carried out a quarterly quality assurance audit. This was based on the essential standards set by the Care Quality Commission and considered the experiences and outcomes for people using the service. Any areas for improvement were identified in an action plan. We looked at the report arising from the most recent visit, we saw that progress was underway or completed for several of the actions noted in the plan. For example, a health action plan for one person was not in place at the time of the audit, staff had addressed this and other shortfalls in the service audit. We saw that these audits were kept under review by the regional manager and checked on follow up visit.

The provider had its own audit committee of board members to review service quality. Other quality assurance arrangements included a business plan, risk register for monitoring the services provided and yearly road shows for tenants to meet with management and discuss any issues. There were also regular visits by the provider. The provider arranged joint family days for people and relatives, and these included guest speakers. Relatives told us they found the family meetings inspirational.

There was evidence of learning from incidents and investigations took place and appropriate changes were implemented. The service kept appropriate records of all accidents and incidents. Investigations and follow up actions were taken following incidents and changes were made to people's risk and support plans as necessary.

The provider had a risk panel board who regularly reviewed incidents and near-misses, complaints, safeguarding and whistle-blowing. This helped them identify any trends or patterns that may be emerging.

As required by law, our records show that the service has kept us promptly informed of any reportable events. The provider used a range of resources to continually review their practice and place the interests of the people using services at the heart of the service. The various on-going audits, both internally and externally, ensured that the quality of care was regularly assessed and evaluated, and resulted in improved standards of care.