

Care Management Group Limited

# Care Management Group - 101 Cheam Road

## Inspection report

101, Cheam Road, Sutton  
SM1 2BE

Date of inspection visit: 8 July 2015  
Date of publication: 12/08/2015

### 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 

### Overall summary

This inspection took place on 8 July 2015 and was unannounced. At our last inspection on 30 April 2014 the service met the regulations we inspected.

Care Management Group Limited (CMG) is a national provider of services for people with learning disabilities, physical disabilities and mental health needs. There is support to the registered manager and staff from a regional management team and a team of trainers. 101, Cheam Road is registered to provide care and

accommodation for up to six people with a learning disability. The aim is to help people to live with more independence in the community. There were six people using the service when we visited.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

# Summary of findings

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 and their relatives told us they felt safe with the service they received. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place that informed the manager and staff, as well as people who used the service and their relatives about how to report suspected abuse.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe and work with them positively to help them be as independent as possible.

The provider ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Safe medicines management processes were in place and people were supported to self-medicate where they were able to do so.

People received effective care because staff were appropriately trained and supported to do their jobs.

All but one of the people living in the home had the capacity to make decisions for themselves. 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.

People were encouraged and supported by staff to become more independent by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

People had care plans outlining the goals they wished to achieve whilst living in the home and what support they required from staff to achieve them. People were involved in planning their care and their views were sought and planned for as a central and important part of the process. The service regularly monitored people's changing needs and involved them in discussions about any changes that needed to be made to their care plans.

We observed many examples of people really being listened to by staff, asked for their views and actively involved in their daily care. We saw minutes of house meetings where people were able to discuss any issues they wanted including to do within the home or outside the home, such as their preferences for holidays this year. We also saw the minutes had been written up by people who lived in the home and when we spoke with them they said they were proud to have done so.

Care workers respected people's privacy and treated them with respect and dignity.

People were encouraged to maintain relationships with the people that were important to them. Relatives and other visitors were made to feel welcome and told us they were free to visit people in the home without restrictions.

The service was responsive to people's changing needs and people's preferences were taken into account so they received personalised care. Each person's needs were assessed; people, and their relatives, were involved in these assessments. People were encouraged to express what was important to them at their monthly meetings with their designated staff member.

From the care files we inspected we saw each person had an up to date and comprehensive care plan in place. We saw that people had contributed to the process of their care planning. The care plans we saw identified each person's needs and their short and long term goals. Information was included in people's records about what people could do for themselves, their strengths, and how staff could support people to achieve the identified goals. Care plans had been recently reviewed involving all the appropriate people.

People and their relatives knew how to complain and regular contact with the staff about any updates or concerns that existed helped everyone to keep informed about what was going on and how things were resolved.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via feedback surveys. Action plans were developed where required to address areas that needed improvements.

# 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 safe. There were enough suitable staff to support people. Staff knew how to recognise and report any concerns they had in order to protect people from the risk of abuse or harm.

Regular checks of the environment and equipment were carried out to ensure risks were identified so they could be dealt with. There were appropriate plans in place to minimise and manage risks to people, and to keep them safe from injury and harm in the home and community.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Good



### Is the service effective?

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep their skills and knowledge updated.

People were encouraged and supported by staff to become more self-sufficient by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

All but one of the people living in the home had the capacity to make decisions. The person who did not had been assessed appropriately by the local authority. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the DoLS.

Good



### Is the service caring?

The service was caring. People told us staff were kind, caring and supportive and so did their relatives.

People were central in making decisions about their care. Their views were listened to and used to plan their care and support plans.

Staff respected people's dignity and right to privacy. Relatives were free to visit the home without restrictions.

Good



### Is the service responsive?

The service was responsive. People's preferences, likes and dislikes had been recorded and responded to accordingly.

People's care and support was assessed, planned and delivered as they wanted and the plans had been reviewed appropriately. People went on trips and participated in group and individual activities within and outside the home.

People and their relatives knew how to complain and had regular contact with the staff about any updates or concerns in relation to their family member.

Good



### Is the service well-led?

Staff told us they thought the service was well managed and they experienced a positive working environment. People's views and those of their relatives were sought about the quality of care and support they experienced. Staff acted on people's suggestions for improvements.

Good



## Summary of findings

The registered manager carried out regular checks to monitor the safety and quality of the service.	
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# Care Management Group - 101 Cheam 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 8 July and was unannounced.

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

We gathered information by speaking with four of the people living at Cheam Road, two relatives, three health care professionals, a social worker, the registered manager and two members of staff. We observed the provision of care and support to people living in the home. We looked at three people's care records and three staff records and reviewed records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person said, "I've been living here for a long time. This is my home, the staff are so kind and I do feel very safe here." Another person said, "I am safe here." Relatives of people told us they considered the service was a safe place for their family member to live. They said the staff made sure people were safe and knew how to support people to ensure their safety. One relative told us there was a "keep me safe" section to the care plan. They said this was useful in helping to keep people safe. We saw this in the care files we inspected, the section was person centred and up to date. It usefully set out a number of areas where the person described for themselves how they would like their safety to be maintained.

There were policies and procedures regarding the safeguarding of adults which staff knew how to use. Staff told us they were trained in procedures for safeguarding people which was also confirmed by training records we saw. Staff we spoke with were able to describe the types of abuse they might encounter. They were aware of what to do if they had any concerns about the safety or welfare of people. They said they would report these to the registered manager or to the local authority safeguarding team. Staff said people were safely cared for as they knew what to do to keep people safe.

Risks to people had been assessed and the risks managed through people's care plans so that they were appropriately protected and supported. We saw care plans and risk assessments had been recently reviewed with the person concerned, their relatives, staff and local authority care managers.

The service had other risk assessments and risk management plans in place to ensure identified risks were minimised so that people and staff were helped to keep safe and protected. Regular service and maintenance checks of the home and equipment had been undertaken. There was an up to date fire risk assessment, a daily room and environment audit and a quarterly health and safety check to help to ensure any risks were identified so they could be dealt with. We saw records that confirmed what we were told and we saw these had been maintained to date. We observed the home was clean, tidy and kept free of clutter. This meant that people could move safely around the home.

People said there were enough suitably qualified and experienced staff to keep people safe and to meet their needs. One person said, "I think there are enough staff here." We looked at the rota and we saw that the staff ratio to people did provide sufficient cover to meet the needs of people. The registered manager told us if people's needs increased, there were provisions in place for additional staff support to be provided as required.

Staff files we inspected showed there were recruitment checklists to document all the stages of the recruitment process and to ensure the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

The registered manager told us only qualified senior staff were allowed to administer medicines to people. One person we spoke with said, "I take my own medicines now, I'm really pleased about that. Staff make sure I do it right and I do." Staff told us people were encouraged and supported to self-medicate as a part of their care programme and at the time of this inspection four of the six people living at Cheam Road administered their own medicines with minimal staff support. Risks associated with self-medicating had been assessed and risk management plans put in place.

People's medicines were managed so that they received them safely. We found that there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely. All the medicines were safely stored away in a locked medicines cabinet. We looked at a random sample of medicine administration record (MAR) sheets. We saw that only senior staff administered medicines to people and maintained the records appropriately. We found no recording errors on any of the MAR sheets that we looked at. A member of staff told us there was a monthly audit of the procedures for administering medicines to people. We saw records up to June 2015 that demonstrated this.

# Is the service effective?

## Our findings

Staff received regular training and support to meet the needs of people using the service. Records showed the registered manager and senior staff met regularly with other staff to discuss and appraise their work performance, their learning and development needs and any issues or concerns they had about their role. Staff told us they attended regular one to one supervision meetings. One member of staff said, “I have regular supervision with the manager every four to six weeks. You couldn’t get better support. We discuss resident’s issues, my training needs and any other business that’s relevant to the home.” Another member of staff told us, “CMG provides us with good training and I find it very useful with my job. I have done a lot of training over the last year.” We looked at staff records and found training information on all the staff files. There was a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that the provider had assessed staff needed to do their jobs effectively. We noted that there was additional specific training that was accessed by staff such as that for the Mental Capacity Act and working with bipolar and mood disorders, both additions to the training programme. The registered manager told us some of the training was provided by CMG, some by the London Borough of Sutton and some through e learning.

People were able to make decisions about their everyday life and were asked for their consent. It was clear from speaking with people they were actively involved in their care programmes and were encouraged to make decisions about their care and support needs. The aim of the programme of care and support provided at 101, Cheam Road is to enable people to live as independently as they are able, with the possible outcome of a move to more independent accommodation where they could successfully support themselves with minimal assistance. The care records we saw showed wherever people were able to do so, they were involved in making decisions about their care and support and their consent was sought and documented. Five of the six people living at Cheam Road had the capacity to make decisions about specific aspects of their care and support at the time of this inspection. The registered manager said that people’s

capacity to make important decisions was always discussed at their care planning meetings so everybody was aware of the person’s ability to decide on what was in their best interests.

We saw the service had policies and procedures regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where appropriate a person’s needs were assessed regarding their mental capacity to consent to their care and treatment. This included an assessment of the level of supervision people needed. One referral was made by the registered manager to the local authority where it was considered the person needed to be assessed for a (DoLS) authorisation. Records showed staff were trained in the Mental Capacity Act 2005. Staff demonstrated an awareness of the procedures to follow if people did not have the mental capacity to consent to their care.

People were assisted in planning their shopping and preparing their meals so they could have a healthy and balanced diet. One person said, “We take turns in shopping, we each have a day when we do the shopping and we do the cooking as well. Staff do help us when we need it.” Another person said, “I enjoy cooking my favourite meals. I cook with another person here, we love it.” People were encouraged to shop and cook their own food and provided with appropriate support when required. Some meals were also provided for people. People told us they enjoyed their meals and were pleased to gain the experience they hoped would help them to be able to live more independently in the future. A member of staff told us their role covered doing some cooking for people but also provided specific training for people to gain their own skills with shopping, cooking and preparing meals. They said they found their role very rewarding as it was good to see people being enabled to learn new skills and to become more self-sufficient.

People were supported to maintain good health and had appropriate access to healthcare services. Care files confirmed that all the people were registered with a local GP and had regular annual health checks. People’s health care needs were also well documented in their care plans. We could see that contacts people had with health care professionals were recorded in their health care plan.

People were supported by staff to maintain their physical and mental health. A relative said, “I am perfectly happy that [my relative] is being looked after really well. I visit every fortnight, if there is any illness they get to see their

## Is the service effective?

GP.” The care and support people needed from staff was documented in their records. This included information about the support people needed to access healthcare

services such as the GP, community psychiatric nurse or psychiatrist. People’s healthcare and medical appointments were noted in their records and the outcomes from these were documented.



# Is the service caring?

## Our findings

One person told us, “The staff are like family, very caring. They help me when I need it and that’s great.” Another person said, “We all get on well. The staff have been really caring and supportive to me.” Relatives of people told us staff treated people with respect and kindness and as individuals. A relative said, “They support people as individuals, not a one size fits all approach. All the staff are very caring and knowledgeable about my relative.” Another relative said, “101 has provided a high standard of consistent care which has allowed my relative to reach their potential.”

One care professional we spoke with told us they found 101 Cheam Road staff extremely caring and proactive in ensuring that people were supported and included in making decisions about their care. They said staff acted as advocates for people when necessary and raised any issues they felt needed to be addressed with them. A social worker we also spoke with said that staff were very caring of the people at 101, Cheam Road. They said it was in fact like a large family with a high degree of caring and support for people. We saw that advocacy services were advertised on notice boards in the home and were therefore available for people to use if they wanted to do so.

When we inspected people’s care files we saw there were good needs and risk assessment information on the files. Staff told us they were expected to read this information so that they had a better understanding of people, their personal histories, their preferences, their needs and their aspirations. We saw that staff had signed people’s care documents to say they had read them.

During the inspection we saw the conversations and interactions between people and staff were warm and friendly yet respectful. Staff knew people well and they used this knowledge to build trusting relationships with people. Staff told us they did this so they could best engage with people to help them build their self-confidence and to develop strategies that would help them achieve their goals of moving on successfully into more independent living. In our conversations with staff we noted they talked about people in a caring and respectful way.

As an important part of the care programme people were encouraged to express their views and be involved in

making as many decisions about their care and support as possible. People’s records showed that people and where appropriate their family members and other healthcare professionals had been involved in the planning of their care and support needs. As part of this process people’s views and preferences had been sought and discussed which meant the care and support they received was reflective of their personal preferences.

We observed many examples of people really being listened to by staff, asked for their views and actively involved in their daily care. We saw from reviewing minutes of recent house meetings that people were able to discuss any issues to do within the home or outside the home such as their preferences for holidays this year. These meetings were often used to discuss the service’s menu and the activities on offer, including any day trips they wished to take part in. We also saw the minutes had been written up by people who lived in the home and when we spoke with them they said they were proud to have done so.

We saw that people’s right to privacy and dignity was respected. Care plans set out how these rights should be supported by staff. This included maintaining people’s privacy and dignity when their care was being discussed. Staff told us they ensured this was done out of the earshot of anybody else. During the inspection we observed staff knocked on people’s doors and waited for permission before entering. We also observed instances where staff positively encouraged people to respect the personal space and boundaries of other people in the home. People’s records were kept securely within the home so that their confidential personal information was protected.

People were supported to be independent in the home and community. Records showed each person had time built into their weekly activities timetable for laundry, cleaning, shopping and any other tasks aimed at promoting people’s independence.

A relative said there were no restrictions on them visiting their family member at the home. They said, “We are always made to feel welcome by staff.” Another relative said, “They create a friendly welcoming atmosphere at 101.” The service held regular events at the home such as summer barbeques and other celebratory events and friends and family were invited to attend and participate.

# Is the service responsive?

## Our findings

The service was responsive to people's changing needs and people's preferences were taken into account so they received personalised care. Each person's needs were assessed; people, and their relatives, were involved in these assessments. People were encouraged to express what was important to them at their monthly meetings with their designated staff member. Copies of these were available and showed how staff had discussed with each person their preferences and needs such as activities they would like to attend and what they would like to do for the summer. We observed staff on many separate occasions offering people choices in what they would like to do. We saw care plans were personalised to reflect people's preferences.

We inspected three people's care files and we saw each person had an up to date and comprehensive care plan in place. We saw that people had contributed to the process of their care planning. The care plans we saw identified each person's needs and their short and long term goals. Information was included in people's records about what people could do for themselves, their strengths, and how staff could support people to achieve the identified goals. We also saw from the daily records how staff actually supported people on a daily basis and we saw this was consistent with the information in their care plans. People's care plans that we inspected had been reviewed regularly and all within the last three months.

The care plans were 'person centred' which reflected people's personal preferences, and were presented in a way which they could understand. For some people this took the form of pictorial diagrams, for others photographs. They included an activities timetable outlining a range of social, recreational, educational and occupational activities for each person. People told us they were able to make choices about what they wanted to do. One person told us they regularly attended a college course as a way of gaining more skills that would enable them to go to work. Another person told us they did regular voluntary work. Both people said they really enjoyed doing these things and were excited about the possibilities in the future that these experiences might offer them.

The use of pictorial displays had also been used to display information about group activities available to people. A health care professional told us the staff were skilled in engaging people with "meaningful" activities and that a variety of communication tools were used to ensure that people got the most out of the activities they engaged in as well as the activities reflecting people's choices. People told us they enjoyed attending activities in the community and relatives also told us people were supported in this. The registered manager told us how people had opportunities to go on holiday which was confirmed by one of the people we spoke with. People had access to educational and occupational activities as well as being supported to maintain hobbies.

We saw from the records there was good joint working with other professionals involved in people's care. People were encouraged and supported by staff to undertake various activities and tasks. Records showed people had individual goals and aspirations which had been agreed with them and which were aimed at increasing their independence in the home and community. We saw from activity records we inspected people had a varied and wide timetable including courses and adult education classes as well as gym and going for meals out.

The complaints process was displayed in the hall so all people were aware of how to complain if they needed to. We reviewed the complaints received in the last year. We saw that where a complaint was made, this had been investigated and the complainant was responded to with the outcome of the registered manager's investigation. We saw that complainants could be invited to a meeting if they wanted to discuss a complaint further.

People and their relatives told us the staff responded to people's changing needs. This included people and their relatives having opportunities to discuss people's changing care needs and how people liked to be supported. Relatives said there was 'open' communication between themselves and the manager and staff so they felt able to raise any issues they had so that people received the right care. A relative said how they frequently spoke to the manager and anything that was raised was always acted on straight away.

# Is the service well-led?

## Our findings

Relatives of people told us they thought the home was well run and managed. One person said, "It would be hard to find a better place for our family member. It is well run and well managed by kind and caring staff." Another person said they thought the registered manager was a good listener and responded positively to any suggestions that had been made to them. We found the registered manager to be a committed and enthusiastic leader of the service. In effect a champion for the people who used the service, together with an equally committed and enthusiastic staff team who all evidently advocated on behalf of the people living in the home.

Staff told us they had a supportive management team, and they were able to raise any concerns they had. They told us there were regular staff team meetings and supervision meetings as well as frequent informal occasions where things could be discussed. Staff said the management team was "helpful and supportive" and they felt there was "an excellent team spirit" that made working in the home a positive experience for them. They said they felt well supported by their colleagues. Staff felt the management team included them in discussions about the service and they felt involved in service progression and development.

Staff meetings were held monthly. A member of staff told us they found the meetings a good way of sharing information with everyone, so they all knew what was going on. We viewed the minutes from the last meeting in June 2015. This meeting had been used as a team building exercise to acquaint staff with new policies and procedures and to reinforce with staff the importance of effective team

working. The registered manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of.

The registered manager told us they had asked people who used the service and their relatives for their opinions and they were asked to complete a satisfaction survey annually. We viewed the findings from the satisfaction survey undertaken earlier in 2015. These showed that people were satisfied with the support provided by staff and the services more generally in the home. They felt they were treated with respect and staff listened to them if they had any concerns or wanted to talk.

The registered manager told us they planned more extensive feedback surveys this year to include staff and health care professionals involved in the care provided to people about their experiences of the service. They said the results would be analysed and an action plan drawn up where necessary.

The registered manager also undertook other audits to review the quality of the care provided for people using the service. These included audits of the administration of medicines in the home, health and safety processes and fire safety equipment.

No concerns were identified in the audits we viewed, and they showed that the care and support provided by staff was in line with the service's policies and procedures.

The registered manager ensured that statutory notifications were sent as required. Information was included to do with incidents that required notification to the CQC and the registered manager was clear about what was required to be reported.