

Care Management Group Limited

Care Management Group - 17 Heathcote Road

Inspection report

17 Heathcote Road
Epsom
Surrey
KT18 5DX

Tel: 01372744150
Website: www.cmg.co.uk

Date of inspection visit:
03 June 2019

Date of publication:
24 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

17 Heathcote Road is owned by Care Management Group (CMG). The organisation provides 24-hour care and support for up to nine people who live in their own flats in a building which is owned by CMG. People's flats have en-suite and cooking facilities and there are a variety of communal areas for people to use. At the time of the inspection eight people were using the service.

The building design fitted into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going from the house.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to live their life the way they wanted. This was done through identification and management of risks, so they could take part in activities they enjoyed and live as independently as possible. Staffing levels were based on the needs of people and changed as required to ensure people had the support they needed, at the time they wanted it. People were supported to manage their own medicines in a safe way or were given support if needed. Accidents and incidents were reviewed by people and staff to understand what had happened and then minimise the risk of a repeat occurrence.

People were supported and given guidance on healthy eating and drinking choices. Staff received appropriate training and supervision to ensure they understood people's needs and could support them effectively. Staff worked well as a team to ensure they gave effective support to people and give them access to healthcare professionals and other outside support agencies. People's needs were assessed before they started using the service, with the identification of clear goals and aspirations people wanted to achieve.

People told us they felt respected by the staff, and they were given the freedom and independence to live their life the way they wanted. Staff knew people as individuals, and good working relationships had been developed between people and staff. The staff team ensured the values of promoting choice, control, independence and inclusion were followed throughout the service. People were supported to achieve their agreed goals and be safe.

Systems were in place to monitor the quality and safety of the service. Feedback was welcomed and used to make improvements to the service. The registered manager, staff and provider were keen to drive improvement that would impact positively on people's lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Care Management Group - 17 Heathcote Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Due to the small size of the service one inspector completed the inspection.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present during the inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before visiting the service, we looked at information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a

serious injury. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with the deputy manager, the provider and three staff. We reviewed four people's care records, three staff files, audits and other records about the management of the service.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, the rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe because staff were available when they needed them. One person said, "I trust the staff, when I am out with them I know they will help keep me safe." Another person said, "They give really good support. If they think I'm anxious they ask me what is wrong."
- Staff understood their responsibility to keep people safe, and how to recognise abuse and protect people from harm. They were confident in raising concerns with the registered manager and knew the providers whistleblowing policy. One staff member said, "We have to believe them if they tell us about abuse, we don't cross examine, we make sure they are safe and report to the manager. I can also contact the social services or CQC if I have concerns about safety."
- Information on abuse and how to report it was readily available in communal areas of the building. This included information on topical subjects such as disability hate crime and 'mate crime.' The information had been presented in an easy to read format to meet the needs of the people who live here.

Assessing risk, safety monitoring and management

- People told us they were involved in managing their own risks. One person said, "Staff would respect my decision; they take account of everybody's views." Another person said, "I can do the things I want to do. They talk to me about the risk but tell me it's my choice."
- People were protected from the risk of harm because hazards to their health and safety had been identified and well managed. Action required by staff to reduce the chance of people coming to harm was recorded in risk assessment documents. These covered areas such as behaviour that may challenge, and going into the local community independently.
- The hazards to people's health and safety from environmental risks such as cleanliness and infection control and fire safety were also well managed. These included personal emergency evacuation plans to ensure people could evacuate the building in the event of an emergency such as fire.

Staffing and recruitment

- Recruitment processes were safe and ensured people were protected from the risk of unsuitable staff being employed. People were involved in the recruitment of staff who would support them. One person said, "We are really involved in the interviews. If we all said no, they wouldn't employ them - as long as our reason was fair."
- There were enough staff to meet the needs of the people who used this service. One person said, "They are there to support people when we need it." Staff responded promptly to people's request for support throughout our inspection.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines. People had the choice to manage and administer their own medicine, which included keeping their medicines in their own rooms if they wished.
- Care records described the support people required with medicines and medicine administration records were regularly audited to ensure they were given as prescribed. Staff were appropriately trained.
- When people were prescribed their medicines on an 'as required' basis, guidance was available for staff to follow. Records we looked at confirmed staff were following the guidance in place.

Preventing and controlling infection

- Systems were in place to protect people from the spread of infection. For example, different coloured mops were used for the kitchen and bathroom/toilet areas.
- Staff had received training in infection control and appropriate equipment, such as gloves and aprons, were available throughout the service to manage infection control risks.

Learning lessons when things go wrong

- All incidents and accidents that occurred were reported to the registered manager or deputy manager and investigated.
- Where investigations identified trends or opportunities for learning this information was shared promptly with staff to prevent similar events from reoccurring. A staff member said, "At hand over meetings and staff meetings where we revisit these things to try to make them better."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service and used to develop support plans. The assessment ensured that staff found out about people as individuals, such as their preferences, and interests, as well as medical support needs.
- People were supported to identify outcomes, goals and aspirations, and these were carried over into the support that people received.
- The needs assessment also checked if any special action was required by the staff or provider to meet legal requirements. For example, use of specialist medicines or making adjustments to adhere to the requirements of the Equalities Act.

Staff support: induction, training, skills and experience

- Staff received regular supervision and appraisal to review their individual work and development needs. One staff member said, "We talk about my wellbeing, safeguarding and if anything needs to be discussed. We talk about my progress and training I may want or need." Observations and competencies checks were carried out to ensure staff continued to meet the required standards.
- Staff were knowledgeable and skilled in their roles. They received an induction and ongoing programme of training, with the opportunity to develop skills. One staff member said, "The training is very good; I'm starting to do supervisions as part of my development."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported to shop for and prepare meals when needed. One person said, "I like to be independent with my food and don't really need help, but it is available if I need it." They spoke about staff encouraging healthy options, but they could purchase and eat the food they wanted. During our inspection people returned to their flats having been to a local take away for lunch, while others prepared their own meals in the kitchen.
- People's dietary needs were identified, and support given when needed. One person had expressed a goal to lose weight. The process had just begun when we carried out our last inspection. Through guidance on health eating and exercise they had now lost the weight they wanted and lived a more active lifestyle.
- Information on healthy eating was displayed in an informative and easy to read way in communal areas. This included information on sugar content in fizzy drinks and the impact this could have on people's health.

Staff working with other agencies to provide consistent, effective, timely care

- The staff team worked in partnership with the people they supported, and community based mental health professionals as well as other healthcare professionals to ensure people received effective support. This included working with specialists such as a facility for people with a learning disability who required crisis mental health support.
- Regular team meetings took place to share knowledge and information to ensure a continuity of care and support. This included shift handover meetings where staff from earlier shifts passed on important information about people's care and support to the staff just arriving.

Supporting people to live healthier lives, access healthcare services and support

- Information on other agencies that could provide support or information was displayed so people could see it. This included agencies who provide support services in the community for people with a learning, physical or sensory disability. This gave people a choice of who could support them.
- Care records detailed that people were supported to access to health care professionals such as GP's should the need arise. One person said, "I know if I had an accident that staff would support me to go to A and E."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

- People told us that staff always asked their permission before giving support and that they were involved in all decisions around their care and support. Staff understood that people had the right to make decisions for themselves. One staff member said, "Everyone here has capacity to understand decisions and risk; we have to give choice, and work towards what they want and need."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were friendly and supported them in the way they wanted. One person said, "I would say we are supported to be independent, but when I when need it the support is there."
- Staff had developed good caring and supportive relationships with people. We saw positive interactions between staff and the people they supported during our inspection. One staff member told us, "The best thing about this job is the people I support, it's so nice to see the guys grow in confidence and independence."
- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion, diet and gender preferences for the staff that supported them. Staff knew people well and supported them in their preferred way.

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

- People were involved in how they lived and the support they received. This supported them to grow in confidence and develop their skills and independence. One person said, "I have input into my support. When I first moved in I was constantly asked if I had taken my meds. I told them I didn't like it, and they don't do it anymore. They talked to me about the risk if I didn't take my meds, so that I understood."
- Staff understood peoples communication preferences, and ensured information was supplied in a manner that met those needs.
- Staff knew how to support people to access advocacy services if required. Advocacy services offer trained professionals who support, enable and empower people to speak up. The contact details were displayed in an easy to read format in communal areas of the building.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was protected by staff. Staff respected people's private spaces and only entered them when permission had been given.
- Peoples dignity and independence was supported in the way staff worked. One person required staff support when bathing as they were at risk of injury due to their medical condition. Staff had considered the person's dignity and independence when putting a plan of care in place. This resulted in the person being monitored while they bathed by staff sitting in the next room and holding a conversation with them, to ensure they were still alright.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice. Policies and procedures were in place to maintain confidentiality and staff understood the importance of this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care and support personalised to their choices and preferences. One person said, "I have a Care plan, it says the things I like and how I want to live. They follow it and I read through it with staff to see if I want any changes." Care plans contained detailed guidance for staff on how to meet people's individual needs and choices.
- Guidance was in place for staff to support people who may be at risk of social isolation, or with those who may have behaviour that may challenge themselves or others. Where this had happened, people were supported to reflect on what had happened, and review how they could have responded to minimise any negative outcomes for themselves or others. This helped build their decision-making skills to support them with being independent, as well as managing their own emotions.
- Staff were knowledgeable about people and their needs. Daily notes completed by staff gave information about the support people had been given, their moods, and general state of health. A review of these notes showed that the care staff had given matched that specified in people's care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documentation around the service had been printed in an accessible format for the people who lived here. Documents such as complaints policies, safeguarding information, health and safety information were all displayed in a way that people could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- This was a supported living service, people were very independent, and able to go out and live their lives with minimal staff support. The people we spoke with talked about how staff were there when they needed them, and facilitated events, such as tenants' meetings, or house parties.

Improving care quality in response to complaints or concerns

- People understood they could make a complaint if they were unhappy about the service, and that their complaints would be responded to. One person said, "100% I know how to raise a complaint."
- There had been one verbal complaint made during the last 12 months. This had been resolved to the satisfaction of the person who made the complaint.

End of life care and support

- No-one was receiving end of life care at the time of the inspection. The service did not routinely provide support for people at the end of their lives. However, they would support a person to remain at the service as they neared the end of their life in line with their wishes.
- Where someone had passed away, the staff supported people to come to terms with the loss and help them with the grief process. Staff helped people celebrate the person's life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the provider had developed a positive culture which was open and transparent and valued the importance of providing high quality care. Discussions with staff demonstrated they shared the same culture and values. One staff member said, "It's about us giving the guys as much independence as possible."
- The staff team demonstrated that they had a good understanding of equality, diversity and human rights to provide safe, compassionate and individual care.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager and provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they felt supported and respected in the work they did. One of them said, "Oh yes, we are well supported by the manager. The regional manager also comes in and talks to us to see how we are doing."
- The deputy manager was visible around the house during our inspection, which made them available to talk to people and visitors, as well as to observe staff practice. Management observations of staff working practices reviewed key aspects of the service such as health and safety, medicines management, infection control, and care planning to see if any improvements were required.
- The registered manager led by example and worked shifts, including sleeping in; this was not due to staff shortages but to enable them to demonstrate to their team what was expected of them. Each member of staff was encouraged to lead a shift which led to a good team work ethos, and made staff feel valued.
- Staff were involved in making improvements and ensuring that a good standard of support was given to people. Staff roles included completing health and safety checks and ensuring fire safety on a day to day basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were fully involved in how the service was run. Tenants meetings were chaired by the people, and they were able to make their own rules for how they lived together. This included how, as a group, they would respect each other and how the group would respond if someone did not stick to the rules they had agreed.
- Everyone we spoke with praised how the staff gave them choice and control over their lives. It made them feel fully involved in what happened to them. People told us they were encouraged to speak freely and were confident to raise any concerns they may have had.
- Regular staff meetings took place to give them an opportunity to discuss any changes and raise any suggestions. Staff were also given opportunities to extend their knowledge and undertake training and reflection.

Continuous learning and improving care

- Quality assurance processes were in place. This included regular audits of medicines, health and safety and the environment. Feedback received from people was used to continuously improve the service.
- The Provider Information Return (PIR) gave us accurate details about how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.
- The provider kept up to date with changes in the health and social care sector. For example, through health and safety alerts issued by the local authority or best practice guidance issued by the CQC.

Working in partnership with others

- The provider told us in the PIR that they worked in partnership with other agencies and sought advice about people's care from health professionals. They told us they made links with the local community for people. During the inspection we saw many indications of this community involvement, such as visits by the local police to talk to people about abuse they may be vulnerable to and hate crime.
- People continued to be supported to access healthcare professionals and community support groups.