

Care Management Group Limited

Care Management Group - 101 Cheam Road

Inspection report

101 Cheam Road
Sutton
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Date of inspection visit:
04 May 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 May 2017 and was unannounced. At our last inspection on 4 July 2015 the service was rated 'Good' in all key questions and overall.

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 seven people with a learning disability and autism. The aim is to help people to live with more independently in the community. Since the last inspection a new annexe has been specially designed and built in the back garden of the property for people who were more independent than those people living in the main house. There were seven people using the service when we visited.

The service had a registered manager. 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 persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and the associated Regulations about how a service is run. The registered manager took a leave of absence and returned to manage this service at the end of March 2017.

We found that the premises were not always maintained adequately to ensure people continued to live in a well-maintained and pleasant environment. Several areas of the home were not in a very good state of redecoration or were in a state of disrepair and needed to be made good to ensure people's quality of life was not adversely affected by the quality of the environment they lived in. The registered manager told us there was a plan in place to ensure the refurbishment was carried out as required.

Over the course of the last year we found that most of the health and safety audits and risk assessments had been updated, except for the service's manual handling risk assessment. The registered manager told us this risk assessment would be reviewed immediately to ensure compliance with policy and procedures.

People told us they continued to feel 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 staff were well informed about. People who used the service and their relatives were encouraged to report suspected abuse so appropriate action could be taken.

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 received their medicines safely.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so.

People were supported to eat and drink sufficient amounts to meet their needs. People had access to a range of healthcare professionals to support them with their healthcare needs.

The staff were caring. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Throughout the inspection we saw that people had the privacy they needed and were treated with dignity and respect by staff.

People's needs were assessed before they stayed at the home and support was planned and delivered in response to their needs. People could choose the activities they liked to do and every person had a variety of paid and voluntary activities throughout the week. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Staff we spoke with described the registered manager as approachable and responsive to their own and to people's needs.

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.

People were protected against the risk of abuse. Staff were aware of their roles in safeguarding people and could demonstrate clear knowledge of how to appropriately raise concerns of alleged abuse.

People were protected against identified risks as the service had comprehensive risk assessments in place. Risks in relation to the premises were being appropriately managed to help ensure the safety of people and others.

People received care and support from sufficient numbers of staff at all times.

People received their medicines safely and in line with the home's policies and procedures.

Is the service effective?

Requires Improvement 

The service was not always effective. People received care and support from staff who knew their needs and preferences well. Staff received appropriate supervision and the necessary training to meet people's needs effectively.

People received support in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act and the provider had considered people's capacity to make decisions for themselves.

People were provided with a wide range of healthy and well balanced food and drink to meet their nutritional needs.

People were supported to maintain good health and have appropriate access to healthcare services.

From our inspection of the premises together with the registered manager we saw that people did not always benefit from premises that were appropriately maintained and decorated.

Is the service caring?

Good ●

The service was caring. People told us staff were very caring towards them. They told us they were involved in the care planning process and their views and preferences were taken into account in the process.

Staff demonstrated respect for people who used the service in the way they interacted with and spoke about people.

Staff took account of people's individual needs and supported them to maximise their independence. Staff provided support in ways that protected people's privacy and respected their dignity.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and tailored to the needs of the individual. Care plans were reviewed regularly to include people's changing needs.

People knew how to raise concerns and complaints and they were confident they would be listened to and acted upon promptly.

Is the service well-led?

Good ●

The service was well-led. We found that most of the health and safety audits and risk assessments had not been updated as required by CMG's own policy, except for the service's manual handling risk assessment. The registered manager told us this assessment would be reviewed immediately to ensure compliance with policy and procedures.

Staff we spoke with described the registered manager as approachable and responsive to their own and to people's needs.

Care Management Group - 101 Cheam Road

Detailed findings

Background to this inspection

This inspection took place on 4 May 2017 and was unannounced. At our last inspection on 4 July 2015 the service was rated 'Good' in all key questions and overall.

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The service had a registered manager. 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 persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and the associated Regulations about how a service is run. The registered manager took a leave of absence and returned to manage this service at the end of March 2017.

We found that the premises were not always maintained adequately to ensure people continued to live in a well-maintained and pleasant environment. Several areas of the home were not in a very good state of redecoration or were in a state of disrepair and needed to be made good to ensure people's quality of life was not adversely affected by the quality of the environment they lived in. The registered manager told us there was a plan in place to ensure the refurbishment was carried out as required.

Over the course of the last year we found that some of the health and safety audits and risk assessments had not been updated. The registered manager told us these audits would be reviewed immediately to ensure compliance with policy and procedures.

People told us they continued to feel 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 staff were well informed about. People who used the service and their relatives were encouraged to report suspected abuse so appropriate action could be taken.

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 received their medicines safely.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so.

People were supported to eat and drink sufficient amounts to meet their needs. People had access to a range of healthcare professionals to support them with their healthcare needs.

The staff were caring. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Throughout the inspection we saw that people had the privacy they needed and were treated with dignity and respect by staff.

People's needs were assessed before they stayed at the home and support was planned and delivered in response to their needs. People could choose the activities they liked to do and every person had a variety of paid and voluntary activities throughout the week. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Staff we spoke with described the registered manager as approachable and responsive to their own and to people's needs.

Is the service safe?

Our findings

People told us they remained safe living at the service. One person said, "The staff are so kind to me, I think I am safe here." Another person said, "I feel safe and happy living 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 their [family member's] care plan had good risk management strategies that helped them remain safe. This was evidenced in the care files we inspected, we saw there were appropriate risk management plans in place to help minimise the risks of harm to people.

Risks to people had been properly 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 were reviewed a year previously with the person concerned, their relatives, staff and local authority care managers and were now due for further review. The registered manager told us since their return to the service, the process for reviewing people's care plan and other assessments had begun. We saw evidence of this for two people.

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 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.

We saw there were appropriate policies and procedures regarding the safeguarding of adults. Staff had signed each of the policies to demonstrate they had read and understood them and to show their agreement to follow them. When we spoke with staff they were clear on how to follow them and they said they had received training in the procedures for safeguarding people. This was confirmed by training records we saw. Staff described the types of abuse they might encounter and they knew what action to take 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.

People said there were good levels of staffing to meet their needs. One person said, "There's always plenty of staff around each day." We looked at the rota and we saw that the staff ratio to people provided good cover to meet the support 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.

We inspected two new staff files which showed there were robust recruitment processes in place. Each file had a checklist 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 staff who had received the necessary training were allowed to administer medicines to people. This was to help to ensure that 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 staff administered medicines to people and maintained the records appropriately.

Is the service effective?

Our findings

Staff continued to receive regular training and support to meet the needs of people using the service. Records showed the registered manager met regularly with 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 since the last inspection they had regular one to one supervision meetings every four to six weeks with the registered manager. One member of staff said, "Yes I have regular supervision meetings with the manager. It is very useful to me in carrying out my work effectively as I am new in this job." Another member of staff told us, "The company [CMG] does provide good training for us and I have done a lot of training over the last year."

We looked at staff records on the provider's computer systems where training records were kept and maintained and saw there was a list of all training the staff had completed. We saw 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 2005 (MCA) and working with bipolar and mood disorders, both additions to the training programme. The registered manager told us that training was delivered to staff in a variety of ways some face to face learning sets and some through e-learning.

During the inspection we observed that people were able to make decisions about their everyday life and were asked for their consent before care and support was given. It was clear from speaking with people they were central to the formation of their care and support plans. Staff ensured that people were encouraged to make decisions about their care and support needs and these were included in their care plans. 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). 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All but one of the seven 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. An application to the local authority for a capacity assessment had been made under DoLS in respect of whether an authorisation was needed for the person whilst they received care at the home and not being able to consent to it.

One person said, "I cook a meal one day a week and I do some of the shopping too." Another person said, "We all do a bit of cooking, we get help from staff when we need it. I enjoy cooking my favourite meals." We

saw that some of the people were able to go shopping for themselves and some were assisted in planning their shopping and preparing their meals. We saw that people had a varied, healthy and balanced diet.

Staff continued to take appropriate action to ensure people received the care and support they needed from healthcare professionals. Detailed records of the care and support people received were kept. Details included information about people's general health and wellbeing and any medical needs they had. Each person had an annual healthcare check and had a completed 'Hospital Passport.' A hospital passport is a booklet designed to accompany the general notes that medical professionals refer to when treating a patient. It contains essential and useful information for professionals about the particular needs, likes and dislikes of a person and helped to reduce the incidence of distress or misunderstanding.

From our inspection of the premises together with the registered manager we saw people did not always benefit from a well-maintained and pleasant environment. We found there were painted areas of the building that looked tired and worn. The ground floor carpet was worn in places and needed replacing, a ceiling in one of the first floor bedrooms needed re-decorating following a leak from an upstairs bathroom, repairs were needed to sections of the roof where tiles had been dislodged by bad weather and a light switch in one of the bathrooms needed replacing. The downstairs shower room also needed a complete refit as there was mould and broken tiles evident that could lead to a risk of cross infection. We discussed this with the registered manager. They told us that the shower room was identified for a re-fit in 2016. The first floor bedroom ceiling was also identified for repairs earlier in 2017, however at the time of the inspection this had not yet been carried out. The registered manager told us after the inspection that the light switch had been replaced and the other issues we identified would be addressed.

Is the service caring?

Our findings

The service continued to be caring. One person told us, "This is my home. All my friends are here and I am very happy. The staff are good to us and they care about us and help us all the time." Another person said, "I like living here. I am happy. Staff are caring to me."

The provider ensured people were supported by caring staff who took the time to build caring relationship with people. The majority of the staff team members were new to the home and there were some staff vacancies that had not been filled by the time of this inspection. We were told by the provider any gaps in the rota were filled by mostly permanent staff from other homes in the group but also with agency staff while posts at the home were recruited to. The registered manager told us it was important to recruit caring staff with the right attitudes to work at the home.

We observed that people continued to be 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 that arose within the home. People were able to discuss where they wanted to go on holiday; one person told us "I am going on holiday to Butlins with staff. I am really looking forward to that."

We saw that people's right to privacy and dignity continued to be 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. 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.

All the care and support provided at 101, Cheam Road was focussed on helping people to live as independently as they were able to, with the possible outcome of a move to more independent accommodation where they could successfully support themselves with minimal assistance. The new building annexe in the back garden made the potential for people to make such a move much more possible. One of the people who used the service was living in this accommodation at the time of this inspection. They told us they liked living in less supported accommodation but were pleased staff were there for them if needed.

Relatives and health and social care professionals said there were no restrictions on them visiting people at the home. Comments included 'You get a good welcome when you visit' and 'There's a friendly welcome and people seem very relaxed coming and going as they wish.'

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. Staff assessed people's support needs before they came to live at 101, Cheam Road. This information was used to plan the care and support they received. People we spoke with knew about their care plans and said they were involved in their development. This was evidenced because people had signed their care plan and their reviews to indicate their agreement with what was written down.

We noted care plans were written in the first person. They described who the person was, their background, knowledge and wishes of how they would like to be supported. Care plans were tailored to a person's individual needs; they were in the process of being updated but all had been reviewed in the last year or earlier where a person's needs and circumstances changed. 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 continued to have monthly meetings with their 'key worker', a designated staff member who took the lead in looking after their care. Minutes from these meetings 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, as an example, for their holidays in the summer. We saw staff offered people choices in what they would like to do. We saw care plans were personalised to reflect people's preferences.

Each person had 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 worked as a receptionist on two days of the week. They said they really enjoyed the work and were pleased to be able to get some income from doing so. Other people told us they did regular voluntary work and attended college to learn new skills. All the people we spoke with said they really enjoyed doing these things.

We saw the provider had arrangements in place to respond appropriately to people's concerns and complaints. The complaints process was displayed in the hall [also in an easy read format] 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.

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality of the service people received. These consisted of a number of audits and checks that were carried out at identified intervals. Overall these were up to date.

At this inspection we found that the service's risk assessment for manual handling had not been updated since August 2016. As the risks had not been formally assessed when they were due then it is difficult to be certain whether associated risks to people have changed or if new risks have emerged. According to the provider's own policies they are required to be updated every six months. The latest monthly generic environmental risk assessment was also unavailable for inspection when we asked for it during the inspection and a copy was provided after we had sent the draft inspection report to the provider.

The registered manager told us that they took seriously the need to continuously monitor the quality of the services they provided so that they had the information they needed to make improvements where they were needed. They acknowledged the need for the above risk assessment to be reviewed and they told us they would be carried out as a matter of urgency.

The registered manager returned to work in the home at the end of February 2017 after taking leave of absence. At this inspection staff said they were glad the registered manager was back as they felt well supported by them. They said the registered manager was approachable and listened to concerns and suggestions they raised. The registered manager told us they encouraged people, their relatives and staff to feedback about the service and were open to suggestions to make improvements. There were regular meetings with people, their relatives and staff, as well as the completion of annual satisfaction survey in 2016 to obtain their views about service delivery. An action plan was drawn up to ensure comments and suggestions were taken into account and acted upon.

There was a clear leadership structure in place. Staff were knowledgeable about their roles and responsibilities. They were aware of the reporting procedures and escalated concerns as and when necessary. Staff told us there was close team working and they supported each other. The new staff we spoke with told us they 'loved' working in this home and said they felt comfortable speaking to the registered manager or any other staff if they needed advice or support.

We saw documented evidence that staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments, good and bad practice was also noted and discussed in full. We saw that ideas from staff were listened to and actioned if appropriate. One member of staff told us, "I like having the team meetings because even though we can't always all be there [because of our shift working arrangements] they give us a good chance to discuss issues that need addressing and raising any new ideas we might have."

We saw a wide range of policies and procedures were in place for the service. These gave staff clear information about current legislation and good practice guidelines. Staff had been given a code of conduct and practice they were expected to follow. This code of conduct ensured the staff team were aware of how

they should carry out their roles and what was expected of them. Staff displayed a good understanding of their roles and responsibilities when we spoke with them. We saw documented evidence that staff signed and read the policies and procedures for the home.

Staff liaised with commissioning local authorities, acute and community healthcare services in order to review joint working arrangements and to share best practice. This had helped to improve people's experiences of receiving health and social care while living at 101 Cheam Road.