

Care Management Group Limited

Care Management Group - 31 Egmont Road

Inspection report

31 Egmont Road
Sutton
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

31, Egmont Road is a 'care home' providing personal care and accommodation to people living with moderate to complex learning disabilities. The service can support up to six people. The care home accommodated five people the time of this inspection in one adapted building. There was a mix of male and female adults who had been living in the home for more than two years and up to ten years for some people. Their ages ranged from mid 20s to middle age.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and / or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Relatives told us people were safe living in this home and that staff were kind to people.

Staff received training to do with safeguarding adults that helped them keep up to date with best practice. Staff followed clear safeguarding procedures that helped to protect people from harm.

Risks to people, including those associated with their healthcare needs, were assessed and plans were in place to reduce them.

Whistleblowing procedures were in place and displayed on notice boards for all to see. Staff told us they were confident any concerns they reported would be dealt with appropriately.

Appropriate infection control procedures were in place and staff received training with food hygiene.

Staff rotas and staffing levels were appropriate to meet people's needs and safe recruitment practices were in place.

People's medicines were stored, administered, recorded and audited appropriately. The provider had appropriate policies and procedures in place to support people safely with their medicines as prescribed.

Comprehensive needs assessments were carried out and there was sufficient detail and personalisation in the care plan to ensure the person's needs were met in a personalised way.

The manager ensured staff completed training to ensure they were able to meet people's needs effectively. Support was provided appropriately for staff with regards to their professional roles.

People were supported to have 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.

Records showed people were supported to have their health needs met, with access to health professionals as required.

Relatives of people told us their relationships with the staff team was good. They said their privacy and dignity was respected. They also said they were able to express their views and preferences and staff responded appropriately.

There were systems in place to ensure concerns and complaints were responded to in an appropriate way.

Quality assurance processes were in place that monitored practice and procedure by staff, however some improvements in developing the quality assurance systems were needed and the provider was in agreement with this. The provider worked collaboratively with other agencies and organisations to meet people's needs.

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

Rating at the last inspection

At the last inspection the service was rated Good (27 January 2017published).

Why we inspected:

This was a planned inspection in line with our inspection schedule.

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 - 31 Egmont 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 to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

31, Egmont Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager who is in the process of registering with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 5 August 2019 and was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection as well as the information the provider sent us in the provider information return. This is information we require providers 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 two people who used the service. We also spoke with the manager, two staff and the regional director. We observed medicines being administered and we joined people for lunch so we were able to see support people received from staff. We reviewed four care records and medicine administration records (MAR). We looked at five staff recruitment files, together with the provider's training schedules. We also examined other documents relating to the management of the service, procedures, quality assurance audits, team and residents meeting minutes and satisfaction surveys.

After the inspection:

We spoke with three relatives and two health and social care professionals.

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 good. At this inspection this key question 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's relatives and staff told us they felt the service was safe. Relatives told us, "[family member] is quite safe there. I visit regularly every month and I have not had any concerns about their safety", "they are well looked after and staff support people in a way that helps to keep people safe."
- There were policies and procedures in place to help keep people safe. Staff were trained and knew how to keep each person safe. There was good guidance for staff to follow to help people to remain safe.
- Staff told us the training they received for safeguarding adults helped them to keep up to date with best practice and new legislation. We saw training certificates that showed the training staff received was completed in 2019.
- Staff were able to describe the types of abuse they might encounter in their work and they knew how to recognise them. They were aware of the necessary actions they should take if they had any concerns.
- Records showed that when concerns were raised, the management team carried out thorough investigations, in partnership with local safeguarding bodies.
- Whistleblowing procedures were in place and displayed on notice boards for all to see. Staff told us they were confident any concerns they reported would be dealt with appropriately.

Assessing risk, safety monitoring and management

- The provider carried out risk assessments relating to people's care. The strategies for managing those risks were integrated into people's care and support plans so there was guidance in place for staff to follow to support people safely.
- Records indicated there were more general risk assessments for the environment that identified potential hazards. Action was taken to reduce any risks identified and this has helped to keep people and staff safe in the home.
- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

Staffing and recruitment

- The provider had appropriate recruitment procedures in place. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- There were appropriate staffing levels in place to meet people's assessed needs.

Using medicines safely

- The manager told us that only staff who had completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff confirmed this and said they were only allowed to administer medicines if they had successfully completed the training and been assessed as being competent to administer medicines by the manager. We saw certificated evidence that supported this.
- The provider's policies and procedures for medicines helped to ensure people received them safely and as prescribed.
- Medicines administration records [MARs] were completed as required. There were no unexplained gaps in the records.
- We undertook a stock take check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets.
- An audit carried out in March 2019 by the pharmacist confirmed satisfactory policies were in place and staff practices for the safe administration of medicines to people were also safe and satisfactory.

Preventing and controlling infection

- Training records evidenced that staff received training with food hygiene as a part of their induction training and refresher training as part of their further development programme. This helped to prevent the spread of infection to people.
- The provider ensured staff were supplied with the necessary equipment and materials to use to prevent the spread of infections when delivering personal care to people.
- The provider had an infection control policy and procedure in place that staff were aware of and worked within. This helped to reduce risks to people from the spread of infections.

Learning lessons when things go wrong

- We inspected the records and noted there had been no accidents or incidents reported to date. The recording format used to log any accident or incident was appropriate. The manager said the future plan was to review as part of the provider's quality programme all the accident and incidents in order to enable improvements to be made to policies and practices where necessary.

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 good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Communal areas of the house were in need of new decorations and refurbishment. This would help to improve the feel of warmth and homeliness for people in areas they use frequently. Two relatives commented on this with us when we spoke with them. The manager and the regional manager told us plans were in place to carry out this work. The manager was looking at ways to best include people and their relatives to ensure the work met people's hopes and expectations and was safe.
- People's views were sought about the design and decoration of their bedrooms. They were involved in choosing the colour schemes and we noted a wide range of colours and decor with personal objects, pictures and photographs. There was a main lounge where people were able to socialise, a large garden that enabled people to have a quiet space to relax when they needed to.

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

- People had lived at 31, Egmont Road for many years. Their needs were assessed at the time of admission and reviewed every year [or earlier if their needs changed] to make sure the service continued to be right for them. As a result staff knew people's needs, preferences and wishes really well. Relatives told us they were fully involved in the assessment process and they confirmed there were effective relationships between staff, themselves and people.
- Our review of people's care files demonstrated people's physical, mental and social needs were all assessed as part of the needs assessment process in place. People's care, treatment and support was delivered in line with current legislation and standards which helped to achieve effective outcomes.

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction that they told us helped them to carry out their roles effectively. Staff said other training they received helped them to develop their skills and knowledge appropriately for their roles. The manager said that training was refreshed annually and delivered by a variety of methods including e-learning and classroom-based learning.
- Staff said that the manager was always available if they needed to discuss anything related to their work.
- One to one supervision sessions were held with staff. Any issues were raised with staff in supervision, so improvements could be made.

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

- People's meals were prepared by staff. We observed some people were able to contribute in small ways to this process where they were able to do so. People were given choices from the meal menus. People's preferences and cultural needs were taken into account when menus were drawn up. People indicated they

enjoyed the food they received.

- Relatives told us people enjoyed their food. One relative said, "Oh [family member] is quite happy with the food they get." Another told us their family member had to have a soft diet and staff ensured this was provided for them. That person they said enjoyed the meals they received.
- Specialist advice was sought by the manager from the speech and language team where people had swallowing or choking problems with eating and drinking. We saw this personalised guidance displayed where staff could ensure it was followed. This helped minimise risks to people.
- Staff told us people could make choices from a menu drawn up to take into account people's different tastes and would always encourage people to try something new or offer alternatives if people changed their mind.

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

- The provider worked closely with health services to make sure people maintained healthy lives. Regular appointments with dentists, opticians, chiropodists and GPs were arranged for people according to their needs. The care plans we inspected included details of involved health professionals and there were procedures for staff to follow in reporting any health emergencies.
- The manager told us maintaining good health for people was a priority so regular health checks were carried out. We saw records that showed people received these checks.
- Relatives told us they thought their family members were supported to be healthy by having these health checks. They told us their family members were encouraged to participate in activities that included physical exercise. For example for one person, taking a long walk together with staff after a meal to help that person's digestion.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager knew what they were responsible for under these principles.

- All the people living at 31, Egmont Road required a DoLS to be in place because of their complex needs. Records evidenced applications were made to the appropriate local authorities and authority granted.
- The manager maintained an effective tracking system on the DoLS authorisations by implementing and maintaining a matrix which highlighted expiry dates and informed staff when new applications were required.

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 good. At this inspection this key question 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; equality and diversity

- Relatives told us the care and support offered by staff to their family members was good. One relative said, "My [family member] always seem to be well cared for whenever I visit them. Staff are dedicated to their work and they look after people." A health and social care professional told us that at the recent review in March 2019 they found the level of care to be very good, with staff committed to looking after people well.
- We saw staff treating people with care and kindness. We noted staff spent time sitting and talking with people and encouraging them to engage in activities. It was evident from people's reactions there was a good level of trust between staff and people.

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

- People's complex learning disabilities meant their full involvement in making decisions about their care was limited. However, where people could not be engaged, the manager told us they involved families and relatives in making decisions in people's best interests where needed. Relatives confirmed this with us and the health and social care professionals we spoke with told us people's best interests were always a top priority in decisions made by staff.
- Staff understood the best ways to communicate with people to help them make choices and express their views. For example, staff described to us the different ways [body language, facial expressions and sign language] people who had limited communication expressed their preferences. We observed staff gave people the time they needed to communicate.

Respecting and promoting people's privacy, dignity and independence.

- Care plans were person centred and focused on what people could do for themselves and areas they felt they needed support with. Positive risk taking was safely encouraged by staff with empowering respectful support offered if required.
- People were supported to maintain relationships that were important to them and staff recognised the significance of this on individual's well-being. For example, supporting and enabling families and friends to feel welcomed when they visited people. One relative told us, "We are always made to feel welcomed when we visit." Another relative said, "We often visit [our family member] and we are warmly welcomed but more than that we are fully involved in their care by staff and the manager."

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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs. Information to do with people's life histories helped staff to better understand people's interests and preferences.
- People indicated they were happy with staff who provided them with the care and support they required. Relatives said they were happy with the service being provided and the manager was responsive to any requests made of them.
- Care and support plans provided staff with detailed information about people's preferences, needs and the tasks staff were expected to carry out to meet people's needs. Keyworker staff completed a monthly record summarising the care and support provided as well as any significant observations or issues. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.

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 understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people.
- People's communication needs were regularly reviewed and information on individual's communication preference and useful communication strategies for staff were documented.

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

- Staff supported people to follow interests and activities that they enjoyed, they offered them appropriate choices. For example, people were engaged in activities such as swimming and horse riding.
- Staff said people were involved in a wide range of interests they enjoyed doing and these activities were reviewed with people and their relatives to ensure they remained appropriate for the person. Other activities people enjoyed included, arts and crafts, shopping trips, visiting family and friends and planning for and going on holidays.

Improving care quality in response to complaints or concerns

- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received was used to develop and improve the services.

- People and their relatives told us they would talk with staff or the manager if they had any complaints.
- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns. Staff were aware of how to assist people if they had a concern or a complaint to make.
- The providers' complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- Records showed where a complaint was made it was responded to in line with the provider's policy and had been dealt with appropriately to the complainant's satisfaction.

End of life care and support

- The manager told us they were not providing end of life care for anyone at present. However, they said they were developing an appropriate policy and procedure to put in place for when this became necessary.
- Staff received training on end of life care.

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 good. At this inspection this key question 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.

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

- Quality assurance systems were in place however they did always identify areas where improvements were necessary, for example the need for improvements with the décor of the communal areas. Quality feedback surveys were not completed and had not been sent to all the appropriate people such as to staff or relatives. There was no analysis available of the feedback systems in place that would help to ensure areas for improvement were speedily identified and action taken to continuously improve the quality of the service provided. The regional manager and the manager recognised this and told us they were focussed on making improvements to remedy these issues immediately.
- The service did not have a registered manager in post at the time of our inspection. The manager told us they were in the process of applying to CQC to become registered. They were aware of the registration requirements with CQC. They were aware of the legal requirement to display their CQC rating.
- The manager and the staff were clear about their roles. Feedback we received from relatives and health and social care professionals about both were positive. Comments included, "The manager is a quiet man but very effective and he does a good job," "Staff do a difficult job well, they know what they are doing," and "They are very professional with their approach to the work they do."
- The manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider had an effective management and staffing structure in place that promoted person-centred care and transparency. The manager understood their duty of candour responsibility.
- People's relatives spoke positively about the service their family members received from staff. They said the manager and staff were committed to providing good, high quality care. Relatives said they were listened to and were able to approach the manager and other staff about any concerns they may have.

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

- Staff developed effective relationships with people and their relatives. This has helped to ensure both were able to engage with the service they received.
- Relatives were clear that their family members received a good quality service from staff. They said they thought there was an open and friendly culture. Staff confirmed this with us. They told us the manager was

supportive and the staff team cohesive and supportive of each other.

Continuous learning and improving care

- Staff team meetings evidenced staff were provided with opportunities to discuss any issues relevant to their work including a chance to discuss best practice areas so staff practices could be improved as and when necessary. Staff told us they were able to discuss work they did with people and to share any worries they had about individuals. They told us they felt they were listened to.
- Staff were able to access and participate in a wide range of training appropriate to their roles and that enabled them to develop and enhance their knowledge.
- Staff were supported with one to one supervision. In this way the manager was able to ensure improvements were made where necessary.