

Care Management Group Limited

# Care Management Group - 3 The Green

## Inspection report

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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

The inspection took place on 19 October 2016 and was unannounced.

3, The Green provides care and accommodation for up to six young adults. There were six people living at the home when we inspected. These people were living with mild to moderate learning disabilities.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Most people had lived at the home for several years and they told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

Our inspection of care records showed any risks to people were assessed and there was guidance to staff of how those risks should be managed to prevent any risk of harm.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

People received their medicines safely from appropriately trained staff.

Staff had access to a wide range of training that they said helped them with their role of providing good, effective care to people in the home. Staff told us they received good support through regular supervision. We saw the home was comfortable, clean and had a homely feel that people felt relaxed in.

People were encouraged to plan and cook their own meals together with appropriate support from staff when it was needed. We saw that people made their own choices about eating. People's physical and mental health was closely monitored by staff. There was evidence that people had appropriate access to healthcare professionals such as the GP and psychiatrist.

People were treated with kindness and care. We saw that staff understood people well and involved them in planning their care and support. We saw people's views were sought when decisions needed to be made about how they were cared for.

Staff treated people with respect and dignity. Advocacy services were available for people to use as necessary to support them in making decisions.

People said they felt that the service responded to their needs and individual preferences. Staff supported

people according to their personalised care plans. Care plans were reviewed six monthly or earlier if people's needs changed.

We saw there was an appropriate complaints policy in place that people were aware of. People told us that the registered manager encouraged people to raise any concerns they had and responded to them positively and in a timely manner.

People and staff were positive in their comments about the registered manager. They said he promoted an open and positive working environment that they felt able to contribute positively to the development of the service.

The provider had ensured there was a wide range of quality assurance audits in place that helped the registered manager use the information to develop and improve the service. This included monthly and quarterly audits of a wide range of service provision. People, relatives and other professionals were also asked for their views about the care provided to people living in the home. The responses we saw were all positive. Where suggestions or comments were received the registered manager used the information to develop and improve 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 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. The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and risk management plans were in place. This helped people and staff know how to reduce the risks identified.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective. People were supported by well trained staff who were knowledgeable and had the skills and knowledge to care for people effectively.

Staff received appropriate supervision support that helped to ensure their work with people was effective.

People were able to give consent and make their own decisions about their care and support. They had a balanced, varied and healthy diet. Their healthcare needs were well met and they were able to access healthcare services with staff support if that was needed.

### Is the service caring?

Good ●

The service was caring. People valued the care they received and liked the staff who supported them.

The staff treated people with respect and protected their privacy and dignity.

The staff were kind and helpful and knew the people they were supporting.

### Is the service responsive?

Good ●

The service was responsive. People told us they contributed to the assessment and planning of their care. We saw that care was tailored to meet people's individual needs and requirements and aimed at increasing people's independence. Care records were detailed and clear.

Activities were tailored to individual need and people were encouraged to take part in activities of their choice.

People felt able to raise concerns and had confidence the registered manager would listen to their concerns and address them appropriately.

### **Is the service well-led?**

The service was well-led. Staff were appropriately supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The provider had implemented a variety of quality assurance methods so that they could regularly check the quality of the service being provided. They made sure the service was improved and developed as necessary and that people were happy with the service they received.

**Good** ●

# Care Management Group - 3 The Green

## **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 unannounced inspection took place on 19 October 2016. It was carried out by one inspector. Before this inspection we looked at notifications that the service is legally required to send us about certain events such as serious injuries and allegations of abuse. We spoke with five people who used the service and observed care and support people received throughout our inspection. They were keen and enthusiastic to engage with us and they were happy to talk with us about their experience of living in this home.

We also spoke with three staff, the registered manager and the service manager. We looked at three people's care files and three staff files. We looked at other records related to the running of the service. After the inspection we spoke with two relatives and two local authority care managers.

# Is the service safe?

## Our findings

People told us they felt safe at the home and that they received safe care. One person said, "This is my home, if I didn't feel safe here I wouldn't see it as my home." Another person said, "I have lived here for 10 years, its home for me and I like it here. The staff are good to me and I feel safe here."

Staff told us they had received safeguarding training via the e-learning process. They were aware of the home's procedures for reporting any suspected abuse or concerns to do with people living in the home. They were able to describe to us the various forms of abuse they might encounter in the home and they said they would report any concerns to the registered manager. One member of staff said, "I would report any concerns I had immediately to the manager." Another member of staff said, "I don't think it would happen here but if it did I'd report it immediately to the manager." We saw certificated evidence of the training staff told us they had received.

We also saw there was appropriate guidance for staff to follow to do with safeguarding and whistleblowing in a 'handy grab' file in the office. This contained easy to follow guidance on reporting any concerns to the local authority safeguarding team. The registered manager told us they discussed safeguarding procedures at team meetings so as to keep staff's knowledge of safeguarding procedures up to date. From our review of information received from the provider before this inspection we saw that the registered manager ensured we were informed appropriately via the notifications process of serious incidents.

Review of people's files showed us that risks to people were assessed and recorded in their care files. We saw that risk management plans were incorporated in people's care plans so staff had guidance on how to support people to reduce the risk of injury or harm. Risks assessed were individualised according to people's needs so for example for one person these included risks related to their activities in the community. For another person risks assessed and planned for included how to help them manage their finances effectively. Our inspection of people's files showed that staff were required to read people's care files and sign to say they understood people's needs and support plans. Care plans, including risk assessments were reviewed on a three monthly basis so any changes in people's needs regarding risks could be identified.

Staff said there were enough staff on duty to meet people's needs. We examined staff rotas and we saw there were good staffing levels provided for people. There were four to five staff on duty during the day as well as the registered manager and two waking staff at night. The registered manager said they knew people's needs well and when staffing levels needed to be increased they had the flexibility and the resources available to ensure additional staff could be provided.

We looked at the staff recruitment procedures and we found they were satisfactory and "fit for purpose". References were obtained from previous employers and criminal record checks were made regarding the suitability of individual staff to work with people in a care setting. We saw records of staff interviews as part of the recruitment process to assess their suitability for the post.

We asked the registered manager about safety checks for services and equipment used in the home. They

told us checks were made by suitably qualified persons for equipment such as gas equipment, heating, electrical wiring, hoists, the fire call points, fire safety equipment and alarms, legionella and electrical appliances. We saw certificated evidence that these checks had been carried out and we saw that each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises in the event of an emergency such as fire.

People were appropriately supported with their medicines. We checked and saw that medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration. Medicines were appropriately secured in a locked cabinet. The registered manager told us that Boots the Chemist regularly undertook a medicines audit. We saw evidence of the last audit in May 2016 and we saw that no problems were identified.

The registered manager told us that staff administered medicines to people but only after they were trained in handling medicines and their competency to do so appropriately was assessed. Staff told us they were provided with appropriate training and from our observations of people receiving their medicines we saw staff were sufficiently skilled to help people safely. We saw records that demonstrated staff were trained in the safe handling and administration of medicines.

The service used a monitored dosage system whereby most medicines were supplied by the pharmacy in blister packs instead of original containers. With those medicines that were boxed we checked the stock of medicines and the recorded balances against the actual levels of boxed medicines. We found they tallied. This meant that medicines were administered safely to people.



## Is the service effective?

### Our findings

We found that people received effective care from staff who were knowledgeable about the people who lived in the home as well as being well trained and appropriately supervised. Most of the people living in the home had done so for more than four years and we found staff knew people's needs, preferences and wishes. Further we saw there were good trusting relationships between people and the staff team that had been developed over the years of working together.

Staff told us the provider ensured they had good access to a wide range of appropriate training that helped provide them with the skills and knowledge to meet people's needs effectively. We were shown the computer based IT system used by CMG to record all staff's training needs and the training they received. The provider's systems helped to identify any training that was required and to ensure it was completed. Computer records we saw evidenced staff had completed appropriate training with the dates it had been completed together with dates when training needed to be renewed. This included training on learning disability, autism and epilepsy awareness.

Staff told us the registered manager provided good levels of effective support to help them provide care to people. They said they received helpful one to one sessions and other on-going support at team meetings and on other informal occasions. This provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. One staff member said, "I enjoy the chance to discuss my work here and I like to receive feedback that helps me learn and develop." Another member of staff told us, "I know the manager well, they listen to anything I want to discuss and I find supervision helpful."

The registered manager told us they supported all the staff team with regular supervision. They said there was a new development in process where two other senior members of staff received training to enable them to supervise staff effectively and to share the supervision process with the registered manager. The registered manager said he believed structured supervision provided staff with the best form of individual support to enable them to do their jobs effectively. We saw up to date supervision records for staff. The records we saw also showed the service had plans for developing staff in terms of training and further qualifications which were discussed during supervision meetings and then followed up.

When we spoke with the registered manager they showed they had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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 it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

The registered manager told us that only one person lacked capacity to make decisions about their own

care and treatment. We saw evidence that a MCA capacity assessment had been carried out for this person in relation to that decision and concluded they lacked capacity. Their liberty was not being deprived and people were free to go out independently. Best interest meetings were held to help ensure people's care and support was always carried out in their best interests.

We saw the service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent. All staff had signed to confirm they had read and understood these. Training records showed all staff had attended training on the MCA and DoLS, which staff confirmed they had received.

We undertook a tour of the home together with the registered manager. With people's permission we saw their bedrooms and we found people were encouraged and supported to personalise their rooms with their own belongings. We found this had helped to create a sense of homeliness and encouraged people with their independence and confidence. One person said, "I like my bedroom. I have all my own things here." Another person said they thought the home was comfortable and they said because there was a relaxed atmosphere with helpful staff, they felt it was their home.

People told us they did a lot of their shopping for themselves and often cooked independently. They said they did receive support from staff when they needed it. Staff confirmed this with us. Staff monitored people's dietary intake and we found overall the arrangements for meals were satisfactory. Fresh fruits and vegetables were available and the fridge and freezer were well stocked. The kitchen was clean and well equipped. The menu was well balanced and culturally varied. The registered manager informed us that staff offered people support with meal planning, shopping and food preparation when it was needed.

The fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the correct temperatures. The dining area was comfortable and people were able to access food and drinks.

People had their physical and mental health needs closely monitored. There was evidence of recent appointments with healthcare professionals such as the GP and psychiatrist. People's weights were recorded and staff knew what action to take if there were significant changes in people's weight. Staff were knowledgeable regarding how to care for people. For example people with behavioural needs such as those with challenging behaviour. This included providing people with reassurance, explanations and time to calm down. We saw that each person had a hospital passport in place that included all the essential information such as their medicines profile in case they needed to be admitted to hospital.

On the day of this inspection five of the six people were at home and we observed that staff interacted well with them and they responded well with staff. We saw staff assisting people to get ready to go out and we saw that staff were diligent and careful to ensure that they were appropriately dressed.

# Is the service caring?

## Our findings

All the people we spoke with were positive about the staff team and the care and support they received. One person said, "It's really good here. I have been helped to do much more than I ever thought I could do. I am happy here, the staff care". Another person told us they thought staff had a very caring approach towards all the people living at the home. One relative said, "It is a good caring home".

From our inspection of people's care records we could see they were offered choices in the way they were supported with their care. One person told us staff always offered them choices and options. They gave examples such as what they would like to do during the day, what activities they would like to do. We saw that staff spoke in a respectful manner and were friendly in their approach to people.

From our observations during the inspection we found staff were positive, compassionate and caring in their attitude towards supporting people living in the home. They understood people's differing needs and were able, in the manner they interacted with and supported people, to help them feel they mattered. The staff we saw looked happy in their roles and confirmed what we saw by telling us how much they enjoyed working for the service. One staff member said, "I really enjoy working here. It's the people that make it for me." Another member of staff said, "I love working with the people and seeing them progress and achieve at least some of their wishes and dreams."

The service had a 'key worker' system in place. This provided people with a named member of staff who had responsibility for overseeing aspects of their individual care and support. People told us they appreciated having a 'key worker' because it provided more consistency and continuity with their care and a deeper, more understanding relationship was possible for people with staff. Our inspection of people's care files showed that people's preferences and personal histories were well documented in those files. Our discussions with staff demonstrated they were well aware of this information and were better able to help people appropriately.

Staff gave us positive examples about how they ensured they treated people with dignity and as an individual. Staff also told us they had received training in equality and diversity, challenging behaviour and learning disabilities. This helped to ensure staff were aware of the presenting needs and requirements of people with a diagnosis of learning disability, autism and challenging behaviour and of people's human rights.

One person we spoke with told us how staff were respectful of their wishes and always knocked before entering their bedroom. They told us, "Staff here always knock and ask if it's ok to come in." We saw evidence of this on our tour of the premises with the registered manager.

We saw there was information on display about forthcoming activities and events. Advocacy information was also available. Staff told us they would support people to access advocacy services if they expressed a wish to do so. We also noted information about advocacy was detailed on the notice board.

## Is the service responsive?

### Our findings

We looked at the way the service assessed and planned for people's needs, choices and abilities. People were able to contribute to the assessment and planning of their care. They told us they knew they had a care and support plan and they said they were fully involved in the process of drawing them up. One person told us in great detail how his care was focussed on helping him to move on to more independent accommodation by developing his skills in targeted areas that he had helped to identify. Another person told us how he had been helped to develop his interest in music and entertainment as part of his planned care and support.

The registered manager told us there were processes in place to assess people's needs before they came to live at the home. The assessment involved gathering information from a number of different sources such as the health and social care services. This was usually through the care programme approach. This gathered information with a co-ordinated approach and input from health and social care professionals who worked with the person concerned. Other sources of information involved the person, their families and relatives. We inspected people's care records and noted that the pre-admission assessments were detailed with relevant information. As well as being told by people they had been involved in their care planning we saw from the records that care plans were signed by people indicating their agreement to what had been discussed and agreed.

We looked at care plans and found adequate documentation to support the development of the care planning process and support the delivery of care. We noted at the front of the care files a needs and risk assessment. This was signed by the person. We also noted, 'consent to share information' form, again this was signed by the person. We observed that each of the plans had a very detailed summary of the person along with a photograph. The summary covered interests, hobbies, background, likes, dislikes and any significant events in the person's life. We noted care plans included people's identified needs and preferences. These covered subjects such as personal needs, medication, allergies and sleeping patterns. The purpose of the care plans was to provide detailed direction for staff to follow on meeting the needs of the person.

We saw there were procedures in place for the monitoring and review of care plans. The registered manager told us all care plans were reviewed on a six monthly basis or as a person's needs changed. People and their relatives told us they had been part of the reviews. They told us it was useful to be part of the review process as this kept them informed with any changes and updates on their relatives care.

We saw evidence of detailed information recorded when the service had liaised effectively with other agencies such as mental health teams and doctors.

We saw that each person had a wide and comprehensive variety of activities that involved them both in the home and outside in the community. Each person had a weekly timetable for their activities that set out what they were scheduled to do on a daily basis. Staff told us these activities were determined by people who chose what they wanted to do and included attendances at a day centre, swimming, being a member

of a gardening project in the community for elderly people, shopping, walking in the park and seeing family and friends. Supporting people's independence was a theme we noted in the range of people's activities. Certainly people we spoke with really enjoyed this because they said it helped them to be more independent. One of the people we spoke with told us they enjoyed their activities and were able to choose what they wanted to do. They said, "There is always something going on. We have a lot of fun". The registered manager told us activities were tailored to meet specific individual needs especially for example when people attended the day centre or the community gardening project.

We looked at how complaints were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display in the service in an easy to read format that helped to clarify the process for those who might need it. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible to anyone who needed or wanted to use them.

People and relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People using the service told us they knew what to do if they had a complaint. One person said, "I speak to staff or the manager." We noted complaints had been dealt with effectively and appropriate professionals had been involved when needed.

## Is the service well-led?

### Our findings

People and staff told us the registered manager was friendly and approachable. People said they felt able to approach the registered manager at any time of the day and were confident they would be listened to. A relative said, "I often visit the home and talk with the manager, he is very helpful and always listens." Staff confirmed this view of the registered manager. One staff member said, "The manager has made a big difference. We have had a few changes over the years and he has brought stability and good leadership." Staff told us they could talk with the registered manager whenever they needed support or if they had any issues. The registered manager told us that they listened carefully to any comments, complaints or ideas that were made because these helped with the positive development of the service offered to people.

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, "Our meetings are a good time when we are all together to discuss issues that need addressing and new ideas."

We saw a wide range of policies and procedures in place at the service. These gave staff clear information about current legislation and good practice guidelines. We saw they were regularly reviewed and updated to ensure they reflected any necessary changes. 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. This was a good way of ensuring staff were aware of these important guidelines.

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. We saw there was a range of different methods in place to do this. An external audit was completed earlier in 2016 and a quarterly audit was also undertaken by the service manager. This provided information for the provider and the registered manager as to how the service could be improved and developed. We saw there was an action plan in place and the action points were addressed successfully by the time of this inspection.

An annual feedback survey was carried out for people who used the service, their relatives, staff and health and social care professionals. They were asked for their views about the services provided. We were shown the evidence gained from the last feedback survey carried out in the summer 2016. We were shown the returned comments and they were very positive about the services offered. The registered manager told us that they had not yet analysed the feedback but would be doing so. They said the information would be used appropriately to develop and improve the service where needed. The feedback also provided positive and complimentary information for staff that helped team development and staff morale.

We saw documented evidence that showed the service had other effective audit systems in place and these were kept up to date. This included a monthly health and safety check on the physical environment, a competency check on staff for medicines administration, an audit of people's care plans being maintained up to date, a keyworker systems check, a review of complaints and of accidents and incidents. This all meant there were quality assurance systems in place that helped to maintain and improve the service effectively.