

Care Management Group Limited

Care Management Group - 44 Albion Road

Inspection report

44, Albion Road, Sutton, SM2 5TF

Date of inspection visit: 3 March 2015

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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 

Overall summary

This was an unannounced inspection and took place on 3 March 2015.

44, Albion Road provides care and support for seven men who have severe or profound learning disabilities and autism.

At our previous inspection in April 2013, we judged that the service was meeting all the regulations that we looked at.

The service has a registered manager in place. A registered manager is a person who has registered with

the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered 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.

Relatives told us they felt their family members were safe living at Albion Road. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks

Summary of findings

to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage identified hazards in order to help keep people safe from harm or injury.

There were enough properly trained and well supported staff to meet people's needs. Relatives told us, and we saw staff had built up good working relationships with people. Staff were familiar with people's individual needs and the choices made about their care.

People received their medicines as prescribed and staff knew how to manage medicines safely.

Staff we spoke with had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and the service had ensured the local authorities had carried out the appropriate assessments for all the people who might have been deprived of their liberty. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had a varied and nutritious diet and choice of meals. They were supported to have a varied and balanced diet and food that they enjoyed and they were enabled to eat and drink well and stay healthy.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing. Relatives told us staff were kind and caring. We saw they treated people with dignity, respect and compassion.

People were encouraged to maintain relationships that were important to them. There were no restrictions on when people could visit the home and staff made all visitors feel welcome.

People had access to their local community and could choose to participate in a variety of in-house and community based social activities. We also saw staff encouraged and supported people to be as independent as they could and wanted to be.

Care plans were in place which reflected people's specific needs and their individual choices. Relatives of people were involved in reviewing their relations' care plans and we saw people were supported to make decisions about their care and support.

People using the service and their relatives were encouraged to give feedback on the service and there was an effective complaints system in place.

Relatives said the registered manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment.

Staff told us they were clear about their roles and responsibilities they had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service. These measures of monitoring the service has helped to make improvements were necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff.

There were enough suitable staff to support the people in their home and meet their individual needs. People received their prescribed medicines to meet their needs in a safe and appropriate way.

Good



Is the service effective?

The service was effective. Staff were suitably trained and supervised and they were knowledgeable about the support people required and about how they wanted their care to be provided.

The provider met the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected. Staff had received appropriate training, and had a good understanding of the MCA and DoLS. Relatives of people said staff sought their consent before providing care.

People were supported to have a varied and balanced diet and food that they enjoyed. They were enabled to eat and drink well and stay healthy.

Good



Is the service caring?

The service was caring. People were treated with compassion and kindness by staff who understood their needs in a caring, positive way.

Staff worked with people and their relatives to understand people's individual needs so they could be involved in their care and support.

Staff treated people with respect, dignity and compassion, and were friendly, patient and discreet. People and their families were included in making decisions about their care and relatives told us they were made welcome when they visited their relatives living at Albion Road.

Good



Is the service responsive?

The service was responsive. Care and support was centred on people's individual needs and wishes. Care managers and relatives of people were involved in the review of care plans and we saw that where ever people were able, they were supported to make decisions about their care and support. Staff demonstrated a good understanding of people's individual needs and choices.

People had opportunities to be involved in a range of activities.

People, their relatives and friends were encouraged to give feedback about the service they received. There was an appropriate complaints procedure in place which staff were familiar with.

Good



Summary of findings

Is the service well-led?

The service was well-led. People said they thought the registered manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service.

There were good systems to monitor the safety and quality of the service and to get the views of people about the service. This helped the process of continuous improvement.

Good



Care Management Group - 44 Albion Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 March 2015 and was unannounced.

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

On the day of the inspection we met with five people, however due to their disabilities they were unable to communicate verbally with us so we observed the way staff engaged with them. We also spoke with the registered manager, the area manager, a lead support worker and a support worker. We looked at three people's care records and three staff records and reviewed records that related to the management of the service. After the inspection visit we spoke on the telephone with two relatives of people living in the home and two commissioners, one from the London Borough of Lambeth and one from the London Borough of Hillingdon, both of who commissioned and monitored the care provided to people who used the service.

Is the service safe?

Our findings

Relatives said they felt their relations were safely supported by the service. One person said, "I am happy with the support [my relative] gets, I have no concerns or complaints." Another relative said, "[my relative] is well looked after, I visit quite regularly and I would know if [my relative] wasn't cared for or safe." While we carried out the inspection at the home we observed a relaxed, friendly atmosphere in the home and a positive relationship between staff and people.

The provider had arrangements in place to help ensure people were safe and protected from abuse. Staff told us they had received all the training they needed to carry out their safeguarding adults at risk roles and responsibilities. They described how they would recognise the signs of potential abuse, the various types of abuse they might encounter and they knew how they could escalate any concerns they might have.

We looked at records that showed what training staff had received. We saw all staff had completed safeguarding adult's training.

The registered manager showed us a copy of the Pan London safeguarding policy that was available for reference - "Protecting adults at risk; London multi-agency policy and procedures to safeguard adults from abuse". The registered manager was aware how to contact the local authorities safeguarding team if they witnessed or suspected anyone was being harmed or placed at risk of harm. We saw the provider had all the appropriate policies and procedures to help safeguard people, which included; staff whistle blowing, how to make a complaint, and reporting accidents and incidents.

Risks to people were being managed so that people were better protected and supported. Care plans we looked at contained individualised risk assessments which identified the hazards people might face. These risk assessments had been drawn up together with the relatives of people and their care managers. We saw written evidence that supported this and relatives confirmed they had been involved in the process. We saw comprehensive risk management plans for people on the care files we inspected. They provided staff with detailed guidance about how to support people to keep them safe. Staff demonstrated a good understanding of the risk

management strategies in place to prevent and/or minimise any identified risks for people. Staff told us they were required to read the risk management plans so they knew how to best support people to minimise the identified risks such as when they went into the community to do their chosen activities. Staff told us this also helped to enable people to have as much independence as possible in as safe a way as possible. We saw these procedures had been agreed at care planning meetings and recorded on people's files.

The service had other risk assessments and risk management plans in place to ensure identified risks were minimised so people were helped to keep safe and staff protected. There was an up to date fire risk assessment, an environmental risk assessment and a monthly health and safety checklist to monitor the identified risks. We saw the checklist had been maintained regularly.

The registered manager told us any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams and this was evidenced from our review of the notifications we have received. We saw examples of how the service learned from accidents and incidents and put in place action plans to minimise any further occurrence. This included meeting with staff, local authority care managers and relatives to discuss why incidents had happened, reviewing existing protocols with them and agreeing further risk management.

There were enough suitably qualified and experienced staff to keep people safe and to meet their needs. Care managers and relatives said they thought there were sufficient staff on duty to meet people's needs. One person said, "Whenever I visit there are enough staff working there." Another person said, "At the last review in December it was not an issue, from what I've seen there were enough staff to help people living there." We spoke to staff about the rota and they told us they felt there was good staff cover to meet the needs of the people they supported. The registered manager told us there were always one waking and one sleep in staff member on duty at night and the staff team would always be tailored to the needs of the client group and if the needs of those people increased so would the staff team, proportionally. We examined the staff rotas and this evidenced what we were told by the registered manager.

Staff files we inspected showed recruitment checklists had been used appropriately to document all the stages of the

Is the service safe?

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.

People's medicines were managed so they received them safely. We found 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 undertook a medicines stock take check to see if the stock of medicines held in the medicines cabinet was the same as that which was recorded on the medicine administration record (MAR) sheets. The check evidenced there were no discrepancies

with the levels of medicines held in the cabinet and the MAR sheets. We looked at a random sample of MAR sheets. We saw staff had maintained these records appropriately and we found no recording errors on any of the MAR sheets that we looked at. People received their medicines as prescribed.

Staff told us they had received medicines training and their competence and knowledge of the policies and procedures to do with the safe administration of medicines was assessed by the registered manager before they were able to administer medicines. They were fully aware they should always report any concerns they might have over medicine handling practices within the service. We saw records to show staff received medicines training and that there were monthly audits of medicines to help to ensure the safe management of medicines. We also saw evidence of the monitoring of staff competency tests carried out by the registered manager.

Is the service effective?

Our findings

People were enabled to receive effective care because staff had received appropriate training and supervision and had the knowledge and skills necessary to meet the needs of the people they supported. We looked at staff records and found there was an appropriate programme of induction that covered roles and responsibilities and key policies and procedures. We saw evidence each member of staff had completed induction training before commencing full duties in the home.

The registered manager explained there was a training programme provided for staff. We saw staff training information for each member of the staff team was kept on their individual staffing files and on the IT computer system. The training covered the essential areas of knowledge, skills and competencies the provider thought staff needed to do their jobs effectively. We noted there was additional specific training staff could access such as for the Mental Capacity Act; epilepsy and autism. Staff told us they thought access to training was good and the training they had received had helped them with their work.

We were told by the registered manager all staff received regular formal supervision every six to eight weeks. When we spoke with staff they confirmed this and they said they had received regular supervision they found helpful and supportive to their work. Staff told us they had received notes of their supervision sessions signed and dated by their manager. They said they felt well supported by the registered manager.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in safe and correct way. We spoke with the registered manager and staff to make sure they understood their responsibility for making sure people's liberty was not unduly restricted. All the people living at Albion Road were subject to Deprivation of Liberty Safeguards (DoLS). We examined the associated paperwork that had been completed by the placing authorities and the registered manager. We saw the applications and the assessments for DoLS had been completed appropriately and as required in the local authority's policy guidance. We could see for those people who did not have the capacity to make decisions about specific aspects of their care and support, staff, relatives

and healthcare professionals had discussed and recorded where these had been made in people's best interests. We saw minutes of best interest meetings and assessments carried out by independent mental capacity assessors (IMCAs) for people that evidenced this. We received appropriate notifications from the provider about the DoLS applications.

Where people were able to make decisions about their everyday life they were asked for their consent. As an example of this, we saw staff asking one person if they wanted to go for a walk and where they would like to go. They were able to decide for themselves and made their choice. Another person was asked if they would like to go out for lunch and they decided they wanted to stay at home.

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.

People were supported to have a healthy and balanced diet. Relatives said they thought people enjoyed the food provided for them. One person said, "The food is good, they get a varied diet and they enjoy it." Another relative said, "(My relative) tells me they enjoy their meals. They seem to be happy with what they have."

The registered manager said they tried to accommodate people's wishes as well as trying to ensure people had a varied and nutritious diet. They told us that food menus were arranged for four week periods. A food record was used to record what people had eaten so they could make sure people's meals were varied. We saw from the records that there was a variety of healthy food on offer and different people had different things to eat at each meal, demonstrating that choices were offered. Staff told us some people had special dietary requirements and diet plans had been drawn up together with the dietician and the doctor to ensure their needs were met. People's care plans included information about their nutritional needs and preferences.

People were supported to maintain good health and have appropriate access to healthcare services. Care files confirmed that all the people were registered with a local

Is the service effective?

GP and had regular annual health checks. People's health care needs were also well documented in their care plans. We could see that all contacts people had with health care professionals such as dentists, chiropodists and care managers was always recorded in their health care plan.

Is the service caring?

Our findings

None of the people we met were able to tell us about their care and support because of their complex communication needs. Care managers and relatives of people told us that the registered manager and the support staff were very caring of the people living at Albion Road. The registered manager told us all of the people living at the home had been there for more than five years. Most of the staff group had worked in the home for a similar time and as a consequence the staff knew the people well. We observed staff worked hard to maintain positive and caring relationships with people. One relative said, “The manager has worked with them for years and knows them really well, they are good, caring people.” Another relative said, “The staff are very committed to working with the people there and they are kind”.

Staff treated people with kindness and compassion. One staff member told us, “You have to really want to work with these people and be committed to it. I really enjoy my work and it makes me happy if I know they’re happy”. Another said, “I’ve stayed in my job for so long because I love working with the people.”

Our observations and discussions with staff showed they had a good knowledge and understanding of the people they were supporting, and were caring and supportive. Throughout the inspection we observed people received one to one attention from staff who demonstrated their concern and interest in them. We saw staff patiently spending time supporting people to eat when necessary, talking to them throughout, explaining what they were doing or about to do. Staff showed us they understood when people had had enough to eat from their body language and expressions.

People were supported to express their views and where ever possible make decisions about their care and support. Relatives told us staff listened to what people said they wanted and staff respected their wishes. Relatives said they thought this helped people to feel they mattered and were understood by staff. There were three staff and the registered manager on duty at the time of our inspection and we saw they interacted with people in a kind, respectful and professional manner.

Although people were not always able to express their preferences with regards to their care and support verbally, the service had worked with people over time to build up a picture of their likes and dislikes. These preferences had been recorded clearly in their care plans.

We saw people had the privacy they needed and they were treated with dignity and respect at all times. Staff knocked on people’s bedroom doors before they went in. We observed that staff asked people what they wanted to eat and what they wanted to watch on television. Relatives told us that staff enabled people to decide for themselves first where ever possible about every aspect of their lives, such as with their personal care and the activities they wanted to do.

Relatives said they were always made welcome and there was no bar to them visiting. Staff told us, and records evidenced people were supported and encouraged to keep in contact with their relatives and friends. We heard how special events, such as birthdays, were celebrated, and families and friends were invited. From our discussions with staff we could see they were welcoming and supportive to relatives who wanted to visit people.

Is the service responsive?

Our findings

Care managers and people's relatives were positive about the service and said people received support that met their individual needs. One care manager said, "I am happy with the care they receive, we reviewed the care plan in December and we felt their needs were being met." A relative told us, "I think they do a good job with my relative, they are very caring for them."

People's needs assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. We looked at people's care plans and saw each person had regular assessments to check whether their needs were changing. This included monitoring of their health conditions. Although none of the people we met with were able to express their views and experiences on the assessment process, relatives told us that they were always asked for feedback about their family member. One relative told us, "I visit every other week and staff tell me how things have gone in the time since I was there last. I have good communication with the manager and staff."

The service provided care to people to meet people's individual needs and staff told us they had received training in person-centred planning. Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. Each person had an individualised activity programme, with people doing a range of regular activities according to their preferences. Relatives of people were given information regarding the care and support their relations received. They told us they had copies of their relatives care plan and they were always invited to care plan reviews so they could represent their relatives and ensure care and support being given was appropriate.

People's records included detailed information on their health conditions and backgrounds which enabled staff at the service to support them appropriately.

Relatives of people told us that staff encouraged people to make choices about their lives and about the support they

received. They said where this was not possible staff would ask the relatives to contribute to the process to help enable staff to respect people's decisions and choices. One relative said, "I'm in contact with staff all the time. When it's needed the staff will ask me what I think my relative would like."

Another relative said staff encouraged their family members to make informed choices about how they lived their lives. For example, one relative told us, "Staff help (my relative) decide what and where they eat and drink, have a bath or shower, what they wear and get up and go to bed." Throughout our inspection we saw staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was conveyed to them.

People were supported to pursue social interests and activities that were important to them. Relatives told us staff often arranged social activities for people to participate in if they wished. One person said, "My relative likes to go to church and so staff go with (my relative). (my relative) is helped to do other things they like to do such as going for a walk." Another relative said, "They go out quite a lot, the manager makes sure they have a good range of activities that they like to do."

Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. One relative told us, "We talk about anything we have concerns with either with the staff or the manager and they will deal with it properly."

During our tour of the premises we saw notices displayed on notice boards that clearly described the complaints process. We saw a clear complaints policy and procedure that enabled people and others to make a complaint or a compliment.

Staff were aware of the policy and how to assist people with the process if required to do so. Staff said, "We record any complaints we get and they are reviewed by the manager." We saw the log book where the registered manager told us complaints are recorded; no entries had been made since the last inspection.

Is the service well-led?

Our findings

A care manager told us they had conducted a review at the home and were comprehensively satisfied with the support arrangements in place. They said care plans were person centred and the management arrangements were good. Another care manager said they were very happy with the whole service and the manager ran a good service. Relatives told us they felt the registered manager and staff encouraged their involvement with the care and support of their family members. One person said, “The manager is genuinely interested to make improvements to the service. We were asked for our comments in a survey last year”.

We found staff were positive in their attitude and seemed to be committed to the support and care of the people who lived at Albion Road. The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. Staff reflected the same positive attitude in the comments they made to us. They said the service was forward looking and the registered manager supported them to consider ways they could provide people with better standards of care and support. One member of staff said, “We can discuss any issues we have either at the team meetings or

with the manager.” Other staff said they were able to raise issues and make suggestions about the way the service was provided and these were taken seriously. We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered to a good standard.

Daily handover meetings helped to ensure staff were always aware of upcoming events, meetings and reviews that were due and this helped to ensure continuity in the service.

Systems were in place to monitor and improve the quality of the service. We saw records to show the registered manager carried out a monthly health and safety audit to assess the environment and to see if the home was running as it should be. We saw where a need was identified an action was planned to resolve it. Goals from the most recent audit such as redecoration of the outside of the building had been planned for this year.

Other audits included checks with the system for administering medicines and checking whether documents such as people’s health action plans, support plans and risk assessments were reviewed. These audits have helped to ensure the service delivers high quality care.