Care Management Group Limited

Warminster Road

Inspection report

2 Warminster Road
South Norwood
London
SE25 4DZ
Tel: 020 8771 6284
Website: www.cmg.co.uk

Date of inspection visit: 29 July 2014
Date of publication: 09/12/2014

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This inspection was unannounced.

Warminster Road is a supported living service that can accommodate up to nine people. Supported living services are where people live in their own accommodation and can receive care and/or support in order to promote their independence. This service provides support to people with learning disabilities, mental health needs and behaviours which may challenge the services they require. People who use this service had their own flat and received 24 hour support. As a supported living service the provider is not required to be registered with us for the accommodation because people were living in their own flats. They are however registered to deliver personal care to people.

Summary of findings

At our previous inspection in April 2013, we found the provider was meeting the regulations we inspected.

There was no registered manager in post at the time of our inspection. However, a new manager had been appointed and was in the process of applying to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe using the service. Staff were trained in safeguarding adults and the service had policies and procedures in place to ensure that the service responded appropriately to allegations or suspicions of abuse. The service ensured that people's human rights were respected and took action to assess and minimise risks to people. Staff had received training on behaviour that may challenge and the service consulted with other professionals about managing aspects of behaviour safely.

All of the people we spoke with said that staff were approachable, they could chat with the staff and that they were listened to. Throughout our inspection we observed that staff were caring and attentive to people. Staff showed dignity and respect and demonstrated a good understanding of people's needs.

There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care when they needed and wanted it. Staff had access to information, support and training that they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the specialist knowledge they required to care for people effectively. People were provided with a range of activities in and outside the service which met their individual needs and interests. The service supported people to be as independent as possible. People were encouraged to build and develop their independent living skills both in the service and in the community.

Care plans contained information about the health and social care support people needed and records showed they were supported to access other professionals when required.

People were involved in making decisions about their care. They agreed to the level of support they needed and how they wished to be supported. Where people's needs changed, the provider responded and reviewed the care provided.

People using the service and staff told us they found the manager to be approachable and accessible. We observed an open and inclusive atmosphere in the service and the manager led by example.

Staff were happy working for the service and motivated to provide person centred care.

The provider had a number of audits and quality assurance programmes in place. These included action plans so the provider could monitor whether necessary changes were made and ensure high standards were being maintained.

The service had effective procedures for reporting and investigating incidents and accidents. There were systems to learn from incidents and adverse events and protect people from the risks of similar events happening again.

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?

Good

The service was safe. There were robust arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people. Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights. Staff understood their responsibilities in relation to mental capacity and consent issues.

Is the service effective?

Good

The service was effective. People received care from staff that were trained to meet their individual needs. Staff were supported to deliver effective care as they received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

Is the service caring?

Good

The service was caring. People felt valued and respected and were involved in planning and decision making about their care. People's preferences for their care and support were clearly recorded and family members were involved appropriately.

Care was centered on people's individual needs. People were involved in the assessment of their needs and they helped create their care plans. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

The service was committed to the principles of dignity, equality and diversity. People's skills and personal achievements were recognised, encouraged and celebrated in different ways.

Is the service responsive?

Good

The service was responsive. People using the service had personalised support plans, which were current and outlined their agreed care and support arrangements. Care records were detailed and the service was responsive to people's changing needs or circumstances.

The service encouraged people to express their views and had various arrangements in place to deal with comments and complaints. People were confident to discuss their care and raise any concerns. People felt listened to and their views were acted on.

People had access to activities that were important to them. People planned what they wanted to do and were actively involved in their local community. Staff were creative in finding ways to support people to live as full a life as possible.

Summary of findings

Is the service well-led?

Good

The service was well led and promoted a positive and open culture. Staff told us that the new manager was approachable and supportive. Staff were able to discuss and question practice and there were effective systems to raise concerns and whistle-blow.

The provider had effective systems to regularly assess and monitor the quality of service that people received. On-going audits and feedback from people using the service was used to improve the support they received.

Management monitored incidents and risks to make sure the care provided was safe and effective. The provider took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Warminster Road

Detailed findings

Background to this inspection

We visited the service on 29 July 2014. This inspection was carried out by one inspector. We spoke with six people using the service who were able to give us direct feedback about their care and experiences. We also spoke with three members of staff and the new manager during the course of our visit.

We looked at records about people's care, including three files of people who used the service. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We also looked at records kept for staff training and staff allocation.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR), notifications, safeguarding alerts and outcomes and information from the local authority. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

Following our inspection the manager sent us some quality assurance information which included the most recent audit of the service and an improvement plan.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

All the people we spoke with felt safe living at Warminster Road and knew who to speak to if they were unhappy about the way they were treated. One person said, "[my keyworker] checks on me, I don't worry about staff."

There were posters and leaflets in the communal areas to help people understand what abuse was and how they should report it. We saw that safeguarding was always discussed at staff meetings and with the people using the service. For example, safeguarding was a regular topic at monthly meetings and staff checked people's understanding of abuse through keyworker discussions. This showed that staff supported people in raising their awareness about abuse and keeping safe in their home and in the local community.

The provider had clear procedures on safeguarding adults including how to recognise abuse and what steps to take. These procedures reflected the most current guidance and legislation. In line with the guidance, the manager was appointed as the safeguarding lead. The provider also had a safeguarding board committee who monitored all safeguarding incidents on a quarterly basis. This was to check for any emerging trends or patterns.

We spoke with three members of staff who confirmed they attended training on safeguarding every year. They were able to explain the steps they would take if they suspected or saw an incident of abuse. Staff knew about the different types of abuse they might encounter and situations where people's safety may be at risk. Staff were aware of the provider's whistle blowing procedures and said they would have no hesitation to report any concerns.

Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary and had responded appropriately to any allegation of abuse. Where safeguarding concerns had been raised, the provider had liaised with the local authority and other professionals to investigate events. We saw evidence that the service had cooperated in any investigations and taken action to review or improve practice where necessary.

We found the provider met the requirements of the Mental Capacity Act (2005) code of practice. We saw policies and guidance were available to staff about the Mental Capacity Act and Deprivation of Liberty Safeguards. There was also a poster displayed of the 'best interests pathway' for staff to refer to. We saw staff had undertaken relevant training and knew the key requirements and their responsibilities. Staff we spoke with understood what processes to follow if someone lacked capacity to make decisions or was likely to be deprived of their liberty. One told us, "I would not stop the person leaving but explain the risks to them and contact the relevant people if needed." They also said, "I can't stop them, it's their choice."

The manager was able to tell us about the impact of the recent Supreme Court judgement and told us that the provider had started to review their practices accordingly. We saw that the manager had assessed whether any people would need applications made to deprive them of their liberty. We saw evidence that a best interests meeting was held for a person who lacked capacity to make decisions about leaving the service without staff support.

Records showed that the risks people may face or experience had been assessed. The assessments we looked at were clear and regularly reviewed. They provided details of how to reduce risks for people by following guidelines. The information was personalised, took into account people's rights and covered risks that staff needed to be aware of to help keep people safe. Some examples of these included personal care, epilepsy, managing medicines and vulnerability in the community. One person told us how they had achieved a personal goal to travel independently on the train.

We saw information about how to support people who may behave in a way that put themselves or others at risk of being physically harmed. Each person had a 'positive behaviour support' plan (PBS) which helped staff recognise when behaviour may become challenging. The plan included strategies and interventions for staff to use to help distract the person and diffuse the situation. One example included, "(person) can become anxious or upset when there are lots of people around, support (person) to avoid where possible." Staff had completed relevant training on how to respond to situations when people became upset or angry. This training was refreshed each year as a minimum. The care provider also had a clinical team that supported the staff team with training and advice on issues such as behaviour management.

Good

Is the service safe?

People told us there were always staff around if they needed them. One person said, “There’s staff around all the time.” Another person told us, “There’s enough around.” People said they each had a keyworker who they met with every month.

Staff allocation records showed that people received appropriate staff support. Staffing levels were organised flexibly and according to people's needs. We saw there were always four staff available in the morning, three in the afternoon and one waking night staff. There were also between one and two staff on a ‘mid shift’, working 8am-4pm, to support people with their individual activities. Where individual needs directed, staffing levels were increased or adjusted appropriately. For example, where there were planned outings or activities, or where a person required one to one support.

Most of the staff team had worked at Warminster Road for several years which meant that people experienced consistent care and support. There had been minimal staff turnover in the last twelve months and the manager told us that there were no vacancies at the time of our inspection. Unexpected absences such as sickness and emergencies were covered by existing staff or bank staff from other services owned by the provider. Staff we spoke with felt that staffing levels were good. One staff member told us, “There’s enough staff and consistency, we can do lots of activities.” Another told us, “They always find cover if someone is off sick.”

Good

Is the service effective?

Our findings

The provider had an on-going programme of training. All new staff completed an induction which involved shadowing more experienced staff and completing a workbook of learning objectives. Training consisted of 'e-learning' (computer training) and face to face training within the organisation. Mandatory courses included safeguarding, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, infection control, fire safety, food hygiene, first aid, moving and handling, equalities and diversity, health and safety, handling medication and communication.

Staff were expected to refresh training between one and three years depending on the type of training. The electronic training record showed all completed training and planned updates were booked accordingly. The system flagged up an alert when refresher training was due and enabled staff to keep their knowledge, skills and expertise up to date. Other records showed that staff had received the training they needed to care for people and meet their assessed needs. For example, staff learned about supporting people who have autism and other behaviours that may be challenging. Staff had attended other specialist training on epilepsy and mental health awareness. Staff we spoke with told us the training was frequent and relevant to their role. One told us they were given allocated time to complete online training. Staff told us they were encouraged to undertake qualifications and training to develop their skills and knowledge. For example, staff were also assigned roles as champions in dignity in care and person centred support.

There were systems in place to assess the competency of the staff and to make sure they had the skills to perform their duties. We saw that staff had monthly supervision and yearly appraisals with the manager. This enabled staff to discuss their practice and professional development on a regular basis as well as identify any learning or development needs. Staff we spoke with confirmed they received supervision and this had improved since the new manager took over. They said they felt supported by the manager. Comments included, "Very approachable", "Supportive, always there" and "I can sit down and talk to her."

There were monthly team meetings and staff were kept updated about training needs and organisational information such as policy updates or changes. Staff also shared information through a communication book and shift handovers. We looked at some staff meeting minutes which were clear and focused on people's needs, the day-to-day running of the service and information sharing within the organisation.

People told us staff supported them with shopping and meal preparation. Some people told us that staff came to their flat and helped them with cooking and others said they managed independently. People told us they planned their menus every week and could choose to eat in their flat or the shared dining/lounge area if they wished.

People's nutritional needs were assessed and monitored. Care plans included information about people's food preferences, including cultural choices and any risks associated with eating and drinking. For example one person was at risk of choking and their care plan explained how the person should be supported. This included, "Cut food into smaller pieces, ensure [person] sits upright and use first aid techniques if necessary." Staff supported people to monitor their weight where necessary and we saw any significant changes and outcomes were documented.

One person had been referred to a dietician for healthy eating advice. There were guidelines for staff to help the person understand about eating food that was appropriate for them. These included, "Meal choices may not give [person] the nutritional content [person] requires," and the action for staff was to, "review weekly meal planner with [person] before shopping."

People told us they visited their GP for a health check every year and staff supported them to attend other appointments if needed. Each person had a health action plan and a 'health passport' which contained details about them and their healthcare needs. A health passport is a document which the person can take to health care appointments to show how they like to be looked after. We saw that information had been kept up to date and reviewed regularly as people's needs had changed.

All appointments with health and social care professionals were recorded and staff had made timely referrals for health and social care support when they identified concerns in people's wellbeing. Records showed where needs had changed, or advice had been given, people's

Good

Is the service effective?

support and risk management plans had been updated. We noted an example of the service following guidelines set out by specialist professionals to manage a person's epilepsy.

We saw additional contingency plans that guided staff on what action to take if a person experienced deterioration in their mental health and ensured that they got the support they needed. An example included, "Professionals involved in [person's] care must be consulted as soon as any indicators are exhibited." Staff we spoke with were aware of potential triggers for people's anxiety or changes in their mental health.

Good

Is the service caring?

Our findings

We observed staff treat people with respect and kindness. We saw that people were relaxed and comfortable around the staff; they shared jokes together and staff were attentive to what people had to say. People spoke positively about the conduct of the staff. Comments included, “Staff are great, they listen to us and there’s always someone to talk to” and, “staff support me with how I feel” and “staff are ok, they are friendly and calm”. One person said they liked living at Warminster road because it was, “calm and not too loud.”

We spoke with three members of staff about the people they supported. Staff knew people well and were able to tell us about people’s individual needs, preferences and personalities. They were knowledgeable about people’s background and interests and these details were included in the care plans. They had a clear understanding of people’s needs and what they were required to do to meet those needs. One staff member explained how they supported a person when they were in a ‘low’ mood by sitting and talking with them. They had also helped the person access chosen college courses. A second staff member described how they supported a person who didn’t like crowds by reassuring them and another told us how counselling had worked well for one person because their mental health had improved.

People were supported to maintain relationships with their families and friends. Two people went out with their relatives during our visit and others told us they regularly went to stay with their family. In people’s care records a circle of support was recorded. This recognised all of the people involved in the individual’s life, both personal and professional, and explained how people would continue those relationships.

All the people we spoke with said they felt involved in their care and support and were asked for their views. People felt valued and told us that staff listened to them. They told us that they could choose what they wanted to do, how they spent their time and organised their lives. One person said, “[Staff] let me do what I want.” Another person told us about how staff supported them with how they felt about one of their peers.

People were encouraged and supported to make decisions about their care and daily lives as far as possible. Examples included one to one keyworker meetings and tenant meetings with staff and other people using the service when they discussed issues that were important to them. One person told us they saw their keyworker every week and “got on well with them.” People told us they talked about their accommodation, the food they wanted to eat, activities they wanted to do and recently, about holidays. One person told us, “The meetings are useful, they ask if all is ok and if there are any problems with the flat.” Another person said, “Staff always ask how you’ve been.” Meeting minutes were produced in an easy-read or pictorial format so that people could understand and provide appropriate feedback.

People understood the arrangements made for their care and support and knew about the choices and opportunities open to them. We saw that people were provided with written information about the terms and conditions in a tenancy agreement, the available services and fees. The manager explained that people were visited once a week by a tenant liaison officer (TLO) who supported them to pay their rent and checked whether any repairs were needed in their flats. This was confirmed by people we spoke with. People had signed their care plans and assessments to show that they had been involved. The assessments and reviews recorded people’s preferences for how they would like their care delivered.

People using the service told us that staff respected their privacy and dignity. They said they had their own keys and that the staff would only enter their flat if it was pre-arranged or if they were invited. We observed that staff always knocked on doors before entering people’s flats. Care plans included information about people's rights to privacy and how staff should support them. Staff had received training on the principles of privacy and dignity and person centred care.

Good

Is the service responsive?

Our findings

Care records showed that assessments took place before people moved to Warminster Road and provided relevant social and personal information, which enabled staff to deliver person-centred care. The assessment considered all aspects of a person's life, including their strengths, hobbies, social needs, dietary preferences, health and personal care needs and ability to take positive risks. There were systems in place to ensure that the person's placement and care plans were reviewed regularly. We saw reviews involved people's care managers, family and other representatives such as advocates to represent people's interests.

The provider used innovative ways to develop person centred plans with people using the service. We saw different examples of care and support plans that were designed around the person's individual needs and preferences. One person's support plan, 'my life, my way' identified outcomes the person wanted to achieve. There was clear information recorded as, 'what is working', 'what could work better' and 'plans to make it happen.' In another person's file there was a 'book about me' which outlined the person's likes and dislikes and how staff should support them. The information corresponded with what this person told us about their interests.

Care plans were based on people's views, wishes and aspirations and information was presented to people in ways they could understand. Illustrated with photos and clear language, the plans reflected what was important to the person, their capabilities, and what support they needed to achieve their personal goals in life. One member of staff told us that care plans were "easy to use and easy to read."

People told us they were involved in planning and reviewing their care through monthly keyworker discussions, meetings and annual reviews. We saw records to support this and staff had updated records accordingly to meet individual changing needs and circumstances. Records we looked at and discussions with staff showed that the service took account of people's changing needs. Staff told us that they handed over information at each shift change to keep each other up to date with any changes in people's needs. We saw detailed daily records about each person's daily experiences, activities, health and well-being and any other significant issues. This helped staff to monitor if the planned care and support met people's needs.

People's diverse needs were understood and supported and care records included information about their needs. There were details in relation to people's food preferences, interests and cultural background. For example, one person's support plan included details about their choice to attend a religious service each week. Staff we spoke with knew about people's social and cultural diversity and how to respond to their needs. One staff member described how one person liked particular cultural food and was supported to cook their chosen dishes by staff from a similar ethnic background.

People were supported in promoting their independence and community involvement. We saw that activities were offered to people, based on their lifestyle choices and as recorded in their care plans. Each person had an activity planner which they had created. This outlined their interests, hobbies and day to day routines. People talked with us about how they liked to spend their time. These included eating out, bowling, cinema, drama, football, cycling and attending college or work. One person told us, "There's lots to do" and another person said, "I like to go to the gym with the staff." During our visit, staff supported people with their chosen activities such as a visit to the cinema and shopping.

People were encouraged to retain and develop their independent living skills such as cooking, housekeeping and accessing their local community. Care plans set out how people should be supported to promote their independence. Where risks had been identified, information on the person's progress was also monitored and recorded. Staff gave examples where people had achieved personal goals such as using public transport independently and increased sociability. People said that staff helped them to learn new skills such as budgeting and travelling independently. One person said, "They help me manage my money, take me shopping and out." Another person told us, "Since I've been living here, I can go out on my own now."

People were made aware of the complaints system. At the start of the service people were given information about how to make a complaint. This was provided in a format that met their needs. For example, in the entrance hallway

Good

Is the service responsive?

there was a poster about how to raise concerns. This was supplemented with photos to help people understand the information. There were also leaflets and forms available to people should they wish to complain. We saw that the provider's complaints procedure specified how complaints could be made and who would deal with them. We looked at the complaint records which showed that the service had received no complaints in the last twelve months.

People told us they felt comfortable to raise a concern and knew who to complain to. They said that the manager and staff were "very approachable" and felt confident any issues would be listened to and acted upon. They told us they could speak openly to their keyworker, the manager or staff if they were unhappy with the service. One person told us, "If I'm worried about something, the manager will deal with it." Another person said, "I would speak to the staff, they listen." A third person said, "I go to [manager] if I want to complain." One person told us they had raised an issue about the poor condition of their shower some time ago. We discussed this with the manager who advised that the maintenance team had been notified and were due to visit. We saw records to support this.

Good

Is the service well-led?

Our findings

Staff had clear lines of accountability for their role and responsibilities and the service had a clear management structure in place. People told us they felt involved in how the service was run and that their views were respected. Throughout our visit, the manager often spent time speaking with people using the service and responded to their queries or requests for information.

There was a new manager in post who had moved to the service from another care home owned by the provider. The manager, although new to Warminster Road, had a good leadership approach to run the service in the best interests of the people who lived there. They told us about the work they had been doing to develop the service. This had included reviewing staff training and involving other agencies to improve people's care and support. The manager told us of one example where the manager had arranged for the provider's mental health 'crisis' team to visit and review each person's needs. We saw records to support this.

People using the service spoke favourably about the manager. One person told us, "The new manager is better, more experienced" and another person said, "She does a good job." Similarly, staff felt positive about the manager's leadership style. Comments included, "Excellent, one of the best ones yet" and, "The manager has improved the care plans, it's all in one place and she feeds information to the keyworker".

The provider encouraged staff to improve their practice and offered awards to staff who had gone further than expected when they supported people they cared for. Staff we spoke with confirmed there was a yearly awards event. They said that they enjoyed their jobs and one described the organisation as a "fair employer." One staff member said there was "good communication."

People using the service, their relatives and other stakeholders were given satisfaction surveys once a year. From the findings and analysis, an evaluation report was written up that identified the aims and outcomes for the following year. The manager advised that this year's annual plan was underway as results from questionnaires were still being assessed. The previous year's report showed that all those who took part were happy with the care and services provided.

People's opinions were central to how the service developed and improved and the provider had effective ways of making sure they continued to get things right. 'Quality checkers' visited the service every three months to assess the standards of care and talk to people about their care experiences. Quality checkers were part of a group which included people using services and/or their relatives from other homes owned by the provider. Some people living at Warminster Road were part of the quality checker team. The most recent report reflected positive feedback.

Other internal audits were regularly carried out by the manager and staff team who each had designated responsibilities. These included checks on records such as care plans, risk assessments, health and safety and medicines. We saw that the manager carried out a monthly audit to assess how well the service was running and wrote up an improvement plan. Where shortfalls in service quality had been found, there was evidence that action had been taken in a timely manner. For example, improvements were needed in parts of the accommodation and people were involved in personalising the communal areas by choosing furnishings and new paint colour.

The provider completed audits of the systems and practice to assess the quality of the service. The manager was supported by the organisation's area manager, who carried out a quarterly quality assurance audit. This was based on the essential standards set by the Care Quality Commission and considered the experiences and outcomes for people using the service. Any areas for improvement were identified in an action plan. We looked at the report arising from the most recent visit, in June 2014, and saw that progress was underway or completed for several of the actions. For example, the action plan recorded some minor record keeping issues had been identified for improvement and these had been addressed. We saw that these audits were kept under review by the provider's quality assurance department.

The provider had its own in-house audit committee of staff board members to review service quality. Other quality assurance arrangements included a business plan, risk register for monitoring the services provided and yearly road shows for tenants to meet with management and discuss any issues.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The service kept appropriate records of all

Good

Is the service well-led?

accidents and incidents. Investigations and follow up actions were taken following incidents and changes were made to people's risk and support plans as necessary. The provider's risk panel board regularly looked at incidents and near-misses, complaints, safeguarding and whistle-blowing to identify where any trends or patterns may be emerging. As required by law, our records show that the service has kept us promptly informed of any reportable events.

Evidence showed us that the provider used a range of resources to continually review their practice and place the interests of the people using services at the centre of what they do. The various on-going audits, both internally and externally, ensured that the quality of care was regularly assessed and evaluated.