

Care Management Group Limited

Care Management Group - Smitham Downs Road

Inspection report

7 Smitham Downs Road
Purley
Surrey
CR8 4NH

Tel: 02086450873
Website: www.cmg.co.uk

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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

7 Smitham Downs Road provides accommodation and personal support for up to nine adults with learning disabilities and mental health needs.

At the last inspection in October 2015 the service met all regulations but it required improvement in the Well Led domain. At this inspection the service met all regulations.

There has been a change of management. The provider had recently appointed an experienced manager for the service. The person appointed had submitted an application to register with the Care Quality Commission; the application had not been processed at the time this report was drafted. '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.'

People felt safe. The service had procedures and risk assessments in place which staff operated to reduce the risk of harm to people. Staff were trained in safeguarding adult's procedures, they knew how to recognise the signs of abuse and how to report any concerns. Appropriate recruitment checks were carried out on staff to ensure they were suitable to work with people.

There was a strong emphasis on learning, with a comprehensive staff training and development programme in place. Staff had training and were assisted to develop the skills, knowledge and experience to care for people safely. Support networks ensured staff were effectively supported.

The home considered people's needs and assigned sufficient numbers of skilled staff to support people and meet their needs. Staffing levels were flexibly arranged over twenty four hours to respond to the needs of people.

People's medicines were managed safely. People who were able to self-administer their medicines were supported to do this safely. Those requiring assistance from staff were administered medicines as prescribed.

Support that staff provided to people was outcome-focused. There was evidence of staff working hard with individuals to develop strategies that helped people gain greater independence. As a result people were encouraged and enabled to learn new skills and become more independent.

Staff actively sought from people their consent to care and support. The manager and staff were aware of their role and responsibilities in providing support to people within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff provided meals to people, which met their personal preferences. People had a choice in meals they wanted to eat and assisted staff in their preparation. Staff knew how to support people with their nutritional needs for the maintenance of their health.

Staff identified and documented people's personal histories, which helped them to understand their likes and dislikes. Care and support plans were person centred and people were cared for in a way that reflected their personal preferences, and choices. Staff were kind and compassionate; they continually encouraged people to achieve their goals and acknowledged their progress.

People were supported to maintain relationships with friends and relatives that mattered to them. People and their relatives contributed to reviews of their care and support needs. Activities were provided in and outside of the service and people had an opportunity to take part in them if they chose

People knew how to make a complaint and make comments about the service, care, or support they received.

The provider had systems in place that monitored, and reviewed the service to improve the quality of care to people. When any shortfalls were identified improvement plans were developed. Staff implemented any necessary changes in the service to ensure people received effective quality of care. People and staff were positive about the impact of the new manager's appointment.

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. Staff used safeguarding processes to protect people from abuse. Risks to people were identified and plans were put in place to manage these appropriately.

The provider promoted a safe environment that protected people using the service and staff from harm.

There were sufficient suitably skilled staff assigned to care effectively for people. Recruitment processes were robust. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective. People were cared for by skilled and knowledgeable staff who were effectively supported and received regular supervision.

People were supported in line with the principles of the Mental Capacity Act (MCA) 2005.

People's healthcare needs were met and staff acted on advice from professionals involved. Meals were provided which met people's needs and preferences.

Is the service caring?

Good ●

The home was caring. Staff treated people with respect and promoted their dignity and privacy.

People's choices and preferences were known and respected.

Is the service responsive?

Good ●

The service was responsive. Care and support was delivered in a way that met people's individual needs and preferences. There were effective processes for staff to share information so they could respond to people's changing needs.

People were encouraged and supported to develop independent living skills. They had employment, and engaged in a range of recreational and educational activities.

The home had a complaints procedure in which people had confidence.

Is the service well-led?

Good ●

The service was well led. The provider had appointed a new manager who was experienced. They had completed their application to register with CQC.

People's views and feedback were welcomed and acted on. Checks were carried out on the quality of the service and used to make improvements.

The service placed a strong emphasis on promoting and sustaining improvements already made in the service.

Staff were positive about the management. They appreciated the clear guidance, leadership and support they received from the manager.

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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 23 August and 8 September 2016, day one of the inspection was unannounced. One inspector undertook this inspection.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This 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. We used this to inform our planning and inspection.

Eight people were using the service; they were able to communicate verbally. We spoke with all of them. We observed interactions between staff and people who used the service. We contacted relatives and received feedback from three relatives; we spoke with social care professionals. We spoke with four staff members, and the manager.

We looked at two people's personal care and support records, personnel records for four staff and records relating to the management of the service such as staff training and supervision records, meeting minutes, records of checks and audits, action plans and safeguarding records.

Is the service safe?

Our findings

People told us, they felt safe and were happy living at the home. People were kept safe in a suitably maintained environment, with agreements with regular contractors such as electrical and gas in place. Records showed that staff ensured safety checks of fire, electrical and gas systems occurred to ensure they were safe. Equipment used in the service was also safety checked and serviced. A senior staff member told us there was a new fire panel on order following recommendations by the service engineer. The home had a fire safety inspection, there were no recommendations made. Each person had a personal evacuation plan in place. The plan made sure people were able to evacuate the premises in the event of an emergency.

People were protected from the likelihood of abuse by staff that had knowledge of the provider's safeguarding processes. The provider had safeguarding guidance in place to support staff in the effective management of an allegation of abuse. Staff were trained in procedures and knew how to respond to an allegation of abuse and protect people they cared for. There was a whistle blowing policy in place, which gave staff support to raise a concern about the quality of care. One member of staff told us, "I feel confident in raising any concern with the manager and I know this would be dealt with appropriately."

People had an assessment of risks associated with their health and care needs. Staff identified risks to people and these were managed appropriately by staff who showed awareness of the risks. Staff developed a plan to manage these risks. For example, one person's risk assessment identified risks associated with seizures. The assessment detailed equipment to alert staff, actions staff should take to manage the risk whilst ensuring they administered emergency treatment promptly. Staff had guidance that enabled them confidently support people to take risks. For example, it had been identified where a person require support while using public transport. Staff supported them to complete this task safely at their pace while gradually increasing their independence. We saw the progress by two people who had become independent using public transport due to travel training from staff. The relatives of one person commented, "My family member has made amazing progress in twelve months thanks to staff, they can now use the bus on their own, staff dedicated time to helping them achieve this."

People were supported with managing their finances; staff ensured they had access to their money when they wished and liaised with social services to ensure this process. Staff followed the provider's financial management processes to protect people from the risk of financial abuse. There was a record maintained of people's income, out-going money, receipts and balance. The financial procedures were audited at regular intervals to ensure the process was robust. Individual's finances were discussed at review meetings.

The service operated robust recruitment processes to ensure the employment of appropriate staff. Staff completed an application process and the provider completed pre-employment checks to ensure the suitability of staff. We saw that the provider undertook checks by the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people. Staff recruitment records included personal identification and employment references.

People had their medicines managed safely and as prescribed. People had their medicines recorded on

medicine administration records (MAR). The MARs were fully completed and accurately reflected the procedures were adhered to. Two people were self-administering medicines; the service had monitoring processes in place to ensure they were competent at taking the medicines. One person told us "Staff make sure I have my tablets on time." The majority of people required staff to administer their prescribed medicines. Where people had been prescribed medicines to be taken as needed (known as PRN medicines), staff had 'PRN protocol' guidelines for each medicine detailing the circumstances in which it was to be administered and how. These were correctly included and completed in the person's MAR sheets. There were processes in place for the safe administration, ordering, and disposal of medicines. This ensured people received their medicines in line with the prescriber's instructions to maintain their health. Medicines were stored in the person's bedroom safely in a secured, locked cupboard. Staff prompted medicine reviews by the GP.

Is the service effective?

Our findings

People were supported by staff who were trained and had acquired the appropriate skills and knowledge. One person told us, "Things have improved, staff here know where I need help, and they do it well". A family member told us, "Staff know what they are doing and are aware of the important things that make my relative comfortable". Another person told us, "My relative has done so well in this house, they have developed more skills than we expected." A social worker we spoke with told us of the progress made by a person they were involved with; they complimented the inspiration and support staff had given the person.

Staff praised the supportive environment they worked in, they were provided with one to one support to help identify their professional goals and developmental needs. They received regular supervision to discuss their performance and training needs.

Staff newly employed undertook an induction to ensure they understood their role on how to support people. One staff member told us, "I discuss with senior staff the expectations of my role and meet with them to discuss my work". A formal induction for new staff included meeting people, reading their support plans, shadowing an experienced colleague, and completing all relevant training.

The provider had identified skills that every member of staff needed to develop. To address these they put in place a learning and development plan to ensure staff were suitably equipped, and to enhance their skills and meet people's needs. Staff received regular training which gave them the skills and confidence to meet people's needs. The manager ensured all staff attended relevant training which included adult safeguarding, medicines management and infection control, mental health. Staff received appropriate training to support people with complex health needs. Staff attendance at training was monitored closely by management and human resource team. Records were held electronically to enable this. We saw from the records that any gaps were identified and training was booked to address these. The manager informed us that it was identified that staff needed further training on understanding mental health and how they could better promote individual's mental health, additional training was being organised to address this need. Staff had their knowledge of safeguarding refreshed to ensure they were up to date with current practices.

People told us staff asked them for their consent before they supported them. Staff involved people in making decisions about their day to day care and support. One person told us, "Staff will keep close by outside when I am in the shower/bath room to make sure I am alright." Support records showed how a person was supported to understand the nature of the decision and the options available.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority.

People were supported in line with the principles of Mental Capacity Act (MCA) 2005. Staff identified situations when people did not have the capacity to make specific decisions independently. In such cases meetings were held to reach decisions in their best interests as required by the MCA. We saw these had been held in appropriate circumstances, for example when a person required a medical procedure and was unable to give consent. The manager ensured people enjoyed their freedom and rights as appropriate to their health needs. None of the people using the service were subject to Deprivation of Liberty Safeguards (DoLS). The manager shared with us that a small number of people lacked confidence to freely access the community on their own; they asked staff to support them remain safe when out in the community and help them develop travel skills, but their liberty was not deprived.

People told us they received sufficient food and drink which they enjoyed. One person told us, "The food is good and I have choice on what I eat". Staff told us they had monthly menu planning sessions. They discussed the menu with people as a group and individually to accommodate the diversity and various cultural backgrounds of the person. We saw fresh food prepared in the kitchen. A staff member prepared lunch when we were present, we saw this contained items such as dumplings which people requested. There was good interaction observed between staff and people using the service. Staff sat with people at lunch and enjoyed their meal together. Fruit and drinks were readily available for people at the service. Records showed people were supported in line with their dietary requirements.

Staff had developed health action plans for each person. These recorded appointments, consultations and treatment with health professionals. People saw healthcare professionals when they needed to. People with complex mental health needs had received support from the mental health professionals and staff had followed the advice given on their care and treatment. Information was shared with the staff team, they received regular updates about people. We saw staff checked on people when on duty and took the appropriate action to have people's needs addressed.

Staff monitored people's health and worked closely with relevant professional such as psychiatry, and the GP when they had any concerns, and took on board their recommendations. We saw that support plans and risk management plans developed by staff had input from health professionals. We noted on a support plan the health professional recorded the support plan needed to be more person centred for a person to help them manage their condition better. Staff had amended the support plan to reflect these recommendations. A special sensor mattress was used to help alert staff for a person who experienced seizures. One person told us, "Staff help me get appointments with my doctor, and ask them to visit if I am not well". Care records promoted good communication. They showed people attended hospital for check-ups, visited the dentist and podiatrists, staff recorded any follow ups that needed to be carried out and ensured staff were assigned to support people when necessary. With individual support plans were a copy of people's hospital passports. These are documents that contain important information about people's needs, abilities and preferences. They ensure hospital staff have knowledge about people so they can respond appropriately to both their physical and emotional needs.

Is the service caring?

Our findings

People told us staff were polite and kind. One person said, "I like the staff now. They are more considerate, they work with us and are very pleasant". Another person told us, "Changes here are positive and staff attitude is good, staff are cheerful and always helpful". A relative told us, "My family member is happy and is well cared for".

Although the home has experienced changes to the staff team there were signs these were positive. People knew the staff team and they had developed positive relationships with them. Staff knew people's likes and dislikes and understood their areas of need. We saw staff spoke to people in a caring and friendly manner. Staff reassured a person who became agitated as they waited for their lunch to be served. A member of staff patiently explained they were preparing the meal with dumplings as they had requested. We saw the person requesting this dish appeared reassured and was calm.

People told us they were involved in planning their day to day routines. Care records showed that people's views and preferences were respected. For example, one person told us they decided on what time they went to bed and wake up in the morning and staff respected this.

Staff were respectful of people's privacy and dignity. During our inspection, we saw staff respect people's personal space by knocking on their bedrooms doors and waited to be invited in. One person told us, "I can sit and chat with my relatives and friends without disturbance". People had use of a lounge to sit and have conversations with their visitors. A relative told us, "I always feel welcome at the service and staff encourage us to visit as often as we can". We saw staff support a person in a way that promoted their dignity by speaking with them discreetly about issues.

Staff valued peoples' differences and supported them appropriately and promoted their well-being. Records held important information so that staff were well informed. They understood the role of cultural and religious beliefs in peoples' lives. For example, people in the service were of different backgrounds and held different beliefs. Staff used this information to plan their service delivery to ensure there were no conflicts when celebrating occasions or when preparing meals.

Staff attended training and were working together with the local hospice team to help them understand how to plan for end-of-life care with people and their relatives who wished to do so. Staff respected people's right to confidentiality and communicated with family members and relatives as agreed with people.

Is the service responsive?

Our findings

Two people told us, they were happy living in the service and felt safe; they were now ready to move to more independent living. They told us staff were assisting them with transition to their new homes. Staff involved people when assessing their needs and planning for their support and care. Information we viewed showed that healthcare professionals who knew people well had contributed to the planning of their care and support. Assessments records contained information about people's health, history and preferences, support plans were developed using this information. These records provided sufficient guidance for staff on how to support people with their individual needs.

Records showed people had received support which met their individual needs and in a way they wished. For example, a person's support plan stated the support they required going into the community and maintaining contact with family. Staff carried out regular reviews of people's needs and the support they required. The manager had identified gaps in some support records that required updating. A list was displayed highlighting the records requiring action. We saw that the action plans were addressing the issues within the timescales planned.

One person told us, "I meet regularly with my support worker and discuss the support I need. They take note". People, their relatives and healthcare professionals were involved in the review meetings. A relative told us, "Staff invite me to come to the home and discuss issues with me." A social care professional spoke positively of the impact on a person they placed there. They said, "Staff responded well to the needs of a person who moved in, with constant reassurance and support they inspired the person to develop more independent skills, they are working with them to transition smoothly to new supported housing."

Daily records gave a good account of a person's daily experiences, activities, health and wellbeing and any other significant issues. This helped staff to monitor and respond appropriately to meet people's needs. People's support plans clearly identified what the person was able to do for themselves and what support they required from staff. There was information maintained in people's care records as to how their individual needs, such as those relating to a mental health diagnosis, should be met. Daily monitoring records were maintained to ensure people's particular needs were met, for example, in regards to following their interests, engaging in employment, and monitoring of particular behaviour displayed.

People told us they felt involved in their care and support and were asked for their opinions. They told us that they could choose how to spend their time. We observed that staff supported people to be independent and involved them in areas of daily living such as keeping their home clean and tidy, developing cooking skills. People were not discriminated against and were supported to access resources to do what they wanted to achieve their potential. For example, one person had attended training in horticulture and loved working outdoors. They told us, "I am happy to be moving nearer to this facility, as I have always wanted to do this course."

Staff supported people to be as independent as possible in line with their support plans. Care records of people stated what they could do on their own and the level of support they required to do tasks. For

example, a person's record showed they needed prompting to tidy up their room. They told us, "Staff remind me of what tasks I need to do like cleaning my room". Staff told us they encouraged people to do what they could do which promoted their daily living skills.

The people who use the service told us they were supported to maintain their hobbies and interests through in house and community options. People were supported to engage in activities that enabled them lead fulfilling lives. Some people had paid employment which staff had assisted them to gain, others engaged in vocational education, community centres. One person told us of their vocational training where they developed skills had work placements. Another person told us of the responsive service, they said, "I have made steady progress here because staff have worked at my pace, I was encouraged by staff and am now transitioning gradually to supported housing, staff here are supporting me with the process." The manager shared with us the progress of people, three people were moving to more independent living and been assigned supported housing. Care records showed staff supported people with their needs and promoted their independence. Reports received from social workers were that staff were responsive to people's needs, and gave examples of the positive outcomes for individuals such as confidence building for a person due to the support and reassurance received from staff.

People told us they were able to express their views. People told us there were monthly meetings to discuss issues or put forward their ideas, and we saw records of the issues discussed. People said staff listened to them and were flexible in the way they supported them. For example, a person told us staff were happy to support them regardless of the times they changed their mind about what they wanted to do. One person told us, "We have regular meetings; staff ask us how things are and any changes we would like."

There was a complaints policy and a pictorial complaints and easy read leaflet for ease of reference for people. The provider took account of complaints and comments to improve the service. Complaints were monitored as a part of the provider's quality assurance system. No complaints were received since the last inspection. People said they would speak to the manager if they needed to complain about anything.

Is the service well-led?

Our findings

People using the service spoke positively of the changes introduced in the home since the new manager came into post four months ago. All of them told us the manager was most approachable. People said the manager spent time with them and understood their needs. There was a positive and open culture at the service. People and their relatives told us the manager asked for their views and feedback about the service through regular meetings and surveys. For example, minutes of the meeting showed the manager valued their contributions and had used the feedback to understand people's day-to-day experience with their care.

The manager was experienced and had submitted their completed application to register with the CQC; it had not been processed at the time of our inspection visits.

Staff demonstrated a good understanding of the whistleblowing procedure and told us that they would make use of it if they felt that issues of concerns were not been dealt with appropriately by the manager.

The manager ensured staff had an opportunity to raise any concerns about the service through regular team meetings. Minutes of these meetings showed staff had discussed operations of the service and best practice to use when supporting people. Communication records showed information was appropriately shared at handover meetings held at the start and end of each shift. This ensured staff had sufficient and up to date information about their needs and how to effectively support them.

Staff told us morale among staff had greatly improved. A member of staff told us, "It has been such a positive change, the new manager inspires confidence in us all, she is a great listener, is interested and acts on any concerns." Staff understood their roles and responsibilities in relation to the way people were supported to improve their well-being and how people's dignity and independence should be promoted. They understood the service's vision and values and told us how it shaped the way they support people by involving them in their care and support, the vision and values were discussed in team and supervision meetings.

We saw the positive outcomes as a result of staff practices; the examples seen included the progress made by three individuals who were now moving to supported housing. One person's relative told us, "I am amazed my family member has made such great progress in such a short time, which was way beyond our expectations."

A social worker told us the manager made sure the service was responsive and ensured people received appropriate and timely support. They said, "A person I placed in the home with high support needs has made great progress. Their condition was managed appropriately by skilled and dedicated staff who were outcome focused."

There were a number of systems in place to monitor the quality of the service provided. People who used other residential services at CMG took part in these checks and were known as quality checkers. Their

findings were used together with those of people using service at the home. We saw that quarterly visits were being undertaken by the regional operations manager. The reports focused on standards set by the Care Quality Commission and showed how the provider closely monitored service provision. Any areas for improvement were identified and reflected in an action plan. We saw these were kept under review by the provider. There was an annual quality survey carried out and questionnaires were sent to people using the service, families, staff and other professionals involved in people's care. From the findings and analysis, an evaluation report was written up that identified the aims and outcomes for the following year. The 2016 survey was underway when we visited.

The manager ensured the safety and maintenance of the building by undertaking regular audits and checks. Parts of the interior were distressed from wear and tear. Refurbishment of the premises was underway and a new kitchen was being fitted when we visited on day two of the inspection. It was also identified that some areas of the home required redecoration as part of the refurbishment.

The manager ensured staff had an opportunity to raise any concerns through regular team meetings. Minutes of these meetings showed staff had discussed service operations and best practice to use when supporting people. Communication records showed information was appropriately shared at handover meetings held at the start and end of each shift. This ensured staff had sufficient and up to date information about people's needs and how to effectively support them.

Relatives of people using the service told us they felt involved and were kept up to date by staff about their family members. A relative described "the confidence this gave to the family members" when the management team did what they promised.