Care Management Group Limited

Hervey Road

Inspection report

66 Hervey Road
London
SE3 8BS

Date of inspection visit:
29 June 2018
05 July 2018

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20 September 2018

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 29 June and 5 July 2018. The inspection was announced. This was the first inspection of the service since they registered this location with the CQC in May 2017. Hervey Road provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection, five people were using the service.

There was a Registered Manager at this location. 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.

Staff retention was poor at the service. We found that there was high turnover of staff due to remuneration package offered by the provider.

The registered manager had the necessary experience and skills to manage the service. They understood their role and responsibilities. They complied with their registration requirements People, relatives and staff spoke positively about the management of the service. Staff told us they received the support, direction and leadership they needed.

The registered manager carried out various checks to assess the quality of care provided to people. The service worked in partnership with other organisations to improve the service.

Staff were trained to protect people from abuse. They knew the signs to recognise abuse and the procedure to report any concerns. They also knew how to escalate their concerns to external agencies if needed.

Staffing was sufficient and safe to meet people's needs. Staff underwent a recruitment checks to ensure they were suitable before starting to work with people.

Risks to people were identified and actions put in place to minimised harm and kept people safe. People received their medicines as prescribed and the management of medicines was safe. Staff reported incidents and the registered manager put actions in place to reduce reoccurrence. Staff were trained and followed good infection control procedures.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported

them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before it was delivered.

People's care needs were assessed following best practice guidelines. Staff were supported through effective induction, supervision, appraisal and training. People were given the support they needed to meet their dietary and nutritional requirements. People had access to health and social care services to maintain good health and their well-being. The service supported people when they moved between services to ensure their care and support were coordinated well.

People told us staff were kind, friendly and treated them with respect. Staff promoted people's dignity and independence. People had choice about how they wanted their day-to-day care delivered and staff respected their decisions. People were supported to maintain their religious and cultural beliefs. Staff had completed training on equality and diversity.

People's care and support was personalised to their needs. People received support from staff to meet their individual needs. People were supported to engage in the activities that they enjoyed. People were supported to socialise, learn new skills, and maintain relationship with family. People and their relatives knew how to complain about the service should they need to.

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 knew the signs to identify abuse and the procedure for reporting their concerns.
Risks to people were assessed and managed in a way that promoted their health, safety and well-being. Lessons were learned from incidents and accidents.

The provider complied with safe recruitment practices to employ staff. There were sufficient staff available to support.

Staff supported people to receive their medicines safely. Staff followed infection control procedures and supported people to follow these too.

Is the service effective?

Good

The service was effective. The service assessed people's needs in line with best practice guidelines. Staff supported people to meet their nutritional needs and preferences.

Staff were trained and supported in their roles so they could meet people's needs effectively.

People consented to the service they received. Staff and the registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2005.

Staff supported people to access healthcare services they needed and staff supported them to attend appointments. Staff ensured people received s joined-up service.

Is the service caring?

Good

The service was caring. People told us that staff were caring and kind towards them. Staff supported people with their emotional needs.

Staff involved people in planning their care and offered choices of how they wanted their care delivered.

Staff respected people's privacy and dignity; and promoted their independence.

Is the service responsive?

Good

The service was responsive. Care delivered to people met their individual needs and achieved their goals.

People were supported to maintain an active lifestyle and do the things they enjoyed. Staff supported people to maintain and practice their cultural and religious beliefs.

People knew how to complain about the service and the registered manager responded and addressed complaints in line with the provider's policy.

Is the service well-led?

Requires Improvement

The service was not always well-led. There was a high turnover of staff. There was clear management and leadership who gave staff direction and support. The registered manager understood their roles and responsibilities and complied with the requirements of their registration.

The registered manager checked the quality of service provided to people through regular audits and feedbacks. The service worked closely with other organisations to improve and develop the service.

Hervey Road

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 site visit took place on 29 June and 5 July 2018 and it was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information such as notifications we held about the service and the provider. A notification is information about important events the provider is required to send to us by law. We also reviewed the monitoring report we received from the local authority.

During the inspection we spoke with three people who use the service, one relative of a person using the service, three support staff, and the registered manager. We spent time observing how people were supported. We looked at four care records and medicine administration records for five people. We reviewed four staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits and health and safety management records.

Good

Is the service safe?

Our findings

People told us that they felt safe with staff and in the way, they were supported by staff. One person said, "I feel safe, nothing is bothering me here." Another person commented, "I feel really safe here with staff. They treat me well. Staff support me when I'm going out because of my safety." One relative said, "The staff are safety aware and ensure people are safe. I have no concerns about people's safety."

People were supported by staff who had been trained and had knowledge of the provider's safeguarding adults from abuse policies and procedures. Staff knew the various forms of abuse, signs to recognise and actions to take to protect people. One support worker said, "Safeguarding is protecting people from harm and abuse. If I think someone is being abused, I will write a report accurately and let my manager know what has happened. If something very serious is happening and my manager is not doing anything about it, I will whistleblow." Another support worker told us, "Abuse is wrong in any form. I will make note and report to my manager immediately. If I wasn't getting the response I want I will take it to the next level. I know how to whistleblow." The registered manager was clear about their responsibilities on protecting people from abuse including involving the local authority safeguarding team and notifying CQC. There had not been any safeguarding concerns since the service registered with us.

People were protected from preventable harm. The service completed assessment of any possible risks and developed management plans for staff to follow to improve people's safety and well-being. Areas of risks assessed included people's mental and physical health, nutrition, choking, falls, behaviour that challenges, isolation, accessing and using community facilities, road safety and undertaking tasks of daily living. Measures had been developed where there was risk identified to reduce the likelihood of risk. For example, staff supported one person at risk of choking to eat a soft diet as recommended by the speech and language therapist (SALT). Staff also supervised the person when eating and encouraged them to eat slowly and have one mouthful at a time. We saw guidelines for staff on choking risk displayed in the kitchen. We observed staff following the guidelines in place. Another person at risk of malnutrition was supported by staff to eat healthy and nutritious food. Staff provided them with information and advice on healthy food choices and supported them with their shopping. Staff also monitored the person's weight regularly as recommended by their dietitian. We saw that the person's weight was gradually improving. This showed staff supported people to manage risks to them and improve their health and well-being.

People received support they needed from staff. There were onsite staff available to support people with their needs night and day as part of the service agreement with commissioning authorities. One person said, "There is a staff member here at night but I don't need support at night. They help me with what I need in day time." One relative commented, "Staffing levels are okay. You get the days staff cancel at short notice and the manager tries her best to see that there is cover. Weekends can be difficult but the registered manager tries to reduce the disruption to people." Staff also commented on the level of staffing. One staff member said, "Staffing is improving. We support people with what they want. We do a lot of activities with them. The registered manager always makes sure we can support people." Another mentioned, "Staffing is alright, we manage. We get days where struggle and but we get by... We get days where we can't find staff to cover at least once a week. The registered manager puts herself to cover such days just to make sure

people's needs are met safely." The provider had a pool of bank staff who were called to cover vacant shifts. The registered manager also covered vacant shifts where they were unable find staff to cover. The registered manager reassured us that they ensured people had staff available to support them with their needs. We observed staff supporting people with their needs. Staff could give time and attention to people as needed.

The provider followed safe recruitment process to ensure people were supported by staff who were fit and safe to support them. Recruitment records showed that before staff started working with people they underwent robust checks which included vetting by the Disclosure and Barring Service (DBS) for any criminal records. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Satisfactory references were obtained and applicant's employment histories were explored for any unexplained gaps. The right to work in the UK and proof of address were also confirmed. This vetting process enabled the provider to make safer recruitment decisions to protect people.

People received their medicines as required. Care plans indicated people's ability to manage their medicines themselves or what level of support they needed in this area. Staff supported people with their medicines according to their needs. Staff were trained in safe management of medicines and they understood the provider's medicine management procedure including storage, administration, recording and disposal. Medicine Administration Records (MAR) we checked were completed correctly. Appropriate codes were used to explain any gaps, for example, where people refused their medicines or were away from home.

Staff knew measures to follow to prevent and reduce the risk of infection and cross-contamination. Staff explained that effective hand washing, use of personal protective equipment (PPE) and proper disposal of clinical and bodily waste were crucial to controlling infection. Staff had received training in infection control.

Staff knew how to report incidents and accidents. The registered manager reviewed individual incidents, noted actions to be taken and shared this with staff. For example, the risk management plan in place for one person to support them with their behaviour was reviewed and amended due to ongoing incidents. Actions agreed were shared with staff during handover and team meetings to enable learning.

Good

Is the service effective?

Our findings

People's needs were assessed so they could be planned and delivered to meet their individual needs. Areas of needs assessed covered physical health, mental health, nutrition, eating and drinking, socialising, assessing community facilities, personal care and other activities of daily living. The registered manager referred to best practice guidelines in completing assessment and devising plans on how people's assessed needs would be met. For example, in relation to assessing people at risk of choking guidance including the National Patient Safety Agency (2007), Royal College of Speech and Language Therapist clinical guidelines 2015; the Dysphagia Diet Food Texture National Descriptors and British Dietetic Association. Staff knew people's needs and supported them in accordance with their needs.

People were supported by staff who had knowledge and skills to support them. One person told us, "[Staff] understand me and how to work with me. I am pleased." Another person said, "[Staff] are trained properly. They know their job." Staff told us and their training records confirmed that staff had completed training in a range of areas including learning disability awareness, autism, Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), safeguarding, challenging behaviour, communication, medicine management and infection control. One staff member told us, "I have done every training I require. I feel confident and competent. I love my job." Another staff member said, "The provider is good with training and developing staff. Since I joined this organisation I have done a lot of training." Staff confirmed that they completed a period of induction when they first started working at the service. Staff also had opportunity to shadow an experienced member of staff on the job to build their confidence and gain practical experience. We observed a new staff member being inducted by an experienced staff member during our visit. The new staff member told us they had completed a range of training and had learnt about how support people effectively.

Staff received regular support and supervision in their roles. One member of staff told us, "I feel supported. I have a one-to-one meeting with the manager every three months but I can always ask for a supervision meeting if I have concerns to discuss." Another staff member said, "We have the opportunity to chat with [registered manager] anytime for support. She is supportive and always ready to guide us to do our jobs well." Records of supervision meetings showed that they were used to address performance issues and discuss key policies and procedures such as safeguarding. Records also showed that annual appraisals took place and these were used to review performance, set goals and identify training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff knew to assume people's capacity to make their own decisions in line with legislation unless there was an assessment to show otherwise. Staff had received training in the MCA and they knew how to obtain consent from people before undertaking any task or activities with them. The registered manager understood their responsibilities to ensure they obtained people's consent. They also knew to involve people's relatives, and other professionals if there was doubt about a person's capacity to make decisions, so that best interests meetings could be held and an application made to the court of protection where necessary.

People consented to the care and support they received. Staff had obtained consent from people's relatives or representatives where required regarding support provided. Care plans documented people's capacity to make decisions in various levels. For example, one person could make simple decisions about their day-to-day care and support but required the support of their family to make complex decisions about their health and finances.

People received support they required in meeting their food and hydration needs. Care records stated what support people needed with food preparation, eating and drinking. Where people required support with shopping, and preparing hot meals, they were supported by staff to meet their needs. Food people liked and allergies to specific food were noted in their care plans so staff knew how to support them appropriately and safely. We observed staff supporting people prepare their food. We also observed staff supervising one person with their eating and drinking in line with the recommendations from the speech and language therapist to reduce risk.

People were supported to ensure their needs were met appropriately when they used other services. Each person had a section in their care record which gave information about the person's medical history, care and support needs, allergies, next of kin and GP details. People also had a communication passport which they took along if they went to hospital. A communication passport provides a practical and person-centred approach to passing on key information about people with complex communication difficulties who cannot easily speak for themselves. Staff liaised regularly with other services, for example colleges where people attended, to ensure care and support provided was consistent and at the right level.

People received support from staff where required, to access healthcare services they needed to maintain their health. Records showed staff accompanied people to attend health and medical appointments at the hospital and with their GPs. We saw evidence that staff implemented recommendations given by healthcare professionals.

Good

Is the service caring?

Our findings

People told us staff were caring towards them. One person told us, "Everyone here is nice and respectful." Another person said, "I like being here because staff are really friendly and nice. They treat me well." A third person commented, "We [people and staff] get on very well. We respect each other. Staff are friendly." One relative said, "The staff are great. They are friendly and really work well with people here. Everyone living here looks happy."

Care plans included personal information about people such as their preferred names, likes, dislikes, background, and histories. This enabled staff to understand the people they supported and what influenced the choices and decisions they made. For example, one person's care plan noted that they valued courtesy and respect; and did not like to be interrupted when speaking. We observed staff gave them time and attention when they were conversing. We also heard staff calling people by their preferred names. Staff were polite and courteous in the way they spoke to people. People were comfortable with staff. They chatted freely with each other.

People's emotional needs were assessed and care plans recorded what support people needed to reduce anxiety. One person's care plan stated, "[Person name] does not like uncertainties. But likes things/activities scheduled in advance. Staff to keep them informed of events and try resolve any problem with them immediately, giving them reassurance." Care plans also detailed signs people may display to indicate that they are anxious or stressed. Staff showed they understood the signs people displayed and knew how to help people relax.

People were involved in planning their care and making decisions about their lives. Where required, people's relatives were involved. One relative told us, "I advocate for [loved one]. The service involves me and discuss any plans about their support with me. We agreed on the right course of actions to take. So far there has not been any concerns." Care records showed that people and their relatives had input in their care planning and their views were considered. People choose what they wanted to do day-to-day and their choices were respected. Care records emphasised the importance of involving people in their care and how staff were to successfully do this. We observed staff discussing people's plans for the day with them and asking them for their agreement. People had allocated keyworkers who supported them in expressing their views at meetings if a person wished. A keyworker is an allocated staff member who supported them express their views and plan their day-to-day support.

Staff knew how to communicate with people using their preferred method. People's care records detailed people's communication needs and appropriate methods to be used to pass information to them. One person's care plan stated, "[Person name] may at times struggle to find the right words to express their needs. Avoid completing their sentence. Allow them time to communicate what they are trying to say. Avoid the use of abstract concept and complex words." Another person's care plan specified, "I can communicate my needs verbally but sometimes will use gestures, facial expressions and body language to make myself clearer." We saw that people could express themselves and staff understood them. Staff listened and responded to people appropriately.

People told us staff protected their privacy and respected their dignity. One person told us, "I can stay in my room and nobody bothers me." Another person said, "[Staff] treat us with respect. They help me with my personal care needs and they are mindful of my dignity." One relative commented, "The staff are respectful of the people here. They treat them properly. Speak to them politely. I think it's great." Training records confirmed staff had completed dignity training and when we spoke with staff they demonstrated they understood why this was important.

Staff encouraged and enabled people to maintain their independence. Staff gave people the required level of support they needed to carry a task out safely. People were supported to live in their home and do the things they could do for themselves. We observed staff support a person while cooking. The staff allowed the person to carry on the task but guided them to ensure they were safe.

Good

Is the service responsive?

Our findings

People's care and support was delivered to meet their individual needs. Each person had a care and support plan which gave a detailed analysis of the person's background, histories, preferences, social connections, personalities, likes, dislikes, routines and goals. Support plans also detailed what support people needed with their mental and physical health, personal care, nutrition and activities of daily living. Record showed people received the support they needed from staff. One person told us how staff supported them to maintain their personal hygiene as they struggled in this aspect. One person said, "[Staff] know what I want and know how to help me." A relative commented, "Staff know [loved one] well. They understand their tendencies and behaviour and know how to support them. [registered manager] and the staff are proactive and know how to respond appropriately to them. The service has made changes to their plan to help them settle and it worked."

People told us they were involved in developing their support plans and knew what support they received and why they needed such support. People gave us examples of the various support they received from staff. Support plans were informative and detailed. Staff had good understanding of what people's needs were and how to support people appropriately. Staff recorded the support they had given to people day-to-day in daily notes and these showed people were supported as stated on their support plans. We also observed staff supporting and providing advice to people in accordance to people's needs and requirements. Support plans were reviewed and updated as people's needs changed.

People's care plans, activities plan, hospital passports, and complaints procedure were available in pictorial, widgets and easy read formats they were accessible and understandable to people.

People were engaged positively and supported to be active in the community. People told us about the various activities they took part in. One person said, "I like to swim. [Staff] take me swimming. We go to the parks too." One relative commented, "[Loved one] is kept busy and occupied but also given time to relax and rest which is great. They do a lot of different activities – going out, college. Staff use their initiative and find interesting things for people to do. [Loved one] loves gardening and so staff support her to do gardening in the compound." Each person had an activity plan in place which included activities they did day to day. This was developed with people looking at their interests, hobbies and the goals they wanted to achieve. People attended local colleges to improve their learning and skills. Some attended day centres to socialise and to learn new skills. Staff also supported people with activities such as trips out to the cinema and visits to clubs and pubs.

People were supported to become active citizens. People took part in the electoral process and casted their votes during elections. One person told us of their role as 'tenants representative'. They told us how staff had supported them in successfully representing the views of people who used services to higher authorities within and outside the organisation. We saw that people were also engaged in paid and voluntary employment of their choice. They shared their experience and knowledge they had developed from being in employment.

People's needs around their religion, disability, sexuality and relationships were assessed and a plan put in place to support with this. Care records provided guidance for staff to follow to support people when required. People were supported to attend places of worship. Staff also supported people to prepare their cultural food where required. Staff provided support, information and advice to people in relation to finding love and intimate friendship in a safe way.

People were supported to maintain contacts with their friends and family. People told us that staff supported people to visit their friends and relatives as they wished and a relative we spoke with confirmed this. We observed staff assist one person address a greeting card and wrap a gift they wanted to send to a friend.

People and their relatives understood the provider's complaints process. One person said, "I will report any problem I have to staff or the manager." Another person told us, "If I'm not happy with anything, I will inform [Registered Manager]." A relative told us, "Oh yes, I know how to complain internally and externally. If I need to take it to CQC I would do so. But we haven't had any problems with this service." People told us their complains were always resolved to their satisfaction. The complaints procedure had a three-stage process including how to escalate it to external organisation. Complaints received were acknowledged, investigated and responded to. The registered manager had responded to one complaint received since the service was registered. This complaint related to staffing levels and had been dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

The provider complied with the requirements of their registration. There was a Registered Manager in post. 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. They registered manager was aware of their CQC registration requirements including submitting notifications of significant incidents and they had complied with these. This was the first inspection of the service.

We found that staff retention was poor and there was high turnover of staff which meant the registered manager was often taken away from their management duties. They often spent time covering shifts and supporting people which impacted on their effectiveness as a manager. For example, they had asked us to change the date of our inspection at short notice because a staff member had cancelled their shift and the registered manager had to cancel all appointments they had previously arranged so they could cover the shift and support people. On the second day of our visit, the registered manager was busy inducting new members of staff. They told us were desperate to get new staff started so they could start covering shifts. We also noted that the care record for one new person had not been set up within the provider's timescales. The registered manager told us they had been busy recruiting and inducting new staff and covering shifts so had not had time to set up the file completely. Whilst staff told us that they liked working at the service, they were not fully motivated doing the job due to the benefit they received. One staff member told us, "The problem here is that staff don't want to stay. The manager is constantly recruiting which can be difficult. New staff start and work for a few months and then leave." The registered manager told us this matter was an ongoing issue and they would raise it with the provider again. We were concerned that the continuity and consistency people need to achieve their goals may be risked.

We recommend the provider look at ways to improve staff retention.

People and their relatives told us the service was well managed. One person said, "Its wonderful here. The manager and all the staff are brilliant." Another person told us, "It's a nice house, we are like a family. [Registered manager] does a good job and the staff respect her." One relative commented. "The service is brilliant and fantastic! Management is on ball with everything. I cannot fault this place." The registered manager involved people and their relatives in running the service. Regular tenants' meetings took place. These were used to obtain feedback from people, provide information updates and to consult people on plans. Minutes of the meetings reflected discussions about activities people wanted, and what they would like to see improve, for example, the activities people wanted included in their activity plans.

Staff told us they were supported by the registered manager and they had the guidance they needed to perform effectively. One staff member said, "[Registered manager] is very supportive. She is open and plain. She always gives everyone a chance. I could give her 10/10." Another mentioned, "The Manager is very down earth. Communication is good, she listens and is very supportive." The registered manager and staff held frequent meetings such as handover and team meetings. They used these meetings to catch up and discuss

people's needs and progress; health and safety, team work and other matters affecting the service. They also used these to share good practice and experience. Minute of a team meeting we reviewed showed staff shared learning on ways to improve people's behaviours positively and effective communication methods with people. Standard topics discussed included dignity in care, health and safety and safeguarding.

The registered manager checked the quality of the service by seeking feedback from people, relatives and professionals. Comments from professionals included, "People are treated well.", "Staff are very friendly and welcoming." Quality audits were conducted which checked medicine management, health and safety of the service, infection control practices, and care provided to people on day to day basis." The registered manager was keen to improve and develop the care experience for people.

The service worked closely with a wide range of organisations to improve and develop the service. They regularly worked closely with local authorities commissioning and contracts teams to develop the service they provided to people to ensure it achieves positive outcomes. The service liaised with benefit agencies, housing teams, employment agencies, local charities and colleges to meet people's needs.