

Care Management Group Limited

Care Management Group - 53 West Park

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 23 and 24 March 2016. We carried out an announced inspection of this service on 17 July 2013, and found a breach of legal requirements because medicines were not managed safely. As a result, we undertook a focussed inspection on 17 December 2013. We found the provider had taken action so that the medicines were managed safely.

Care Management Group - 53 West Park is a supported living service that provides personal care for up to eight adults who have a range of needs including learning disabilities. The people who used the service had a separate tenancy agreement with a housing association at this address. At the time of our inspection six people were using the service.

There was no 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. The previous registered manager left the service in August 2015. The service appointed a new manager in November 2015, who had applied to CQC to become a registered manager but had left the service in March 2016, before the registered manager's registration process was concluded. The service had a deputy manager working in capacity of an acting manager since March 2016 and supported by the service manager and the regional director. The regional director told us, the acting manager would act up as home manager for period of two months in order to continue provide continuity to the service, service users and staff and gain confidence in senior management role in the home, the service would be recruiting home manager at the end of April 2016, new manager will make a CQC application following the appointment. This requires improvement to ensure a registered manager is in post.

The service knew how to keep people safe. The service had clear procedures to recognise and respond to abuse. The acting manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service with detailed guidance to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence. The service had systems to monitor the safety of people's accommodation to minimise risks to people.

The service had enough staff to support people. The service carried out satisfactory background checks of staff before they started working. The service had arrangements to deal with emergencies. Staff supported people so they took their medicine safely.

The service provided induction and training to staff to help them undertake their role. The service supported staff through supervision and appraisal.

The service considered to have mental capacity for every person who used the service. At the time of inspection no one was subject to continuous control and supervision and people could leave the service.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff supported people to access healthcare services they required and monitored their healthcare appointments.

Staff considered people's personal choices, general wellbeing and activities. Staff supported people to make day to day life choices and maintain relationships with their family and friends. Staff supported people in a way which was kind, caring and respectful. Staff protected people's privacy, dignity and human rights.

Staff prepared care plans for every person that were tailored to meet their individual needs. Staff reviewed people's care plans and updated to reflect their current needs.

The service had a clear policy and procedure about managing complaints. People knew how to complain and would do so if necessary.

The service sought the views of people who used the services and their relatives to improve the service. Staff felt supported by the manager. The service had an effective system to assess and monitor the quality of the care people received. The service used the audits to learn how to improve and what action to take. The service worked effectively in partnership with health and social care professionals and commissioners.

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.

People who used the service told us they felt safe and that staff and the acting manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the acting manager and staff understood.

Staff completed risk assessments for every person who used the service, these were up to date and provided guidance to staff to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started work.

The service had systems to monitor the safety of people's accommodation to minimise risks to people. Staff administered medicines to people safely and stored them securely.

Is the service effective?

Good ●

The service was effective.

People who used the service commented positively about staff and told us they supported them properly.

Staff completed an induction programme and training relevant to the needs of the people who used the service. The acting manager supported staff through supervision and appraisal.

The acting manager and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to have enough to eat and drink.

Staff supported people to access healthcare services they required and monitored their healthcare appointments.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were consulted about their care and support needs.

Staff supported people to make day to day life choices and maintain relationship with their family and friends.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff protected people's privacy, dignity, and human rights.

Is the service responsive?

Good ●

The service was responsive.

People who used the service told us they had care plans.

Staff assessed people's needs and prepared care plans to meet each person's needs. Care plans included the level of support people needed and what they could manage to do by themselves.

Staff supported people to follow their interests and take part in activities they enjoyed.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure about managing complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was no registered manager in post. The service had the deputy manager working in the capacity of an acting manager since March 2016, and supported by the service manager and the regional director. This required improvement.

The people who used the service commented positively about staff and the acting manager.

The service had a positive culture, where people and staff felt that the service cared about their opinions and included them in decisions.

Staff meetings helped share learning so staff understood what was expected of them at all levels.

The service had an effective system to assess and monitor the

quality of the care people received. The service worked effectively in partnership with health and social care professionals and commissioners.

Care Management Group - 53 West Park

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.

Between February and March 2016 a small group of pilot inspections tested improved arrangements for the inspection of providers supplying regulated activity(ies) to people living in 'Housing with Care' (HwC) schemes. This location was selected to take part in the pilot, and the provider was aware of this during the inspection.

Before the inspection we looked at the information we held about the service. This information included the statutory notifications that the service sent to Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had 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 contacted for the feedback about the service from health and social care professionals and the local authority safeguarding team. We used this information to help inform our inspection planning.

This inspection took place on 23 and 24 March 2016 and was announced. The provider was given 48 hours' notice because the service is a supported living care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector and a regulatory policy officer on the first day on the inspection.

We spoke with five people who used the service, two relatives, three staff, the acting manager, the service manager, and the regional director. We looked at four people's care records and three staff records. We also looked at records related to the management of the service such as the administration of medicines,

complaints, accidents and incidents, safeguarding, and health and safety.

Is the service safe?

Our findings

People who used the service told us they felt safe and that staff and the acting manager treated them well. One person told us, "I like living here, because I feel safe." Another person said, "I feel safe here, because staff treat me well." People appeared comfortable with staff and approached them when they needed something.

The service had a policy and procedure for safeguarding adults from abuse. The acting manager and all staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the acting manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. All staff told us they completed safeguarding training. The training records we looked at confirmed this. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The service maintained records of safeguarding alerts sent to the local authority safeguarding team and monitored their progress to enable learning from the outcome when known. At the time of the inspection one alert was being investigated. The service had worked in cooperation with local authority and continued to monitor the progress of the investigation as part of their quality assurance process. We cannot report on the investigation at this time. We will continue to monitor the outcome of the investigation and the actions the service takes to keep people safe.

Staff completed risk assessments for every person who used the service. We reviewed four and all were up to date with detailed guidance for staff to reduce risks. These included, for example, epilepsy, management of medicine, shower and bath, road safety, and community access. Staff told us how they had followed the risk management plan guidelines so that people were safe.

The service had a system to manage accidents and incidents to reduce the possibility of reoccurrence. Staff completed accidents and incidents records, which included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. For example, when the staff found a self-medication error by a person who used the service, they contacted a healthcare professional, reviewed the management of medicine risk assessment and recorded this. They also discussed in a staff meeting action to reduce future risks, which included staff administered this person's medicine.

The service had enough staff to support people. The acting manager told us they organised staffing levels according to the needs of the people who used the service. If they needed extra support to help people to access community or healthcare appointments, they arranged additional staff cover. The staff rota we looked at showed that staff levels were consistently maintained. Staff told us there were enough staff to meet people's needs. The service had a 24 on call system to make sure staff had support outside the acting manager's working hours. Staff confirmed this.

The service carried out satisfactory background checks of staff before they started working. The checks included qualification and experience, employment history and any gaps in employment, references,

criminal records checks, health declaration and proof of identification. This meant staff were checked to reduce the risk of unsuitable staff working with people who used the service.

The service had arrangements to deal with emergencies. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. This included contact numbers for emergency services and gave advice for staff of what to do in a range of possible emergency situations. Staff carried out weekly fire safety checks. The service had a first aid box and all its contents were in date. Staff received first aid training so they could support people safely.

The service had systems to monitor the safety of people's accommodation to minimise risks to people. The acting manager carried out checks of every person's room to address any maintenance issues. A monthly health and safety audit was completed. As a result of the audit a planned programmes of decorative and maintenance work had been drawn up. We saw work had been undertaken to complete some of these tasks and further work planned. Water temperature checks were checked before people received personal care to reduce risks of scalds.

Staff supported people so they took their medicine safely. One person told us, "In the morning, afternoon, and evening time staff give me my medicine." The service trained and assessed the competency of staff authorised to administer medicines. The Medicines Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The MAR charts and stocks showed that people received their medicines as prescribed. Medicines prescribed for people who used the service were kept securely and safely. Staff administering medicine completed daily checks of the MAR charts. The acting manager conducted monthly audits to ensure people received their medicine safely.

Is the service effective?

Our findings

People who used the service told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "Staff are decent and they seemed to be trained." Another person said, "When I need help, staff come and help me promptly."

The service trained staff to support people. Staff told us they completed induction training in line with the Care Certificate Framework, when they started work. Staff also received training in areas that the provider considered essential. This training covered basic food hygiene, emergency first aid, equality and diversity, safeguarding, health and safety, epilepsy, and the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards. Staff training records we looked at confirmed this. Staff told us the training programmes enabled them to deliver care and support people needed. The service provided refresher training to staff. Records showed staff updated their training as and when they needed.

The service supported staff through monthly supervision and yearly appraisal. Staff records we saw confirmed this. These records refer to staff wellbeing, staff roles and responsibilities, and their training and development plans. Staff told us they worked as a team and could approach their line manager at any time for support.

The service had systems to look for and record whether people had capacity to consent to care. Staff recorded people's choices and preferences about their care and support needs. Staff understood the importance of asking for consent before they support people. We saw staff took verbal consent from people who used the service prior to care delivery.

The service considered every person currently using the service to have the capacity to make decisions for themselves. 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 be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

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 provider was aware of the Supreme Court ruling and the need to ensure the appropriate assessments was undertaken so that people who used the service were not unlawfully restricted and that any applications for authorisation would be made to the Court of Protection if required.

Staff supported people to eat and drink enough to meet their needs. One person told us, "I make a choice of food, and staff support me cooking the food." The acting manager told us people do weekly food shopping supported by a member of staff. We saw a person returned from their weekly food shopping with a member of staff. Each person's care plan included a section on their diet and nutritional needs. Staff ensured food in the fridge was date marked to ensure it was only used when it was safe to eat.

Staff supported people to access healthcare services they required. We saw contact details of external healthcare professionals, hospitals, and GP in every person's care record. Staff completed health action plans for every person who used the service and monitored their healthcare appointments. The staff attended healthcare appointments with the people to support them where needed. We observed a member of staff and a person who used the service discussed about their next week's scheduled hospital appointment, and the preparation they need to complete before the visit to ensure the hospital appointment was successful.

Is the service caring?

Our findings

People told us they were happy with the service and staff were caring. One person who used the service told us, "It's actually quite nice here really, staff respect my choices." A relative told us, "Staff were caring and compassionate."

Each person had a member of staff assigned as their key worker. Key worker's primary responsibilities were arranging one to one sessions with people and managing people's appointments with external healthcare professionals. Staff considered people's personal choices, general wellbeing, healthcare needs and activities during key working sessions.

People were treated with respect and kindness. We observed staff had good communication skills and were kind, caring and compassionate. They used enabling and positive language when talking with or supporting people who used the service. This included meal times, administration of medicines, and when people returned to the service from shopping or day care centre.

Staff took an interest in people's personal histories. They were sensitive to their cultural and spiritual; needs, including sexual orientation. They understood how to meet people's needs and preferences in a caring manner. Staff supported people to make day to day life choices and maintain relationships with their family and friends. For example, one person told us, "Staff support me to maintain a relationship with my parents and friends." A member of staff explained how they supported a person to attend a place of worship every week.

People told us they were consulted about their care and support needs. One person told us, "Staff discuss with me and read the contents from the care plan and help me understand." A relative said, "Staff just discuss with my son, and they talked through how staff would deal with different issues if they arise." People's care records we saw showed that they were involved in planning their care. Each person signed their own care plan.

Staff encouraged people to maintain their independence. For example, one person told us, "I do most of the things myself, shower, Hoover, laundry, I need staff help with shopping and cooking." We saw care records confirmed this. Staff prompted people where necessary to maintain their personal hygiene, keep their rooms clean, and participate in washing and laundry.

The service had policies, procedures, and training to help staff protect people's privacy and dignity and human rights. Records showed staff received training in maintaining privacy and dignity. We saw staff knock on doors before entering rooms and they kept people's information confidential. One person told us, "Staff knock on the door before entering my room." Staff respected people's choice where they preferred to spend time in their own rooms or in the communal area.

Is the service responsive?

Our findings

People told us they had care plans. One person told us, "I have a care plan, I have two files, and the purple file is my main care plan." The acting manager told us they invited people's relatives to participate in the care plan review meetings. We saw care records confirmed this. A relative said, staff contacted them regarding their family member's care plan reviews, which they attend. In a situation, if they could not attend, staff reviewed their relative's care plan on the phone.

Staff carried out pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing tailored care plans to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. They also included level of support people needed and what they could manage to do by themselves.

Staff discussed any changes to people's needs with the acting manager, to ensure any changing needs were identified and met. The acting manager updated care plans when people's need changed and included clear guidance for staff. We saw four care plans and all were up to date.

Staff completed daily care records and observation records where necessary to show what support and care they provided to each person. They discussed any changes to people's needs during the daily shift handover meeting and staff team meeting, to ensure continuity of care. Care records showed staff provided support to people in line with their care plan. The service used a communication log to record key events such as health and safety and healthcare appointments for people.

Staff supported people to follow their interests and take part in activities they enjoyed. Each person had an activity planner, which included visiting places of worship, day care centre, meeting family and friends, shopping, swimming, and household chores. Staff maintained a daily activity record for each person to demonstrate what activity they participated in. One person told us, "I discuss my activity plan with staff once a week." We saw an activity planner was kept under review by staff because people changed their mind about their interests and choice of activity.

People told us they knew how to complain and would do so if necessary. One person told us, "If I am not happy, I speak to a member of staff." Another person said, "I have no complaint to make, there is a complaint form outside in the hall that I can fill in. I haven't felt the need to complain." One relative said, "I have no concerns at all, I speak to my son every other day, and he'd say if he was upset, my son is ok, so I am ok." The service had a clear policy and procedure about managing complaints. The service had maintained a complaints log, which showed when concerns had been raised senior management staff investigated and responded in a timely manner to the complainant and where necessary sent safeguarding alerts to the local authority and held meetings with the complainants to resolve the concerns. These were about general care issues, an allegation about a member of staff, and use of the communal kitchen areas. They had all been satisfactorily managed.

Is the service well-led?

Our findings

People who used the service commented positively about staff and the acting manager. For example, one person told us, "I like all staff and the manager, they are good." A relative said, "My son gets on well with the manager, he has a really good bond with her. If he has an issue the manager knows how to calm him down."

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left the service in August 2015. The service appointed a new manager in November 2015, who had applied to CQC to become a registered manager but had left the service in March 2016, before the registered manager's registration process was concluded. The service had a deputy manager working in capacity of an acting manager since March 2016 and supported by the service manager and the regional director. The regional director told us, the acting manager would act up as home manager for period of two months in order to continue provide continuity to the service, service users and staff and gain confidence in senior management role in the home, the service would be recruiting home manager at the end of April 2016, new manager will make a CQC application following the appointment. This requires improvement to ensure a registered manager is in post.

The acting manager held monthly staff meetings. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service. We observed a staff meeting on second day of inspection, where staff shared learning and good practice so they understood what was expected of them at all levels.

The acting manager told us the service used staff induction and training to explain their values to staff. For example, the service had positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed people and staff were comfortable approaching the acting manager and their conversations were friendly and open.

Staff said they enjoyed working at the service and they received good support from the acting manager. One member of staff said, "The acting manager is approachable and listens to any concerns." Another member of staff said, "I really get good support from the acting manager, and I feel valued here."

A feedback survey for people who used the service was completed in March 2016. We saw three completed records and all the comments were positive. For example, responses included confirmation that people have a choice of having a male or female member of staff to support, they were involved in completing risk assessments and that staff supported them to engage in chosen activities.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits covering areas such as the administration of medicine, health and safety, care

plans, risk assessments, and infection control. As a result of these audits the service made improvements. For example, staff completed one to one key working session's reports in detail, staff completed personal emergency evacuation plans (PEEPS) for everyone, and complaints forms were introduced in the communal area of the service.

The service had worked effectively in partnership with health and social care professionals and commissioners. This ensured people's needs were met. Records we saw confirmed this.