

# Care Management Group Limited

## Church Road

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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 4 and 7 December 2018.

The service provides care and support to six people with a learning disability living in a 'supported living' setting, so that they can live in their own home 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. When we inspected, there were five people using the service.

People using the service lived in six, self-contained, one-bedroom flats in a single property. The service had an office for staff on site and at night there were two waking night staff available to support people, if needed.

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.

The service had a registered manager who left the service in October 2018. The provider appointed a new manager who was completing their registration with the Care Quality Commission when we inspected. 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 did not always receive the medicines they needed safely and as prescribed.

We saw that applications had been made to the Court of Protection for authorisation to deprive people of their liberty but the provider had not informed the Care Quality Commission (CQC) of the outcome of the applications, as required by the regulations. We discussed this with the provider and they stated they would send us notifications in the future whenever the outcomes of any applications to deprive a person of their liberty made to a court of protection, are known.

The provider had systems in place to monitor quality in the service and make improvements but these were not always effective.

The provider had systems to protect people from abuse, staff had appropriate training and could tell us what they would do if they had concerns about a person.

There were enough staff to support people and the provider carried out checks to make sure new staff were

suitable to work in the service.

The provider had procedures to prevent and control the spread of infection and support staff had access to Personal Protective Equipment.

The provider had a set of policies and procedures for the management of the service and we saw they reviewed these regularly.

Support staff completed training the provider considered mandatory. The provider also arranged training specific to the needs of the people using the service. Support staff also told us they found the provider's training helpful.

Staff had the supervision and support they needed to work effectively with people using the service.

We saw people's support plans included menus using pictures to encourage people to make choices about what they ate each day.

The provider understood their responsibilities under The Mental Capacity Act 2005 (MCA). During the inspection we saw that people were not deprived of their liberty unlawfully.

The provider had an end of life care and support policy and we saw they had reviewed this in October 2016. Staff knew about the policy and told us nobody using the service when we inspected was receiving end of life care.

People's relatives told us staff were kind and caring. During the inspection we saw that support staff worked with people in a positive and caring way. The staff knew people well and could tell us about their care and support needs.

People using the service had complex needs and we could not communicate with some verbally. Support staff could tell us about how each person communicated and the body language, signs and sounds they used to express themselves.

The provider had policies and procedures on person centred care and support planning that referred support staff to guidance from the Department of Health and Social Care and other organisations.

Support plans recorded people's likes, dislikes and preferences and the ways they preferred staff to support them.

Four of the five people using the service had 1:1 support when they were at home and 2:1 support when they went out to access community activities. Records showed people had the support they needed at home and regularly took part in activities they enjoyed.

The provider had an easy read complaints procedure that used pictures to make the process easier for some people using the service to understand. Managers and staff in the service recorded complaints and compliments they received and we saw they investigated all complaints in line with the provider's procedures.

Support staff we spoke with could tell us how they supported people using the service at Church Road to live an ordinary life. Support staff also told us they enjoyed working for the provider and said they felt

supported by managers and the organisation.

The provider, managers and staff working in the service carried out audits and checks to monitor quality in the service and make improvements.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People did not always receive the medicines they needed safely and as prescribed.

The provider had systems to protect people from abuse, staff had appropriate training and could tell us what they would do if they had concerns about a person.

There were enough staff to support people and the provider carried out checks to make sure new staff were suitable to work in the service.

The provider had procedures to prevent and control the spread of infection and support staff had access to personal protective equipment.

**Requires Improvement** 

### Is the service effective?

The service was effective.

The provider had a set of policies and procedures for the management of the service and we saw they reviewed these regularly.

Support staff completed training the provider considered mandatory. The provider also arranged training specific to the needs of the people using the service. Support staff also told us they found the provider's training helpful.

Staff had the supervision and support they needed to work effectively with people using the service.

We saw people's support plans included menus using pictures to encourage people to make choices about what they ate each day.

The provider understood their responsibilities under The Mental Capacity Act 2005 (MCA). During the inspection we saw that people were not deprived of their liberty unlawfully.

**Good** 

### Is the service caring?

Good ●

The service was caring.

People's relatives told us staff were kind and caring.

During the inspection we saw that support staff worked with people in a positive and caring way. The staff knew people well and could tell us about their care and support needs

People using the service had complex needs and we could not communicate with some verbally. Support staff could tell us about how each person communicated and the body language, signs and sounds they used to express themselves.

### Is the service responsive?

Good ●

The service was responsive.

The provider had policies and procedures on person centred care and support planning that referred support staff to guidance from the Department of Health and Social Care and other organisations.

Support plans recorded people's like, dislikes and preferences and the ways they preferred staff to support them.

Four of the five people using the service had 1:1 support when they were at home and 2:1 support when they went out to access community activities. Records showed people had the support they needed at home and regularly took part in activities they enjoyed.

The provider had an easy read complaints procedure that used pictures to make the process easier for some people using the service to understand. Managers and staff in the service recorded complaints and compliments they received and we saw they investigated all complaints in line with the provider's procedures.

The provider had an end of life care and support policy and we saw they had reviewed this in October 2016.

### Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led.

The provider had systems in place to monitor quality in the service and make improvements but these were not always effective.

We saw applications had been made to the Court of Protection for authorisation to deprive people of their liberty but the provider had not informed the Care Quality Commission (CQC) of the outcome of the applications, as required by the regulations.

Support staff we spoke with could tell us how they supported people using the service at Church Road to live an ordinary life. Support staff also told us they enjoyed working for the provider and said they felt supported by managers and the organisation.

The provider has appointed a new manager in November 2018 after the previous registered manager left the service in October 2018. The new manager told us during this inspection that they were applying for registration.

The provider, managers and staff working in the service carried out audits and checks to monitor quality in the service and make improvements.

# Church Road

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 4 and 7 December 2018 and was unannounced. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included information the provider gave us when they registered the service and notifications they sent us. Notifications are for specific events or incidents affecting people using the service the provider is required to send us.

During the inspection we spoke with three people using the service and five members of staff. We reviewed the care records for two people, including their support plans, risk assessments and medicines management records. We also saw other records related to the running of the service, including accident and incident reports, complaints records and audits and checks the provider and staff carried out to monitor quality in the service and identify areas for improvement.

Following the inspection we spoke with the family members of two people using the service and the local authority's quality monitoring officer.



# Is the service safe?

## Our findings

The relative of one person using the service told us they were cared for and supported safely. They said, "My [family member] is absolutely safe at Church Road, I have no worries at all about that."

People using the service kept their medicines in a lockable cupboard in their flat. The service operated a monitored dosage system provided by a local pharmacy and people received their prescribed medicines in blister packs the pharmacist delivered every 28 days. We saw medicines in two flats were stored securely. Support staff recorded the medicines they gave people on a Medicines Administration Record (MAR) sheet. Each person had a medicines profile, a record of staff trained to administer medicines and a sample of their signature.

We saw that support staff had not administered a tablet from one person's blister pack but they had recorded that the person had the tablet on the MAR sheet and the stock balance sheet. The team leader in the service had also identified a balance error with a second medicine. A second person's medicines records showed support staff administered paracetamol as required (PRN). We saw there were errors on the balance sheet and support staff had signed for incorrect balances. The balance sheet for a third person's stock of paracetamol was also incorrect. This showed a stock of 114 tablets but when we checked the balance in the person's flat we only found 98 tablets. The service's team leader told us they would report the recording errors and investigate each incident in line with the provider's procedures.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager for the service sent us their investigation report into the errors with recording and administering medicines the day after our first inspection visit and we discussed this with the manager when we returned to complete the inspection on 7 December 2018. On 7 December 2018 we also saw the monthly medicines audit staff completed on 30 November 2018. This had not identified the errors we found with recording and balance checks and the audit did not include a check of the balance of medicines held for each person. The manager told us that, as a result of the investigation, they had increased the number of medicines audits they planned to carry out for the next three months. They also said they had stopped support staff from using a separate balance sheet for people's medicines. In future, support staff would record the balance of each person's medicines on the MAR sheet at the time they administered them.

The provider had a policy for safeguarding people using the service and we saw they had reviewed this in June 2017. The procedures included clear guidance for support staff on actions they should take if they had any concerns about possible abuse. The provider also had a copy of the pan-London safeguarding adults guidance for staff reference. Local authority officers told us staff from the service reported safeguarding concerns and worked with social workers and quality monitoring officers to investigate and resolve issues.

When we talked with support workers they could tell us about the types of abuse that could occur in a care setting and the actions they would take if they had any concerns. Their comments included, "If I thought

anyone was being treated badly I would report it to my line manager. Physical, financial, emotional abuse, we don't allow it here," "I'd report any abuse to the manager. If they did nothing I would go to the regional manager or higher," "I'd report any abuse to the manager straight away" and "I would tell the manager or regional manager if I thought there was any abuse."

We saw the provider displayed information about safeguarding and contact details for the local authority's safeguarding adults team on the notice board in the office for staff reference. This also included information on the types of abuse staff might witness and actions they should take if they had concerns.

The provider had a policy on assessing and managing possible risks to people using the service and they had reviewed this in October 2016. The policy included guidance for support workers on positive risk taking and the rights of people using the service. People's care records included assessments of possible risks and showed the provider acted to mitigate any risks they identified. We saw assessments of risks associated with behaviours that challenged, medicines management, personal finances and road safety. The assessments included clear guidance for support staff on managing risk. For example, assessments reminded staff to follow people's recorded routines to help reduce instances of behaviour that challenged.

The provider carried out checks on new staff to make sure they were suitable to work with people using the service. Staff files we saw included an application form with a full employment history. Where there were gaps in employment the provider queried this with the applicant and recorded the reasons. Recruitment files also included an interview record, numeracy and literacy tests, proof of the person's identity and right to work in the UK, two references and a Disclosure and Barring Service criminal records check.

There were enough staff available to provide care and support to people using the service. The provider told us four people had been assessed as needing 12 or 14 hours of 1:1 support each day. The fifth person needed seven hours' 1:1 support each day. The staff rota showed there were enough staff to provide this level of support and staff did not work extended hours or days without a break or day off. Each person had an allocated support worker each day and additional staff were available to provide 2:1 support to enable people to access community activities.

The provider had a policy on the prevention and control of infection and support staff told us they had access to Personal Protective Equipment (PPE), including gloves, aprons, shoe protectors and sanitising hand gel when they supported people with their personal care.

The provider recorded accidents and incidents that affected people using the service and acted to make sure these were not repeated. For example, when staff identified an error with one person's medicines they reviewed this with the staff involved and arranged for increased supervision. The provider also made changes because of incidents involving people using the service. For example, support staff worked with one person, their family and the London Borough of Hillingdon to move the person to another flat in the building after complaints from a neighbour about noise. Staff also identified that a second person did not engage at college and didn't seem to be learning. Staff discussed this with the college as part of a review of the person's activity plan and agreed that they should be assigned 1:1 tutor support at home, which would include two sessions in the community. The provider told us the person seemed to prefer this method of learning and had formed strong relationships with the tutor.

# Is the service effective?

## Our findings

The provider had a set of policies and procedures for the management of the service and we saw they reviewed these regularly. The policies and procedures referred to legislation and standards, as well as guidance from professional bodies, including the Department of Health and Social Care, the Royal Pharmaceutical Society, Mencap, the National Institute for Health and Care Excellence (NICE) and the Care Quality Commission (CQC).

The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The provider confirmed that all staff new to work in the care sector would complete the Care Certificate and one member of the team at Church Road had just completed this.

Support staff completed training the provider considered mandatory. This included health and safety, emergency first aid at work, fire safety, moving and handling, food safety and managing medicines. The provider also arranged training specific to the needs of the people using the service. This included positive behaviour support, autism, epilepsy and Makaton. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. During the inspection we saw support staff encouraging one person to use Makaton to support their communication and staff also used signs when responding to the person.

Staff files included records of an induction programme that support staff completed in the first month of their employment and discussed with their supervisor at their first supervision. Support staff had formal supervision each month during their six-month probation period and every six to eight weeks after this. The supervision records we saw showed the service was providing this level of support. Staff who had worked in the service for more than 12 months also had an annual appraisal of their performance. This included a review of things that had gone well and areas for development and improvement. For example, one member of staff was encouraged to improve their communication with all people using the service. A support worker told us, "I got extra support and advice when I started, until I got to know people and how things work here."

Support staff also told us they found the provider's training helpful. They said, "The training is very good and they always tell you when you need to do your refresher training" and "The training is excellent. They make sure you complete it and understand what you've learnt so you can apply it to your work with people here."

The provider had a policy and procedures on nutrition and they had reviewed this in November 2017. People using the service bought their own food according to a weekly menu they agreed with their support worker. Support workers also helped people to cook the food they bought. They kept a record of all food prepared by each person and this showed they had a varied diet. We saw people's support plans included menus using pictures to encourage people to make choices about what they ate each day.

The provider had policies and procedures on weight management support and health action planning and they had reviewed these in September 2016. The policies referred to best practice guidance and useful

websites for support workers' reference. People's care records included a hospital passport with information for clinicians about how they should support the person if they needed to visit or stay in hospital.

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 for people living in supported living settings is through the Court of Protection. We checked whether the service was working within the principles of the MCA.

The provider arranged for assessments of people's mental capacity to make decisions about their care and treatment. Where people lacked mental capacity to make a specific decision, support staff worked with their relatives and health and social care professionals involved in their care to agree a decision in the person's best interests. For example, staff stored some food in a fridge outside one person's flat to restrict access as the person would overeat and locked cleaning materials in a cupboard inside another person's flat to ensure their health and safety.

The provider had a policy and procedures on depriving people of their liberty and they had reviewed this in October 2016. Support workers told us DoLS authorisations were in place for all five people using the service to deprive them of their liberty as they needed constant supervision and were not able to access the local community without support. We saw the provider had worked with the local authority for applications to be made to the Court of Protection for authorisation to deprive people's liberty, as required by the legislation. During the inspection we saw that people were not deprived of their liberty unlawfully.

## Is the service caring?

### Our findings

People's relatives told us staff were kind and caring. Their comments included, "My [family member] has settled in fabulously. It's the best thing that's ever happened" and "The staff are wonderful, very caring. [Staff member's name] is the best, just amazing but they are all very, very good."

During the inspection we saw that support staff worked with people in a positive and caring way. The staff knew people well and could tell us about their care and support needs. When people wanted privacy, we saw staff facilitated this and respected people's choices to be alone or with other people. People's support plans included information for staff on promoting independence. Where possible, support staff engaged people in household tasks, shopping, cooking and planning daily activities.

People using the service had complex needs and we could not communicate with some verbally. Support staff could tell us about how each person communicated and the body language, signs and sounds they used to express themselves. One person used signs and symbols from the Makaton Vocabulary and some staff had completed Makaton training the day before our inspection. We saw staff using signs to communicate with the person, who responded positively and enthusiastically to this.

Four of the five people using the service were not able to express their views verbally or be actively involved in making decisions but support staff were able to tell us how they involved people in directing the care and support they received. Their comments included, "This is their home and we are guests. People decide themselves what they want to do and we are here to make that happen. If somebody doesn't want to do something, they don't have to, we will find alternatives," "Our role is to help people do all the things they want to do. "You get a real feeling of satisfaction when you see people developing" and "Even if they can't tell us, people can communicate what they want. It is up to us to learn how people communicate."

## Is the service responsive?

### Our findings

The provider had policies and procedures on person centred care and support planning that referred support staff to guidance from the Department of Health and Social Care and other organisations. People's support plans were person centred and used pictures to make information more accessible for some people using the service. Staff also told us they used Makaton signs and symbols to promote choices with one person.

Support plans recorded people's likes, dislikes and preferences and the ways they preferred staff to support them. For example, one person's plan specified the brand of toiletries they preferred to use and gave staff clear guidance on how to support them with their personal care. Support plans also included a communication passport with information about how the person communicated their wishes, likes and dislikes. Support staff completed a daily diary entry for each person and these showed they received care and support in the ways they preferred and in line with their support plan.

Four of the five people using the service had 1:1 support when they were at home and 2:1 support when they went out to access community activities. Records showed people had the support they needed at home and regularly took part in activities they enjoyed. Records showed staff supported people to take part in activities in the service and the local community. This included attending college and leisure activities including bowling, swimming and visiting local stables and the Dogs Trust. The provider told us staff had worked with one person to increase their independence and they now travelled to activities using public transport with staff support, rather than paying for taxis.

The provider had an end of life care and support policy and we saw they had reviewed this in October 2016. Support staff told us that none of the people using the service was receiving end of life care at the time of this inspection. As part of the provider's development plan for the service, staff had agreed to discuss people's end of life care wishes and needs with their families and the manager told us they would start this work in the near future.

The provider had an easy read complaints procedure that used pictures to make the process easier for some people using the service to understand. We saw they displayed the procedure in the office for staff reference and the procedure included information about the role of CQC. Managers and staff in the service recorded complaints and compliments they received and we saw they investigated all complaints in line with the provider's procedures. Family members of people using the service had different opinions about the effectiveness of the provider's complaints procedure. One person told us, "If I had any complaints or was worried about anything I would talk to them straight away and I know they would deal with it" but a second family member said, "I did make a complaint but it wasn't really dealt with." We discussed this with the manager who told us they were looking at ways of improving communications with people's families and this aim was included in the provider's development plan for the service.

## Is the service well-led?

### Our findings

The provider had systems in place to monitor quality in the service and make improvements but these were not always effective. For example, the provider had carried out an audit of people's medicines in November 2018. The audit did not identify errors in the recording of the administration and did not include the balance of medicines held for each person using the service. We could therefore not be confident that people had always received the medicines safely and as prescribed. We discussed medicines errors with managers and staff during the inspection and the manager took immediate action to increase monitoring and review staff training.

We saw that applications had been made to the Court of Protection for authorisation to deprive people's liberty but the provider had not informed the Care Quality Commission (CQC) of the outcome of the applications, as required by the regulations. We discussed this with the provider and they stated they would send us notifications in the future whenever the outcomes of any applications to deprive a person of their liberty made to the Court of Protection, are known.

One relative of a person using the service told us it was well managed and managers and staff communicated well with people's families. They said, "The communication is very good. I get regular emails two or three times a week and they often send pictures of the activities my [family member] has taken part in." However, a second relative told us, "Communication is abysmal, I just hope it improves now there's a new manager."

On their website the provider said, "Care Management Group (CMG) was established in 1996 by a parent of a person with learning disabilities and since then our ethos has always been that the people we support and their families are at the heart of our organisation." They added, "After the shocking abuse of people with learning disabilities at Winterbourne View, the government and leading organisations like Care Management Group (CMG) launched the Driving Up Quality Code. The Code sets out five key standards for learning disability care; these include things like, 'focusing support on the person' and 'supporting the individual to lead an ordinary and meaningful life'. By adhering to all aspects of the Code, care providers can help to ensure that the atrocities of Winterbourne View are never repeated."

Support staff we spoke with could tell us how they supported people using the service at Church Road to live an ordinary life. They told us, "It's all about the people who live here. We are here to help them live as full a life as possible" and "I want people living here to have the same opportunities as I do. If there's something they want to do or try then our job is to make that happen."

Support staff also told us they enjoyed working for the provider and said they felt supported by managers and the organisation. Their comments included, "The place is well managed. You can always ask for support," "The team work and the communication here are really good and so important," "They are a good company to work for. They support you and the training is very good" and "I'm very proud to work for CMG and at the service. It's a great job."

The provider appointed a manager who registered with the Care Quality Commission in June 2018. The registered manager left the service in October 2018 and the provider allocated an interim manager to support the service. In November 2018 the provider appointed a new manager who told us during this inspection that they were applying for registration. They had relevant experience to manage the service and told us they had previously been the registered manager at another service.

The provider had a policy and procedures on quality assurance and they had reviewed this in October 2016. The provider, managers and staff working in the service carried out audits and checks to monitor quality in the service and make improvements. A representative of the provider carried out regular quality monitoring visits. They reviewed the support people received, health and safety issues, medicines management and staffing. They produced an action plan after each visit and checked that actions from previous visits were completed.

We also saw the Stakeholder Survey Review and Service Development Plan for 2018-2019 which the provider completed in July 2018. This showed the provider consulted people about the care and support they received and people's relatives were asked to complete a satisfaction survey in May 2018. Based on the responses they received, the provider planned to make a number of changes during the year. These included, keyworkers to contact and update people's parents weekly and send a monthly key worker report to parents that have requested it. They also planned to distribute the service user guide to all families during the next coffee morning meeting and ensure that only staff that were familiar with people using the service supported them on appointments.

People's care records showed the provider worked in partnership with other agencies, including the quality monitoring and safeguarding teams in the local authority and health care professionals including GPs, those working in specialist learning disability and mental health services and local hospital services.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who used the service did not always receive their medicines safely and as prescribed. Regulation 12 (1)(2) (g).