

Care Management Group Limited

# Care Management Group - 3 The Green

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

3, The Green is an eight bedded care home for people with learning disabilities. There were eight people living at the home when we inspected. These people were living with mild to moderate learning disabilities and autism.

People's experience of using this service:

People's experiences of using this service has deteriorated since their last inspection in 2016 which was rated as 'Good'. The overall rating for this service now is 'Requires improvement'.

This was because we found breaches with practices to do with the safe administration of medicines and good governance systems. This meant that some aspects of the service were not safe and governance systems were not always effective.

The provider had not consistently reviewed and assessed risks to people's care to ensure they were doing everything possible to reduce and to manage those risks.

The premises needed some refurbishment and redecoration in the communal areas of the home.

People said they felt safe with the support they received.

The provider had robust recruitment procedures to ensure only suitable staff were employed. There were enough staff to support people safely.

The premises were clean and free from infection.

Staff received effective training, support for staff with supervision needed to be improved.

People were supported to live healthier lives and to access healthcare services appropriately.

People were able to provide consent for their care and where necessary best interest meetings were held. They were able to express their views and be actively involved in their care.

People told us they were cared for by kind and compassionate staff. Their privacy and dignity was respected by staff.

People enjoyed a wide range of activities inside the home and outside in the community.

People knew how to complain and had confidence the management team would respond appropriately to any issues they raised.

The provider's auditing or governance systems had not identified some of the concerns we found or had not acted promptly to resolve concerns they had found.

We found the service met the characteristics of a "requires improvement" rating overall.

Rating at last inspection: At our last inspection we rated the service as Good (23 November 2016).

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Enforcement:

At this inspection we identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 regarding the safe management of medicines and effective governance systems.

Follow up: The provider has a legal responsibility to send us a written report of the action they are going to take meet the breach of regulations we identified in this report, which we will follow up with them.

In the interim, we will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in keeping with our inspection methodology for services rated Requires Improvement overall.

## 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.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well - led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Care Management Group - 3

## The Green

### **Detailed findings**

## Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection. The care service had been developed and designed in line with the values that underpinned Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

The service had a new manager who was in the process of registering with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was a planned inspection and was unannounced.

#### What we did:

Before the inspection, we reviewed the latest Provider Information Return (PIR) from the service. This is a

form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We reviewed this information and in addition looked at notifications which the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We spoke with seven people, the regional manager, the manager and deputy manager and two staff. We spoke with two health and social care professionals on the telephone. We inspected the premises, observed staff care practices and people's interactions with staff and each other. This helped us understand people's experiences. We reviewed a range of records including three care plans, staffing rotas, training records and other information about the management of the service. This included accidents and incidents information, three Medicine Administration Records (MAR), compliments and complaints, equipment checks and quality assurance audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement:

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations have not been met.

Using medicines safely

- People's medicines were not always managed so they received them safely. We looked at a random sample of MAR sheets. These records were not completed as required. We found recording errors on some days where staff had not signed after medicines were administered to people. This means the provider could not be assured people had received their medicines as prescribed. We undertook a random stock take to check to see if there were any discrepancies between stocks of medicines held and the recorded levels of medicines received. This check indicated that people were not affected by the recording errors. Staff had not followed the provider's own policies and procedures for the safe administration of medicines. The manager acknowledged these errors and told us they would carry out an immediate review of all medicine's administration procedures with staff. Refresher training for staff administering medicines will be mandatory and competence checks that had not been carried out for at least a year will be implemented every six months or earlier if necessary.
- The manager told us they would also introduce immediately weekly and monthly audits to do with the administration of medicines to help ensure errors in the process were minimised.
- An audit carried out by the pharmacist carried out in May 2018 found policies and procedures were satisfactory. This means that staff practices have deteriorated since that time and this inspection.

These issues are a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Comments included, "I do feel safe here"; "Staff help us when we need it and that helps me feel ok"; "Staff deal with difficult situations and that helps to keep us safe." Health and social care professionals said, "Yes people are safe at this home."
- People were supported by staff who received training in safeguarding and knew how to protect them from abuse. Staff were able to describe the signs and symptoms of abuse and they knew how to report their concerns appropriately.
- There were effective arrangements in place for referring and investigating safeguarding incidents. Inspection of the records confirmed concerns were reported to both the CQC and to the local safeguarding authority. The manager and staff knew what their responsibilities were for responding to these concerns.
- The home had a whistle blowing policy. Staff told us they felt comfortable to raise concerns about their colleagues' practice and were confident that they would be listened to and appropriate action taken by management. One staff member said, "My first concern is the safety of the people who live here. So yes I would whistle blow if necessary," and "I think the manager is very supportive and would take this sort of thing very seriously."

### Assessing risk, safety monitoring and management

- Not all people's individual risks were fully assessed nor had plans been consistently developed to minimise these risks. The manager acknowledged that delays had developed over time in updating this information to do with people's care. In response the provider had drafted a senior member of staff from another of their services to work on bringing these aspects of people's care up to date. We saw that for two people this work was completed however there was still some progress required. The regional manager and the manager told us this was being worked on as a priority and all people's needs and risk assessments will be reviewed in the next month. It is essential that this work is developed with relevant people including relatives and health and social care professionals. Where people's risk assessments and care plans had not been updated this meant the provider could not be sure they were managing people's risks in the best ways and keeping people safe.
- Some people could present with behaviours which could challenge the staff and the service. These people had positive behaviour support plans in place which also needed revising and updating in line with best practice. We found that staff's day to day support and management of people's behaviours was appropriate and met people's needs. In most cases staff enabled people to access the local community more frequently and with reduced risks for themselves and others.
- General risk assessments were carried out. These helped to ensure the safety of the home environment and equipment for people, staff and visitors. These assessments included: fire systems, water safety and electrical appliances.
- Regular maintenance checks were undertaken for fire protection systems, emergency lighting systems and the fire alarm.
- Risks to people from fire were reduced because the home conducted fire drills and evacuations to ensure staff and people knew what to do in the event of a fire. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency such as fire or flooding.

### Staffing and recruitment

- Staff rotas indicated there were enough staff on each shift to meet people's needs. The manager told us additional staff from other CMG homes could be brought in when people needed additional support. This was confirmed by the regional manager.
- The provider's recruitment practices were followed to help make sure that all staff were suitable for their roles in the home. The process included carrying out interviews, criminal records checks, proof of identity and taking up two references. This meant people were supported by staff whom the provider assessed to be safe to deliver care and support.

### Preventing and controlling infection

- People were protected from the risk and spread of infection by staff who followed appropriate hygiene practices when preparing food and delivering personal care. Staff were supplied with personal protective equipment to use when supporting people with their personal care. Staff implemented the service's cleaning programme around the care home. This included cleaning communal areas, bedrooms, bins and kitchen appliances. Mops were colour coded to identify which areas of the home they were to be used to clean such as bathrooms, toilets, kitchen and communal areas. This reduced the risk of bacterial cross contamination.
- Food safety measures in place at the service included regular temperature checks of the fridge and freezer, checks of food expiry dates and the labelling of opened and hygienically stored items.

### Learning lessons when things go wrong

- The manager told us where lessons had been learned through areas such as accidents, incidents, complaints or investigations these were shared with the staff team through team meetings and staff



supervisions. We saw evidence of this in minutes of meetings with staff and from what staff told us.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Needs assessments had not been reviewed in some cases for over a year. The manager and the provider identified the need to ensure prompt action was taken. Additional staff from other CMG homes were brought in to review people's needs and risk assessments and to update their care and support plans in conjunction with people and health and social care professionals where appropriate. This will help to ensure people's needs are covered comprehensively together with their input and should include their religious and cultural needs. We will monitor the progress of this work and will review it either at the next inspection or earlier if the need arises.

Staff support: induction, training, skills and experience

- Staff told us they received good support from the manager and the deputy manager. We inspected staff files and found minutes of regular monthly staff supervision meetings up until January 2019. We discussed this with the manager who acknowledged the frequency of these formal meetings did not meet the provider's own policy to do with staff supervision. He assured us that formal supervision of staff would resume without any further delay. He also told us the structure of these meetings would be reviewed to include the direct work staff undertook with people. We were happy from staff comments we received that they felt appropriately supported by managers with their work. We will monitor the progress of this work and will review it either at the next inspection or earlier if the need arises.

- Staff told us they received appropriate induction and training that helped them carry out their jobs effectively. We saw the provider's training matrix and this evidenced what we were told by staff. Staff comments included, "We have good training opportunities and over the last year I have done a lot of training"; "I find the mix of training that we get helpful, some of it is e-learning and other trainings are classroom based" and "I think it really helps me to do my job better."

- We saw documented evidence of staff's induction programmes and we can confirm they were comprehensive in supporting staff with their new roles.

Supporting people to eat and drink enough to maintain a balanced diet

- One person discussed with us the support they received from their GP about losing weight. They said it was helpful for them. Where people had specific needs in relation to their eating and drinking, this was clearly recorded in their care plans, and staff had the information and guidance from dieticians and speech and language therapists where this was appropriate.

Adapting service, design, decoration to meet people's needs

- People told us they were enabled and supported to decorate and furnish their rooms as they wished. We inspected a number of people's bedrooms together with them and we saw evidence of this.

- Communal areas of the home such as the main hall, staircase and landing, lounges and the upstairs bathroom were tired and worn and required redecoration and refurbishment. The regional manager and the manager agreed this was a priority and we were informed this work would be carried out as a priority in

within the next three months. We will monitor the provider's progress on this and follow up at the next inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to meet their health needs. This included seeing healthcare professionals as necessary to maintain their health such as GPs, community nurses and hospital specialists. We saw from our inspection of the records staff supported people to see medical professionals promptly if they became unwell.
- Information about people's health conditions were recorded in their health action plans and their hospital passports. We noted that people had all had recent yearly health checks with their GPs and with other healthcare professionals such as dentists and opticians.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Details of people's mental capacity assessments and best interests' meetings were in place. Where people were subject to DoLS the details of the restrictions in place to keep them safe were clearly stated. This included the nature and duration of the restriction and arrangements for monitoring. This showed the provider was following appropriate procedures to only provide care that was in people's best interests.

- Staff completed training and had a detailed understanding of consent and the procedures to follow if people lacked the capacity to make decisions about their care and welfare. A member of staff told us that when one person's needs had changed and they needed more support, as the person did not have capacity to consent a best interests meeting was held.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good; People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were supported by staff who interacted with them in a respectful and caring way. One person told us, "The staff here are kind, most of them are anyway." Another person said, "I like living here, there is one person [living in the home] here that's causing a lot of trouble at the moment but apart from that it is good." We raised this with the manager and we saw that appropriate positive behavioural support plans [PBS] had been put in place. Staff told us this had helped to assist them in to support people when they were feeling upset or anxious. With reference to the comment we received from people above, a staff member told us how they provided positive reassurance and used the techniques set out in the person's PBS plan when they became anxious. Staff told us this helped a great deal in their work with people when they were distressed. We saw PBS plans in the care files we inspected that supported what we were told. This helped to ensure people were well treated and appropriately supported when they needed it.
- A health and social care professional said, "The staff are kind and caring to people."
- People told us they were encouraged to maintain contact with their friends and family.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to live their lives how they wanted to live them. We noted that most people had very active lives that fully involved them in making decisions about what they wanted to do with appropriate support from staff.
- People were supported by staff who understood and respected people's right to live as independently as possible. Staff told us they actively encouraged people to maximise their potential independence and supported them where ever possible to do so. For example we saw from the records one person had said how they wanted to move into their own flat. With staff support they were developing their cooking and budgeting skills, as well as building their relationship skills. This person spoke enthusiastically and confidently with us about the progress they were making.
- Other people also told us how they enjoyed the work they did each week and how it was helping them to be more independent with their lives. For example one person spoke proudly about the work they did every week on a gardening project working with a local authority. They travelled to and from the place of work independently and were able to undertake tasks with supervision effectively.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Where people's care plans had been reviewed and updated, they were person centred and included a wide variety of information about the person wishes and preferences. Examples of this were seen to do with activities and interests that people had said they wanted to do and were included in their care plans. This meant that in these cases people did have control and were able to make choices about the support they received.
- People told us they enjoyed a wide range of activities and were able to choose what they wanted to do. Comments included, "I go to college every week to learn how to cook and I also do some voluntary gardening work,"; "I am playing at a badminton tournament this weekend. I have won lots of medals."
- Each person had a weekly timetable for their activities that set out what they were scheduled to do on a daily basis. These activities included work with a gardening project that was provided from and managed by the provider in collaboration with Croydon Council one day each week. People also attended college studying a Wider World course, teaching independent living skills and cookery. Other people told us they participated in a bowling activity every week and were able to go cycling when the weather was good.
- The provider understood the Accessible Communication Standard and noted people's communication needs and preferences in their care plans and how staff should meet them. Examples of this were evidenced in people's behavioural support plans. These plans gave very clear guidance to staff as to people's communication needs at stressful times.

Improving care quality in response to complaints or concerns:

- People knew how to complain and who to complain to or raise concerns. Comments included, "Whenever I have something to complain about I tell the staff or the manager"; "I'd talk to the manager but I am happy here and haven't had to."
- Details of the complaints policy and procedure were displayed on notice boards and information was easily accessible for people to understand and to follow.
- The provider told us they received two complaints in the past year. We inspected the records and saw they were resolved to everybody's satisfaction. The provider had an appropriate policy and procedure in place to investigate any complaints that were made.

End of life care and support:

- All of the people living in this home were younger adults and did not need end of life care or support at this time. However the manager told us the provider was working with a recognised hospice on developing best practice with this. This was intended to help people think about how they would like to receive care at the end of their lives and record this in care plans.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met. Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The manager and provider's senior managers completed regular checks and quality audits which helped ensure that people were safe and that the service met their needs. Quality audits were based on the CQC's five domains. Environmental audits also took place.

- However systems in place to monitor and improve the quality of the service had not always identified areas that needed improvement. For example the assessment of people's needs, risks and care plans that were not reviewed in a timely manner and were not in line with the provider's own policies and procedures. This means that people's current risks and needs may not be met appropriately. Also the records to do with the administration of medicines and the lack of regular staff supervision which meant the provider could not be assured people received their medicines as prescribed..

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm and that they would use it as an opportunity to apologise and consult with those affected.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The managers and staff demonstrated a clear understanding of their roles and responsibilities. They told us they wanted to ensure the service was run in a way that supported people to maximise their full potential and independence as was possible. The manager had an open-door policy where people and staff were free to discuss concerns or ideas freely. Staff told us they felt positive about working at 3, The Green. They told us they felt valued and that the new manager was very supportive and helped to create an open culture where staff felt able to speak and contribute to the development of the service. Comments we received included, "I like working here, it is a good place to work, we work as a team"; "The new manager is good, very supportive"; "The manager is always available to discuss any issues I want to talk about."

- The manager ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and CQC. We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The service conducted yearly surveys to obtain views that were then used to make improvements to the service. The manager told us a feedback survey for 2019 was in the process of being sent out to people living in the home and their relatives, staff and other health and social care professionals. The results from the last survey in 2017 were unavailable for us to see at this inspection. The manager told us that suggestions received in these surveys for improvements would be followed up and actioned.
- Team meetings were held every month. The manager scheduled these in a way that encouraged and supported attendance by day and night staff and those with flexible work patterns. One staff member said, "These meetings are helpful because we can discuss matters properly."

Continuous learning and improving care

- The manager told us they were always keen to improve their skills and knowledge by attending conferences and training events relating to the services provided.
- Staff attended training sessions delivered by the CMG at their headquarters as well as e-learning so as to keep up to date with best practice.

Working in partnership with others

- The home worked in partnership with other agencies to provide good care and treatment to people. The management and staff worked closely with social services and healthcare intensive support teams, speech and language therapists and GPs to meet and review people's needs.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Procedures to do with the safe administration of medicines needed improvement to ensure they were safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems for auditing the processes must enable to registered person to assess, monitor and improve the quality and safety of the services being provided to people using the service.