

Care Management Group Limited

Care Management Group - Brent Supported Living

Inspection report

167 Willesden Lane
London
NW6 7YL

Tel: 02084595007
Website: www.cmg.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook this announced inspection on 23 January 2019. Care Management Group - Brent Supported Living is a supported living service providing personal care support for people with profound and multiple learning disabilities. Accommodation is provided by Brent Council. At the time of our inspection, the service was caring for three people with very complex needs.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. In respect of supported living, this inspection looked at people's personal care and support.

At our last inspection on 29 June 2016 the service met the regulation we looked at and was rated GOOD. At this inspection the service met the regulations we looked at and is again rated GOOD.

The service has a registered manager. 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 of the Health and Social Care Act and associated regulations about how the service is run.

People who used the service did not provide us with feedback regarding the care and services provided. This was due to difficulties associated with their learning disability. We spoke with two relatives of people who used the service. They told us that they were satisfied with the care and services provided for people. Care professionals also told us that people were well cared for.

There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse. The service was committed to anti-discrimination and upholding the human rights of individuals. There was a policy on ensuring equality and valuing diversity. Support workers recognised the importance of treating all people with dignity and respect.

The service had been able to care effectively for people with complex needs. Support workers were knowledgeable regarding the individual needs of people. People's care needs and potential risks to them had been assessed and documented. Comprehensive and up to date care plans were in place. Relatives and representatives of people had been consulted regarding people's care needs.

People were encouraged to be as independent as possible and to engage in social and therapeutic activities. The service had organised a variety of activities for people.

People's hydration and nutritional needs were met. Their healthcare needs had been attended to by healthcare professionals. There were suitable arrangements for ensuring that people received their medicines as prescribed.

Regular reviews of care had been carried out with people, their relatives and professionals involved to ensure that people received appropriate care. No complaints had been recorded since the last inspection in 2016. The registered manager explained that none had been received.

Support workers were committed and diligent in their work. They had been carefully recruited. They had the necessary training, support, supervision and appraisals from the registered manager. There were enough support workers to meet people's needs. Teamwork and communication within the service was good.

Audits and checks of the service had been carried out by the registered manager and senior staff of the company. These included checks on care documentation, medicines administration and health and safety checks of premises. Relatives and care professionals spoke highly of staff and told us that they found the service to be well managed.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

Care Management Group - Brent Supported Living

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 January 2019 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and other information sent to us by the service. The provider completed and returned to us 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.

There were three people who used the service. However, due to their learning disabilities, they did not provide us with feedback regarding the care and services provided. We were able to speak with two of their relatives. We also spoke with the registered manager and four support workers who were on duty at the supported living service. We also obtained feedback from the GP and three care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for the three people who used the service, two new staff recruitment records, staff training and induction records. We checked the policies and procedures and other records associated with the management of the service.

Is the service safe?

Our findings

Relatives of people informed us that people were safe when cared for by the service. One relative said, "My relative is safe and well cared for. There are enough staff." A second relative said, "When I visit my relative is happy and clean when I visit. The premises are also clean."

We observed that support workers were always present to attend to people and ensured that they were safe and their needs were met. One person was taken to the nearby park by a support worker. We noted that the person being taken out was warmly dressed and secure in their wheelchair.

The service had suitable arrangements in place to ensure that people were protected from abuse. Support workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team whom they can contact if needed.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with epileptic seizures, choking on food and falling. Support workers we spoke with were aware of specific actions to take to keep people safe. We discussed the action they would take if a person had a seizure. Support workers could tell us what they would do to ensure people were safe. They knew what medicine could be used for people in such situations. They were also aware that they could contact the emergency services if the person continued having seizures after a certain time period. The service had monitoring charts in place to record when people had epileptic seizures.

To further protect people, personal emergency and evacuation plans (PEEPS) were prepared for them. This provided information and guidance for staff regarding people's mobility and ability to respond in an emergency. Fire safety arrangements were in place.

Most of the staff had worked in the service when we last inspected it in 2016. Only two new support workers had been recruited. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to support workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people. We had previously examined the records of other staff and these were noted to contain the required documentation.

The staffing levels were adequate to meet the care needs of people. The day shifts normally consisted of four support workers together with the registered manager and deputy manager. During the night shifts there were two support workers on waking duty. Support workers we spoke with told us that there were sufficient support workers available to attend to people. This was confirmed by relatives of people. Care professionals we contacted stated that people were well cared for and they expressed no concerns regarding staffing arrangements in the home.

There were suitable arrangements to ensure that people received their medicines as prescribed. The service had a policy and procedure for the administration of medicines. There were no gaps in the medicines administration record charts (MAR). Suitable arrangements were in place whereby support workers checked incoming stock and if needed, they disposed of unused medicines by returning them to the pharmacist. The service had a system for auditing the arrangements for medicines. This was carried out monthly by either the registered manager or deputy manager.

Support workers had ensured that there were no unpleasant odours and people's personal care was attended to. Support workers had access to protective clothing including disposable gloves and aprons. The service had an infection control policy and staff had received training in infection control. Relatives of people informed us that support workers staff observed hygienic practices and people who used the service had been provided with clean clothing.

The hot water temperature had been checked by staff to ensure that they were within the safe temperature range. Support workers checked the temperature of the hot water prior to giving people their showers. This is needed to ensure that people are not at risk of being scalded. We looked at the accident records. Accident forms had been fully completed and signed. Where appropriate, there was guidance for care workers on how to prevent a re-occurrence. This was documented in the care records of people.

The service had a current certificate of insurance and employer's liability.

Is the service effective?

Our findings

Relatives of people informed us that management staff and support workers were capable and the service had effective arrangements to meet the needs of people. One relative said, "The staff are aware of my relative's healthcare and dietary needs. My relative's health and weight has improved. They do contact the dietician if needed."

Care professionals informed us that the service had ensured that the healthcare needs of people were attended to. One professional stated that support workers were dedicated and well trained. Another care professional stated that support workers were competent. They both stated that there was good liaison with the service and they were kept informed of the progress of people they supported.

People's healthcare needs were closely monitored by support workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their medical or behavioural conditions. The care records contained evidence of recent appointments with healthcare professionals such as people's GP, psychiatrist, dietician and physiotherapist.

The nutritional needs of people were met. People's nutritional needs had been assessed and arrangements were in place for them to have sufficient hydration and nutrition. This was also confirmed in the minutes of a care review carried out by a care professional. Some people had swallowing difficulties. Support workers were knowledgeable regarding the needs of these people and what to do if they experienced swallowing difficulties. The weights of people were recorded monthly so that the service could monitor people's food intake. Food and fluid intake charts were kept to provide information about people's nutritional intake. A care professional stated that the management of the service informed them of any changes in people's health and dietary management.

The training matrix of the service indicated that support workers had been provided with essential training. We saw documented evidence including copies of their training certificates which set out areas of training. Topics included Mental Capacity Act (MCA) 2005, equality and diversity, moving and handling, health and safety and the administration of medicines. Support workers confirmed that they had received the appropriate training for their roles.

New support workers had been provided with a comprehensive induction programme. They informed us that they found the induction to be helpful and informative. The registered manager informed us that new support workers would be enrolled on the care certificate course. Six support workers had completed the course. The course has an identified set of standards that social care workers adhere to in their daily working life. New support workers worked alongside experienced support workers to help them build relationships with people and provide care in a consistent way. The induction programme enabled support workers to be assessed against a variety of competencies, for the duration of their probation period. The topics covered included areas such as medicines, staff conduct, equality and diversity, confidentiality and health and safety.

Support workers said they worked well as a team and received the support they needed. The registered manager carried out supervision and annual appraisals of care workers. Support workers we spoke with confirmed that this took place and we saw evidence of this in the staff records. They informed us that communication was good and the registered manager was approachable.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. The service had a policy on the MCA and support workers were aware of the implications of the MCA. Support workers we spoke with were familiar with the MCA. There was documented evidence that care workers had been provided with MCA training.

The registered manager informed us that none of the people using the service had capacity. They were aware that where people lacked capacity, close relatives such as parents or professionals such as the general practitioner should be consulted so that decision can be made in people's best interest. This was confirmed by relatives who stated that they had been consulted and their consent obtained when needed.

One person was subject to a court of protection order. Applications to the Court of Protection were in the process of being made for two other people. These are needed for the protection of people and to ensure that any limitations or restrictions on people's liberty are properly authorised.

Is the service caring?

Our findings

Relatives of people informed us that care workers took good care of people and people were well treated. One of them said, "I only have praise for the staff. They treat my relative with respect and dignity. My relative is difficult to look after but the staff have been able to stabilise my relative. He likes to return to his home after being with me," Another relative stated, "I am happy with what they do to help my relative. The staff can communicate with my relative and are respectful. I am also very involved with my relative's care."

Staff from the service demonstrated a caring attitude when a person had to be admitted to hospital. They arranged for a member of staff to be always present with the person concerned. This ensured that the person concerned had someone familiar who understood their needs. The relatives of the person concerned expressed gratitude for their caring approach. This is what the relative said, "All the staff at CMG pulled together to help us take care of our relative in hospital. We were shown so much genuine love and support throughout, we couldn't have asked for anything more."

One care professional informed us that support workers were courteous and people who used the service appeared happy with the support staff who were familiar to them as they had been at the service for several years. Another care professional stated they observed that care workers were dedicated and very caring towards people.

We noted that support workers were pleasant and talked in a gentle manner with people and people responded well towards with them. We saw support workers assisting people with their lunch. During lunch, support workers were all seated and the atmosphere was calm and unhurried.

Support workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw information in people's care records about their life history and their interests. Support workers could provide us with information regarding people's background, relationships important to them, likes and dislikes. Care record contained personal information regarding how people would like to be addressed, the shampoo they used and equipment they used for shaving. A support worker informed us that they checked with people what clothes they like to wear. For those who were unable to communicate through speech they said they showed them clothes from the wardrobe and observed people's reaction to determine what clothes people liked to wear.

The service had a policy on ensuring equality and promoting diversity. Care plans included information that showed people's representatives had been consulted about their individual needs including their spiritual and cultural needs. Support workers we spoke with had a good understanding of equality and diversity (E & D) and respected people's individual beliefs, culture and background. They were aware that all people should be treated with respect and dignity. They informed us that they had received training on equality and diversity. People had been supported with their religious and cultural needs and this included attendance at places of worship if needed and provision of diets which met their religious needs. The registered manager stated that they celebrated various cultural and religious holy days such as Christmas, Easter, Eid (end of Ramadan) and St Patrick's Day. A multicultural food day had also been arranged whereby support workers

brought in various cultural foods.

Meetings had been held for people's relatives where they could be updated regarding the care provided and the management of the service. The minutes of these were available. Relatives confirmed that the meetings took place and the service kept them informed of the progress of people. They also informed us that they had been consulted regarding the care arrangements of their relatives. The registered manager stated that they contacted relatives each month to update them regarding the progress of people.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The service had an Accessible Information Standard policy. People's care documents were produced in pictorial form and with big print. Support workers were provided with documented guidance on how people communicated and how to interpret hand signals, facial expressions and noises made. For example, if a person waved their hands, it meant that they were unhappy. If a person did not open their mouth when they were being assisted with their meals, it meant they had enough food.

Is the service responsive?

Our findings

The service provided care which was centred around the needs and preferences of people. This was confirmed in feedback we received. Relatives of people stated that they were satisfied with the care provided for people. One relative said, "The staff provided first class physical care. They are aware of his behaviour pattern and they know how to deal with my relative. They do have activities for my relative and the staff do the best they can."

A care professional informed us that care workers provided care which people needed and they had no concerns. A second professional stated that the people they supported appeared happy and were cared for by care workers who were familiar to them. This professional added that they noted improvements in people's well-being. A third professional told us that they enjoyed visiting the service. This was because they found support workers to be very well informed, very caring and helpful in providing all the information required. This professional added that support workers completed all the care tasks required by people in their care plans.

The service had ensured that the care was individualised and person-centred. People's complex needs had been carefully assessed by support workers. Their relatives or representatives had been consulted and were involved in planning care and the support provided. These assessments included information about a range of needs including their health, nutrition, mobility, medical, religious and communication needs. Records also contained a personal history of people. Following the assessment, care plans were prepared.

Care plans contained guidance to support workers on how to meet people's needs and assist them achieve the goals they had. When we discussed the care of individuals with support workers, they demonstrated a good understanding of people's needs. For example, we were informed that one person was under their ideal weight and support workers had assisted this person to put on weight. This was reflected in the weight chart and confirmed by the person's relative. A person who had a history of frequent admissions to hospital due to their medical problems had no admissions to hospital in the past year. This was confirmed by the care professional involved and the person's relative.

Reviews of care had been arranged with people their relatives and professionals involved. This was confirmed by relatives and professionals. One care professional stated that support workers had read people's care plans and signed to indicate so. This ensured that they were knowledgeable about the needs of people.

The personal care of people had been met. We noted that people received daily showers and their mouthcare had been attended to. Support workers also ensured that pads worn by people were regularly changed. One relative stated that they were happy with the mouthcare provided for their relative and their relative was always clean when they visited. The registered manager informed us that none of the people in the care had pressures ulcers.

People were encouraged to be as active as possible. We saw pictures of people engaged in activities

displayed on the notice board. Activities provided for people attending a cycle club for people with learning difficulties, pet therapy day, going to the park, visiting places of interest in London and sensory therapy to stimulate people's senses. Care professionals and relatives informed us that people had access to various activities. Holidays to Blackpool and Sandringham had also been arranged for people.

The service had a complaints procedure and this was included in the service user guide. Relatives of people told us that they knew how to complain. However, they stated that they were satisfied with the services and had no need to complain. We noted that there were no complaints recorded since the last inspection. The registered manager stated that none had been received.

Is the service well-led?

Our findings

Relatives of people were happy with the management of the service and they made positive comments about the deputy manager and registered manager. One relative said, "It's well managed. I can talk to management. They communicate well and let me know if there are any issues."

One care professional informed us that they had confidence in the management of the service. This professional said they found staff very dedicated and staff maintained good liaison with them. Another care professional stated that when concerns were pointed out to management, they took prompt action to rectify deficiencies in the service.

The service had a system of checks and audits. Weekly checks were carried out by senior staff in areas such as care records, medicine and maintenance arrangements. This was followed up with monthly audits carried out by the deputy manager and registered manager into similar areas. These audits were then checked by the operations manager. Monthly meetings were also held with the chief executive officer of the company to discuss any issues or problems. This ensured that deficiencies identified were promptly responded to.

Support workers told us that the service was well managed and the registered manager was supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. Support workers were aware of the values and aims of the service and this included working as a team, treating people with respect and dignity and providing an efficient and high-quality service to people who used the service. They expressed a desire to support people to improve their lives and be as independent as possible. The registered manager stated that a staff member of the service had recently received an award for employee of the month. This ensured that staff were recognised for their contribution.

Care documentation was well maintained, up to date and comprehensive. The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Support workers were aware of these policies.

The service had started a satisfaction survey of relatives of people and their representatives in December 2018. We noted that the two feedback forms from relatives were positive and indicated that they thought highly of the quality of care provided and the management of the service. Their survey of healthcare professionals in October 2018 indicated that professional concerned were satisfied with the services provided and they found care workers to be caring, capable and diligent in their work. The service had a record of compliments received. These included the following:

"Staff excellent, caring and responsive."

"A caring, skilled and dedicated team who have provided stable support network for people under their

care."