

# Care Management Group Limited

## South Hill

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 6 November 2018. We gave the provider notice of our intention to visit so that they could prepare people with complex needs whose routines might be disrupted by our inspection process.

South Hill provides care and support to people with learning disabilities and complex needs 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. The service comprised 11 studio flats in a large detached house with additional communal living areas, and is in Harrow. At the time of this inspection the service provided care for nine people. The people using the service had learning disabilities and varying complex needs and needed a range of support including personal care, prompting and monitoring.

Although the service accommodated more than six people, the service could demonstrate that they followed the principles and values in Building the Right Support guidance, and met the fundamental standards and other relevant regulations. 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.

A registered manager was employed at the service. 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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Appropriate policies and procedures ensured people who used the service were safe from abuse and harm. People told us they felt safe. Their support plans contained various risk assessments and management plans, which ensured they were protected from harm in relation to their care. The service monitored accidents and incidents and learning from these was used to improve the service. Staff employed were appropriately checked to ensure they were suitable to work with people. There were concerns from some staff relating to staffing. They told us at times they were short staffed but we judged this was being addressed. Medicines were managed safely. People received their medicines on time.

Staff had the skills, knowledge and experience to carry out their roles. They had access to a variety of training. CQC monitors the application of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards. We saw that people's rights were protected because the service ensured that the requirements of the MCA 2005 were met. Applications to deprive people of their liberty lawfully had been made to prevent them from coming to any harm where they lacked capacity. Regular supervisions and appraisals were

provided to support staff. People had choice of a nutritious food. Their health was monitored and if required external health care support was sought to ensure their health and wellbeing was maintained.

Staff were kind and caring towards the people they supported. They respected people's privacy and dignity. They also recognised people's rights to confidentiality, consistent with General Data Protection Regulation (GDPR) law. Staff had a clear understanding of people's individual needs, preferences and routines. These qualities were acknowledged by people, who confirmed their privacy, dignity, independence, and preferences were respected by staff.

People's information and communication needs were met in line with the Accessible Information Standard policy. Support plans contained clear communication guidelines explaining how each person communicated.

People received care that was responsive to their needs. The service had carried out assessments prior to people using the service to ensure people's needs could be met. These assessments fed into support plans which then reflected how people wanted to be supported. The support plans were reviewed regularly to ensure any changes could be identified and acted on at an early stage. The assessments also highlighted people's diversity and human rights, which we saw were respected.

People could participate in activities, interests and hobbies of their choice. People could discuss any concerns they had with the registered manager and were confident any issues raised would be addressed.

People and their relatives were happy with the way the service was run. We found the registered manager understood her role and responsibilities. There were effective quality assurance processes in place to monitor care and safety and plan on-going improvements. There were systems in place to share information and seek people's and their relatives' views about the running of the service.

## 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 remains Safe.

### Is the service effective?

Good ●

The service remains Effective.

### Is the service caring?

Good ●

The service remains Caring..

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains Well-led.

# South Hill

## 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.

This was a comprehensive inspection.

This was an announced inspection by one inspector, which took place on 6 November 2018.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to this inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We looked around the premises and observed how people interacted with staff. We looked at care records and associated risk assessments for six people along with other relevant documentation. We looked at other records including audits, maintenance records and policies related to the running of the service. These included staff recruitment, training and supervision records, medicine records, complaints records, accidents and incidents, quality audits and policies and procedures.

During the inspection four people told us about the care they received. We spoke with five members of staff which included the registered manager and deputy manager.

# Is the service safe?

## Our findings

We asked people if they felt safe living at the service. One person told us, "I do feel safe", as did other people spoken with.

We found the service to be safe. Staff could describe the risks to people and actions they took to keep people safe. Each person's care plan had several risk assessments. The risk assessments contained information for reducing potential risks such as risks associated with going out into the community, choking, and finances. In all examples, action had been taken to reduce risks to people. This was typical of all the records we reviewed.

The service had continued to operate systems to keep people safe from abuse. Staff had received up-to-date safeguarding and safety training appropriate to their role. There was a safeguarding policy and procedure in place. Staff knew how to identify and report concerns. From previous incidents we saw evidence the service had taken steps to protect people from abuse. Staff were aware they could notify other agencies such as the local authority, the Commission and the police when needed.

The service had continued to carry out appropriate staff checks at the time of recruitment and on an ongoing basis. This included Disclosure and Barring Service (DBS) checks. There were at least two references obtained from previous employers for each staff to help ensure they were suitable and of good character. It was the provider's policy that people participated in the recruitment process. This meant people could have an influence on the selection of staff.

On the day of this inspection there were sufficient staff available to support people. One person said, "Staff are always here to help me." Another person told us, "I get help when I need it." However, staff gave us mixed feedback. Even though the general view was that there had been improvements in staffing, some staff still felt more was required. We brought this to the attention of the registered manager, who agreed that work was underway to recruit more staff. In the meantime, there was a contingency plan in place. As part of the plan, the registered manager would be available when extra care is required. Staff were also offered overtime. The service also used regular agency staff where required.

There was a record of essential maintenance carried out. Regular safety checks were carried out to ensure the premises and equipment were safe for people. There was regular testing and monitoring of water temperatures, portable appliances and electrical installations. There was a business continuity plan in place to ensure people would continue to receive care following an emergency. Personal Emergency Evacuation Plans (PEEPS) had been completed for each person.

There were systems in place to protect people and staff from infection. Staff had completed infection prevention and control training and they understood the importance of infection control measures. Staff used personal protective equipment such as vinyl gloves and other protective measures when completing personal care tasks.

People's medicines were handled safely. There were suitable arrangements for the recording, administration and disposal of medicines. We looked at four medicines administration records (MAR) charts and found no gaps in the recording of medicines administered. Some medicines were prescribed to be taken when needed (PRN). There were plans to guide staff on what the medicines were for and how much to give, and we saw that administration was clearly recorded except in one.

# Is the service effective?

## Our findings

Staff had the skills, knowledge and experience to carry out their roles. There was on-going essential training, including on communication, equality and diversity, health and safety, safeguarding, medicines handling, learning disability, mental health, dementia, autism, and positive behaviour support. There were certificates confirming training had been completed within the past 12 months. Up to date records of skills, qualifications and training were maintained.

Newly recruited staff completed an induction programme in accordance with the Care Certificate to prepare them for their responsibilities. New staff also worked with experienced staff until they were confident they could work independently with people. Staff confirmed having regular supervision and a yearly appraisal of their performance, which we evidenced from records.

One staff member told us, "I have a passion to do what I do. The manager has been supportive." One person receiving care told us, "Staff make me happy." A relative commented, 'Staff are very supportive in difficult situations'. We observed staff to be knowledgeable about their role.

People's rights were protected because the registered manager ensured that the requirements of the Mental Capacity Act (MCA) 2005 were met. The MCA 2005 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. For example, a best interests meeting had been carried out to support a person with managing their finances. This was repeated in relevant examples.

People's human rights were protected because the requirements of Deprivation of Liberty (DoLS) were being followed. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for people living in their own homes are through Court of Protection (COP) orders. At the time of this inspection the service was waiting for a COP order for a person who needed to be supervised to ensure their safety.

People were assisted to stay healthy. They were supported to access healthcare when needed. Each person receiving support had a Health Action Plan (HAP). A HAP is a personal plan about what a person with learning disability can do to be healthy. Each HAP listed details of people's needs and professionals involved. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP. Guidance obtained from the external healthcare professionals was included in people's support plans. This meant staff had current and relevant information to follow to support people in meeting their health needs. A relative commented, 'I am pleased that the manager is arranging dentist and GP appointments for [my relative]'.

People's nutritional needs were met. We asked people if they liked the food offered, including whether they could choose what they wanted to eat, which they confirmed. People's dietary requirements, likes and



dislikes were assessed and known to staff. People were supported by staff or their relatives to buy their own food. Where required staff supported people to prepare their meals. Monthly weights of people were recorded where necessary. Staff were aware of action to take if there were concerning variations in people's weight.

# Is the service caring?

## Our findings

People were treated with kindness, respect and compassion by staff. One person told us, "Staff are kind and caring." Asked what the service did particularly well, a relative had commented, 'The service promotes confidence in travelling independently and in my relative's abilities to make decisions.' Another relative described staff as, 'very gentle, charming, kind, and well-mannered'.

People were supported to be as independent as possible. Staff encouraged and prompted people to attend to their personal care, cooking and shopping as opposed to them undertaking these roles for them. For example, we could evidence from many support plans that minimal support was encouraged to help people to become independent. A care plan of one person reminded staff that the person could dress themselves but needed support with choice of clothes. In another file we saw information detailed as follows, 'I can serve my own food and I will eat whatever I have put on my plate even if my plate is full. I have a good appetite and will eat all dishes. I hope to start cooking with staff support, this is a goal for me'.

Staff respected people's privacy and dignity. We observed staff knocked and waited for a response before they entered people's flats. People's flats were clean and personalised with their belongings and family photographs. Support plans described how people liked to be supported so that their privacy and dignity were upheld. For example, one support plan read, 'I may refuse to undress myself. Please, speak to me in an assuring manner and remind me why I must change my clothes'. We saw that this was respected, staff spoke with people in an appropriate way throughout the inspection.

The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the General Data Protection Regulation (GDPR) law.

There was an Accessible Information Standard policy (AIS) in place. As of 1 August 2016, providers of publicly-funded adult social care must follow the AIS in full. Services are required meet people's information and communication needs. We saw that questions had been drafted around how best to support people. For example, at the assessment stage people were asked if they used communication aids or any techniques to help with communication. Support plans contained clear communication guidelines explaining how each person communicated. This ensured staff were aware of the aids people needed to help them stay involved. One person stated, 'a pictorial menu is in place, which I am able to refer to and explain to staff this is what I need support in making. This shows the service had taken steps to ensure people who used the service understood the information they were given.

## Is the service responsive?

### Our findings

People described how staff supported them in a responsive way. One person told us, "I am happy with the support that I receive." We read compliments from relatives. Asked by the service what they thought the service did particularly well, one relative said, 'The service correctly identifies the aspects where [my relative] needs help and provides excellent support in all her needs. At the same time the service helps to develop skills to live more independently'. We confirmed from speaking with people and from reviewing their care records that the service was meeting their needs.

The service had carried out assessments prior to people using the service to ensure people's needs could be met. People or their relatives were involved in developing their support plans. Information in 'my support plan' identified people's personal and healthcare needs. For example, the 'my support plan' covered areas such as, personal care, eating and drinking, medication, religion and culture, communication and support with independence. The support plans reflected how people wanted to be supported. All the information that staff would need to know about people's care and support needs was available in easy to read step by step format. Therefore, staff had clear guidance in providing care to individual people.

The service carried out reviews of people's support regularly. People or their relatives, where necessary, were involved. This helped to monitor whether the support people were receiving was up to date and reflected their current needs. This was necessary so that any changes could be identified and acted on at an early stage. Staff always ensured that relatives were kept informed of any changes to their family member's care needs. For example, in the 2018 relatives survey, relatives commented positively to questions such as, 'were you in any way involved in your relative's last review' and 'if you attended your relative's last review, did you feel confident that your opinions were listened to'. We confirmed from people's care records that they were updated if there were any changes to their care.

People's diversity and human rights were highlighted in their care plans. Staff understood the cultural and religious needs of people. We saw examples where staff and people were matched according to language, culture and religion. In one example, the key and co-keyworkers spoke the same language as the person they supported. They also supported the person to prepare their own traditional meals. Overall, the service observed the religious requirements of people using the service.

People were offered a variety of activities. There was a weekly programme of activities organised by the service, with input from people. One person enjoyed playing pool, watching football, darts and occasionally going to the pub for a beer. We saw that this was supported. People were also supported to attend studies. One had been supported to secure a job for the first time and another attended a local college. One relative commented, '[My relative] has been helped with college. He is a lot calmer and less confrontational. He is becoming more independent'.

Details about the service were made available to each person along with a complaints policy written in relatively easy read style. This was on display in the communal area of the service which helped to make it accessible to people. The complaints procedure included details of who people could complain to if they

were not satisfied with the care. People told us they could discuss any concerns they had with the registered manager and were confident any issues raised would be addressed.

# Is the service well-led?

## Our findings

People were happy with the way the service was run. They told us that they received a good service. One person said, "This service is very good." People's relatives had responded positively to questions such as, 'do you feel comfortable approaching the manager' and 'do you feel confident that the manager would communicate any problems regarding your relative's welfare to yourself'.

The registered manager understood her role and responsibilities. People knew who the registered manager was and found her to be helpful. People told us, "The manager has done very well. She knows exactly what she is doing." The registered manager was well-informed about people's needs. She could tell us knowledgeably about the support each person was receiving. She was equally familiar with important operational aspects of the home.

People and their relatives were regularly asked for their views on the quality of the service being provided. The results of the 2018 surveys were positive. Relatives stated that the quality of the service was good, as did the people using the service. In both surveys, people and their relatives had highlighted, they 'strongly agreed' that they were satisfied with the quality of the service provided.

Staff spoke positively regarding the registered manager. They told us the registered manager was supportive and approachable. They felt free to raise any concerns knowing these would be dealt with appropriately. A staff member told us, "The manager has been great. She is approachable and helpful." This was a general view shared by staff we spoke with.

Accidents and incidents were documented and had been regularly monitored to ensure any patterns and trends were identified and addressed. The results of this analysis were shared with staff to raise awareness of any emerging areas of risk within the service. This meant the management team could keep track of any emerging trends and themes and help keep people safe.

There were effective quality assurance systems to monitor the quality of service being delivered. We looked at the audit that was carried out in September 2018. Quality checks followed many themes including, activities, meals, communication with people and their relatives, health and safety, staffing and infection prevention and control. Where issues were identified, we saw that action was taken.

There was an open and inclusive approach to the running of the service. Regular staff meetings took place and staff were free to express their views. We read a sample of staff minutes and saw that they covered numerous topics for discussions, including actions from the previous meeting, updates and sharing key messages, safeguarding, updates on people using the service, staff agenda items, medication and training. We saw from the minutes that staff could make suggestions for improvement and these were acted on.

The service worked in partnership with other organisations to make sure they were following current

practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs, psychologists and district nurses.