Care Management Group Limited

Willow Road

Inspection report

264 Willow Road
Enfield
Middlesex
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Website: www.caremanagementgroup.co.uk

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16 October 2018

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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

Our inspection of Willow Road took place on 11 and 16 October 2018. This was our first inspection of the service which was registered with the Care Quality Commission on 14 February 2017.

Willow Road provides care and support to people 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. At the time of this inspection the service was supporting four people living in a shared house.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The 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."

People and family members spoke positively about the management of the service. They knew what to do if they had a complaint or concern.

Staff members know how to ensure that people were protected from the risk of harm. Staff members had received training in safeguarding adults from abuse. They understood their roles and responsibilities in ensuring that any incidents or concerns were immediately reported.

People's individual risk assessments and care plans were person centred and included guidance for staff members on how to support people effectively and safely. Daily records of care and support were maintained and guidance on completing these had been discussed at a recent staff team meeting.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Assessments of people's capacity to make decisions had been carried out. The service had liaised with a local social services team to ensure that applications in relation to Deprivation of Liberties Safeguards (DoLS) authorisations had been made to the Court of Protection.

People's medicines were safely administered and recorded. Staff members had received training in medicines administration. Regular medicines audits had taken place.

People were supported to participate in a range of activities. In addition to regular attendance at day

centres, activities included shopping, meals out, local clubs, drumming sessions and self-advocacy groups.

The service ensured that people's religious and cultural needs were met. People were supported to attend local places of worship and eat cultural meals in accordance with their wishes and preferences.

We saw that staff members engaged with people in a caring manner. They chatted with people and supported them to make decisions using words and signs that they understood.

Checks of staff members' suitability for the work they were undertaking had taken place prior to their employment. An on-going programme of training and supervision was provided to ensure that staff had the skills and knowledge to support people effectively.

Regular monitoring of the quality of the service had taken place. This included audits of records, health and safety and medicines. Feedback from people and family members had also been sought and immediate actions had been taken to address any issues or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff members had received training in safeguarding of adults and understood their roles and responsibilities in ensuring that people were safe from harm.

People had personalised risk assessments which included guidance for staff on how to manage any potential risk.

People's medicines were well managed and recorded.

Checks on the suitability of staff had taken place prior to their commencing work at the service.

Is the service effective?

Good

The service was effective.

Staff members received training and supervision to enable them to carry out their roles effectively.

The service was meeting the requirements of the Mental Capacity Act (2005).

Staff members ensured that people were asked for their consent in relation to their care and support.

People were supported to maintain a healthy diet.

Is the service caring?

Good

The service was caring.

Staff members engaged with people in a friendly and supportive way.

Staff members communicated with people using methods that they understood.

Staff members understood the importance of ensuring that people's privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive.

People had care plans which included guidance for staff on how to support people in accordance with their preferences.

People were supported to participate in a wide range of activities.

The service supported people's preferred cultural and religious needs.

There was an easy read complaints procedure. A complaint had been managed appropriately and to people's satisfaction.

Is the service well-led?

Good

The service was well-led.

People, family members and staff spoke positively about the management of the service.

People and family members were asked for their views about the service.

Regular checks of quality had taken place and any resulting issues had been acted on immediately.

The service's policies and procedures reflected up-to-date regulatory and best practice issues.

Willow 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.

This was a planned comprehensive inspection which took place on 11 and 16 October 2018. We gave the service 48 hours' notice of our first visit as this is a small supported living service for people with learning disabilities where people may be out at daytime activities. We also provided 5 days' notice of our return visit to complete our inspection and enable us to speak with people who use the service.

This inspection was carried out by a single inspector.

Before our inspection we looked at information that we held about the service, enquires, safeguarding information and notifications that are required to be sent to CQC as a condition of registration.

During our inspection we looked at two people's care records, four staff records, medicines administration records, quality assurance records, policies and procedures and other documents relating to the management of the service. We spoke with two people using the service, two family members, three staff members and the registered manager. We also observed staff members supporting and engaging with people in the communal areas of the service.

Good

Is the service safe?

Our findings

The family members we spoke with told us that people received safe care and support. One relative told us, "[Relative] is very safe here. I know they would let us know immediately if there was a problem."

We looked in detail at the risk assessments for two of the four people using the service. These were personalised and showed that risks to people had been identified for a range of needs such as health, behaviours, personal care, eating and drinking, medicines and safety at home and in the community. The risk assessments included management plans with guidance for staff members on how to ensure that identified risks to people were minimised. For example, the risk management plans for people with epilepsy provided information on monitoring seizures and were linked to detailed guidance contained within their support plans.

Staff members had received safeguarding adults training. The staff members we spoke with could describe potential risks to people using the service, and understood their roles and responsibilities in reporting any suspicions or concerns. One staff member said, "We obviously look for physical things, but if people have a change of mood, if we don't know why this is, we will report it."

Staff at the service supported people to take their prescribed medicines. People's risk assessments showed that no one using the service could manage their medicines independently. Medicines were stored in locked cupboards in people's rooms. We looked at the storage and records of medicines administration for two people. Medicines were safely stored and accurately recorded. A staff member told us, "People take their medicines when we give them. We would immediately call a manager if they refused." Some people were prescribed PRN (as required) medicines in relation to, for example, epilepsy and anxiety. We saw that protocols were in place for these, which included guidance for staff on when to administer. Staff members had received training in safe administration of medicines and this was 'refreshed' on a regular basis.

Staff members understood the need to protect people from the risk of infection. We saw that they used appropriate disposable protective clothing when undertaking tasks such as cleaning and preparing and serving food.

We reviewed the recruitment records for four staff members and saw that checks had taken place prior to their working at the service. The records included evidence of two satisfactory references, eligibility to work in the UK and criminal records (DBS) checks. This showed that the provider had procedures in place to reduce the risk of unsuitable staff being recruited to work at the service.

The rotas for the service showed that when people were at home in their shared house, there were two staff members on shift during the day. At night, there was one 'waking night' staff member. The registered manager told us, that, if there was an emergency at night, staff could access support from another service across the road and use the provider's emergency 'on call' system' to call for additional support. The staff members we spoke with were aware of this and told us that they would have no hesitation in calling for support if required.

Regular fire drills had taken place involving people using the service. Records showed that weekly tests of fire alarms had taken place and that fire safety equipment was regularly serviced. Personal Emergency Evacuation Plans (PEEPs) had been developed for people and we saw that these included 'need to know' information in case of an emergency evacuation.

Good

Is the service effective?

Our findings

The family members we spoke with told us that they thought that the service effectively met people's needs. One said, "I'm so happy that [relative] is now doing so many things they weren't doing at home."

We looked at the training provided to staff members and saw that all staff had undertaken training in core areas including safeguarding, fire safety, food safety, infection control, medicines administration and first aid. Other training provided to staff included record keeping and report writing, person centred working and equality and diversity.

New staff members received a detailed induction which met the requirements of The Care Certificate. The Care Certificate provides a set of core induction standards for new staff members working in health and social care services. Although staff who had already obtained the Care Certificate within two years prior to working at the service were not expected to undertake this again, they were required to participate in the induction training at the commencement of employment. The provider also offered opportunities for staff members to undertake a qualification in health and social care.

We saw that staff members received supervision at least every two months along with annual performance appraisals. One staff member said, "I appreciate the supervisions but I don't have to wait to speak with my manager. She will make time for a chat any time I need to discuss something."

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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Although Willow Road is a supported living service, all people using the service received 24-hour support and supervision and had been assessed as being at risk if accessing the community independently. This meant that they were subject to DoLS. The registered manager had liaised with the local authority with regards to making applications to the Court of Protection (CoP) to seek DoLS authorisations for all the people using the service. At the time of our inspection CoP assessments for two people were taking place.

We saw that staff at the service ensured that people were enabled to engage in regular activities of their choice at home and in the community and had identified and managed any risks associated with these. Family members and key professionals had been involved in supporting best interest decisions in relation to

new activities, for example holidays and outings. A family member told us, "They support [relative] to do anything he wants to do."

Staff understood the importance of gaining consent when providing care and support to people. They recognised that people could not always verbally give consent, and described how they used pictures, objects of reference and signs to ensure that people had meaningful choices. They demonstrated that they understood how people indicated if they were happy with a suggestion or request. During our inspection we observed staff members offering choices in ways that people understood. For example, staff members used words that a person understood to encourage them to put their shoes on before going out to a day centre. We saw that they responded positively to this.

People ate a range of healthy foods. Records showed that people were supported to make choices about the food they would like to eat before going shopping with staff members each week. People's support plans provided guidance about people's food preferences and nutritional needs and staff members were knowledgeable about these. People were supported to be involved in meal preparation. We saw that staff members supported a person to make a drink and a snack. One person liked to eat Greek food from time to time, and the records maintained at the service showed that this had been supported. The registered manager said, "[person] is supported to eat what they want when they want to."

People's care records showed that the service involved health and social care professionals to support people to maintain their health. We saw that records of health appointments were in place. In most cases these showed that the outcomes of appointments had been recorded. We asked the registered manager about four appointments where outcomes had not been recorded by staff. They told us that they were aware of this and had raised the importance of recording all health information with the staff team. We saw that this had been discussed at a recent monthly team meeting.

Good

Is the service caring?

Our findings

Staff members supported and engaged with people in a considerate and respectful way. They were knowledgeable about people's communications needs and preferences. A family member said, "I think the staff are wonderful with [relative]. They have helped him to become more confident."

Staff members communicated with people in ways that they understood. We observed staff members using a range of methods to engage with people such as words gestures and signs. and touch. They gave people time to respond and checked their understanding if necessary. People appeared comfortable with the staff members supporting them and approached them if they needed anything. We saw, for example, a person making a sign that they wanted a drink and a staff member assisted them to prepare this.

Staff members demonstrated that they understood people's preferences and knew what they meant when they demonstrated specific behaviours. One person had been matched with a key worker who spoke their first language. Other staff had learnt words in their language along with signs that were meaningful to them. We observed staff members interacting with the person and saw that the person showed that they understood the communication that was used by staff.

Throughout our inspection we saw that staff members offered people choices. Staff members chatted to people. We observed that they were knowledgeable about people's preferences and interests and focused on these as a means of ensuring active engagement.

Staff members supported people with dignity and respect. Personal care and medicines were provided in privacy.

People were supported to participate in activities at the service such as meal preparation and domestic tasks. People's care plans included information about what people could do independently and, where they required support, how this should be given.

The staff members we spoke with described the importance of ensuring that people were treated with dignity and that they were supported in accordance with their choices and preferences. A staff member said, "Our aim is to help our service users to express themselves and to be as independent as they can be."

Staff supported people to maintain links with their family, and information about this was included in their support plans. During our inspection one person was away visiting their family, and another person was visited by relatives. A family member said, "We always feel welcome here and the staff are really good at keeping in touch with us."

Good

Is the service responsive?

Our findings

Two people told us that they thought that the staff were supportive. One person told us, "They help me to do things." Another person told us about the support they had received in planning a holiday." A family member said, "The staff are very flexible if someone wants to do anything."

People's support plans were personalised and covered a range of needs such as personal care, health, community and social activities and communication. They contained detailed guidance for staff on how each person preferred to be supported. For example, the plans for people with limited verbal communication described their preferred method of communication. Each person's plan also described their skills in doing things for themselves and how they should be assisted with the activities that they required support with.

Daily care and support records had been completed by staff members on a regular basis. We saw that these were well maintained and included important information about people's activities and behaviours. The registered manager had discussed the importance of ensuring that all activities and actions were fully recorded at a recent staff meeting. Forms were completed for incidents such as unusual behaviours. Seizure charts were in place for people with epilepsy.

People attended local day services from Monday to Friday each week. We saw from the service's records that people were supported to participate in a wide range of activities, such as shopping, cooking, meals out, local clubs and a drumming group. Two people attended a local self-advocacy group on a regular basis. A person had been on a recent day trip to a coastal resort, and another person told us they were going on holiday with a staff member in three weeks. The registered manager told us that other people went on holidays organised by their families, but the service would support them to plan their own holidays if they wished. The registered manager said, "People don't always wish to do things together and it's important that we support them to be as independent as they can be."

Staff supported people with their cultural and spiritual preferences. Two people were supported to attend a local place of worship on a regular basis. Another person was supported to prepare and eat cultural foods as they wished. We could see from training records that staff had undertaken training in equality and diversity issues. We asked the registered manager about how they supported people with their personal relationships. They described how they supported a person to visit friends at another local service. They told us that, although no one living at the service had a 'partner', the service would endeavour to support any such relationship in accordance with people's wishes.

Information was provided to people in easy read, picture assisted formats. One person showed us pictures of their activities which were displayed on a board in the communal area. The registered manager told us that even where people were unable to read, the pictures helped staff members to explain issues relating to their support in a way that they understood. One person said, "They talk to me about things and show me what they are saying."

The service had an easy read picture assisted complaints policy in place. There had been one complaint received in the last year and we saw that a meeting had been held to address this to family member's satisfaction. A person said they would tell a staff member if they had a problem. A family member said, "We have no complaints. If there is a problem we've spoken to the staff and they have sorted it out straight away."

Good

Is the service well-led?

Our findings

One person said, "The manager is very nice. I like her" A family member told us, "In my opinion it is very well managed. They have made a huge difference to [relative]'s life."

The registered manager demonstrated that they were familiar with people's needs. We observed that they engaged effectively with people using the service, staff members and visiting family members.

Staff members told us that they felt well supported by the registered manager. One staff member said, "[Registered manager] is brilliant. She gets involved with people and is happy to do the same things as us." Another staff member told us, "I don't have to wait if I need to speak with the manager. The other managers in this organisation are very helpful too." Team meetings took place monthly where a range of issues in relation to care and support and quality improvement were discussed. Staff told us they felt they could contribute their views at these meetings and in supervision. A staff member said, "This is a very good team. We work well together." Another staff member said, "There is very good communication here."

A range of regular quality monitoring activities had taken place at the service. The manager undertook monthly audits, of, for example, medicines, daily care records, health and safety and infection control. The provider's regional director visited on a quarterly basis to undertake a review of records, health and safety and people's and staff member's views of the service. The monitoring records showed that any identified actions were addressed immediately. The outcomes of audits and reviews were discussed with staff members at monthly team meetings.

People were asked for their views and wishes at regular meetings with their key workers. Family members had been invited to meetings to discuss issues relating to the service and we noted that the provider's chief executive had attended such a meeting in May 2018. Family members were also invited to complete regular feedback forms. We saw that, as a result of feedback in relation to improving the garden, a gardener now visited on a fortnightly basis. The service was in the process of conducting a satisfaction survey at the time of our inspection. We saw two feedback forms that had been completed by family members and noted that these expressed high levels of satisfaction.

We looked at the service's policies and procedures. We saw that these were up to date and reflected regulatory and best practice requirements. Staff members were required to sign to show that they had read and understood these. The provider also circulated regular updates on good practice and subjects of interest. We saw that this included picture assisted information for staff to share with people using the service. A recent update, for example, provided information about bullying in an accessible format.