

Care Management Group Limited

# Care Management Group - 43 Florence Avenue

## Inspection report

43, Florence Avenue, Morden, SM4 6EX

Date of inspection visit: 11 March 2015

Date of publication: 08/05/2015

### 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 

### Overall summary

This was an unannounced inspection and took place on 11 March 2015.

43, Florence Avenue provides care and support for six adult people who have severe or profound learning disabilities and autism.

At our previous inspection in November 2013, we judged that the service was meeting all the regulations that we looked at.

The service has a registered manager in place. 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 in the Health and Social Care Act 2008 and the associated Regulations about how a service is run.

Both relatives and care managers told us they felt people were safe living at Florence Avenue. Staff knew how to help protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage identified hazards in order to help keep people safe from harm or injury.

# Summary of findings

There were enough properly trained and well supported staff to meet people's needs. Relatives told us, and we saw staff had built up good working relationships with people. Staff were familiar with people's individual needs and the choices made about their care.

People received their medicines as prescribed and staff knew how to manage medicines safely.

Staff we spoke with had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and the service had ensured the local authorities had carried out the appropriate assessments for all the people who might have been deprived of their liberty for their own safety and protection. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had a varied and nutritious diet and choice of meals. They were supported to have a varied and balanced diet and food that they enjoyed and they were enabled to eat and drink well and stay healthy.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing. Relatives told us staff were kind and caring. We saw they treated people with dignity, respect and compassion.

People were encouraged to maintain relationships that were important to them. There were no restrictions on when people could visit the home and staff made all visitors feel welcome.

People had access to their local community and could choose to participate in a variety of in-house and community based social activities. We also saw staff encouraged and supported people to be as independent as they could and wanted to be.

Care plans were in place which reflected people's specific needs and their individual choices. Relatives of people were involved in reviewing their relations' care plans and we saw people were supported to make decisions about their care and support.

People using the service and their relatives were encouraged to give feedback on the service. There was an effective complaints system in place.

Relatives said the registered manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment.

Staff told us they were clear about their roles and responsibilities they had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service. These measures of monitoring the service has helped to make improvements were necessary.

# Summary of findings

## 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 safe. There were robust safeguarding and whistleblowing procedures in place that staff were aware of. They understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff.

There were enough suitable staff to support the people in their home and meet their individual needs. People received their prescribed medicines to meet their health needs in a safe and appropriate way.

Good



### Is the service effective?

The service was effective. Staff were suitably trained and supervised and they were knowledgeable about the support people required and about how they wanted their care to be provided.

The provider met the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected. Staff had received appropriate training, and had a good understanding of the MCA and DoLS. Relatives of people said staff sought their consent before providing care.

People were supported to have a varied and balanced diet and food that they enjoyed. They were enabled to eat and drink well and stay healthy.

Good



### Is the service caring?

The service was caring. People were treated with compassion and kindness by staff who understood their needs in a caring and positive way.

Staff worked with people and their relatives to understand people's individual needs so they could be involved in their care and support.

Staff treated people with respect, dignity and compassion, and were friendly, patient and discreet when they provided care. People and their families were included in making decisions about their care and relatives told us they were made welcome.

Good



### Is the service responsive?

The service was responsive. Care and support was centred on people's individual needs and wishes. Care managers and relatives of people were involved in developing and regularly reviewing their relations' care plans. Staff demonstrated a good understanding of people's individual needs and choices.

People, their relatives and friends were encouraged to give feedback about the service they received. There was an appropriate complaints procedure in place which staff were familiar with.

Good



### Is the service well-led?

The service was well-led. People said they thought the registered manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment.

Good



# Summary of findings

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service.

# Care Management Group - 43 Florence Avenue

## 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 inspection took place on 11 March 2015 and was unannounced.

This inspection was carried out by a single inspector. Prior to this inspection we looked at the information we held about the provider. We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

On the day of the inspection we met with one person who was able to talk with us. We saw four other people who used the service, however due to their complex needs they were unable to communicate verbally with us so we observed the way staff engaged with them. We also spoke with the registered manager and two support workers. We looked at three people's care records and three staff records and reviewed records that related to the management of the service. After the inspection visit we spoke on the telephone with two relatives of people living in the home and two local authority care managers, one from the London Borough of Merton and one from the London Borough of Wandsworth, both of whom commissioned and monitored the care provided to people who used the service.

# Is the service safe?

## Our findings

Relatives said they felt their family members were safely supported by the service. One person said, "Yes I think they are safe, [my family member] gets looked after very well there." A care manager who had recently carried out a care plan review told us they thought people were well looked after and were in safe hands. At our inspection of the service we observed a relaxed, friendly atmosphere in the home and a positive relationship between staff and people.

The provider had arrangements in place to help ensure people were safe and protected from abuse. Staff told us they had received all the training they needed to carry out their safeguarding adults at risk roles and responsibilities. They described how they would recognise the signs of potential abuse, the various types of abuse they might encounter and they knew how they could escalate any concerns they might have.

We looked at records that showed what training staff had received. We saw all staff had recently completed safeguarding adult's training run by the local authority.

The registered manager was aware how to contact the local authority's safeguarding team if they witnessed or suspected anyone was being harmed or placed at risk of harm. We saw the provider had all the appropriate policies and procedures to help safeguard people, which included; staff whistle blowing, how to make a complaint, and reporting accidents and incidents. There was a copy of the Pan London safeguarding policy available for staff reference "Protecting adults at risk; London multi-agency policy and procedures to safeguard adults from abuse". Staff told us they were required to keep themselves updated with the home's policies and procedures and had to sign to say they had read and understood them. We saw documented evidence of this. The registered manager told us any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams and this was evidenced from our review of the notifications we have received.

Risks to people were being managed so that people were better protected and supported. Care plans we looked at contained individualised risk assessments which identified the hazards people might face. These risk assessments had been drawn up together with the relatives of people and their care managers. Care managers we spoke with

confirmed this and we saw written evidence of their involvement in the process. Relatives told us they were invited to care plan reviews where people's needs, risk assessments and care plans were discussed with them. We saw comprehensive risk management plans or support guidelines for people on the care files we inspected. These provided staff with detailed guidance about how to support people to keep them safe. Staff demonstrated a good understanding of the risk management strategies in place to prevent and/or minimise any identified risks for people. They told us they were required to read the risk management plans so they knew how to best support people and we saw evidence that supported this.

The service had other risk assessments and risk management plans in place to ensure identified risks were minimised so people were helped to keep safe and staff protected. There was an up to date fire risk assessment, an environmental risk assessment and a monthly health and safety checklist to monitor the identified risks. We saw the checklist had been maintained regularly.

We saw examples of how the service learned from accidents and incidents and put in place action plans to minimise any further occurrence. This included meeting with staff, local authority care managers and relatives to discuss why incidents had happened, reviewing existing protocols with them and agreeing further risk management.

There were enough suitably qualified and experienced staff to keep people safe and to meet their needs. Care managers and relatives said they thought there were sufficient staff on duty to meet people's needs. One of the relatives said, "There are always enough staff when we visit there." Another relative said, "Yes the staff on duty help people as and when they need it, they are very supportive and I'd say the numbers of staff were good in the home."

We spoke to staff about the rota and they told us they felt there was good staff cover to meet the needs of the people they supported. The registered manager told us there were usually two waking staff members on duty at night and the staff team would always be tailored to the needs of the client group and if the needs of those people increased so would the staff team, proportionally. We examined the staff rotas and this evidenced what we were told by the registered manager.

## Is the service safe?

Staff files we inspected showed recruitment checklists had been used appropriately to document all the stages of the recruitment process and to ensure the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People's medicines were managed appropriately so they received them safely. We found there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely. All the medicines were safely stored away in a locked medicines cabinet. We undertook a medicines stock take check to see if the stock of medicines held in the medicines cabinet was the same as that recorded on the medicine administration

record (MAR) sheets. The check evidenced there were no discrepancies with the levels of medicines held in the cabinet and the MAR sheets. We looked at a random sample of MAR sheets. We saw staff had maintained these records appropriately and we found no recording errors on any of the MAR sheets that we looked at. People received their medicines as prescribed.

Staff told us they had received medicines training and their competence and knowledge of the policies and procedures to do with the safe administration of medicines was assessed by the registered manager before they were able to administer medicines. They were fully aware they should always report any concerns they might have over medicine handling practices within the service. We saw records to show staff received medicines training in January 2015 and that there were monthly audits of medicines to help to ensure the safe management of medicines. We also saw evidence of the monitoring of staff competency tests carried out by the registered manager.

# Is the service effective?

## Our findings

People were enabled to receive effective care because staff had received appropriate training and supervision and had the knowledge and skills necessary to meet the needs of the people they supported. We looked at staff records and found there was an appropriate programme of induction for new staff that covered roles and responsibilities and key policies and procedures. We saw evidence each member of staff had completed induction training before commencing full duties in the home.

The registered manager explained there was a training programme provided for staff. The training covered the essential areas of knowledge, skills and competencies the provider thought staff needed to do their jobs effectively. We noted there was additional specific training staff could access such as for the Mental Capacity Act; epilepsy and autism. Staff told us they would like refresher training to update their knowledge as part of their personal development such as for autism and for the use of the computer and IT equipment. They said the training they had received was good and had helped them with their work. Training records for staff we saw evidenced some training such as that for autism needed refreshing. The registered manager told us that this training had been booked in the next two or three months for the staff who needed it.

We were told by the registered manager all staff received regular formal supervision every six to eight weeks. Staff confirmed this and said they had received regular supervision which they found helpful and supportive to their work. Staff told us they had received notes of their supervision sessions signed and dated by their manager. Staff supervision records we saw confirmed staff received supervision between six and eight weeks, records had been signed and dated.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty for their own protection in a safe and correct way. We spoke with the registered manager and staff and from those discussions we saw they understood their responsibility for making sure people's liberty was not unduly restricted. All the people living at 43, Florence Avenue were subject to Deprivation of Liberty Safeguards (DoLS). We examined the

associated paperwork that had been completed by the placing authorities and the registered manager. We saw the applications and the assessments for DoLS authorisations had been completed appropriately and as required in the local authority's policy guidance. We could see for those people who did not have the capacity to make decisions about specific aspects of their care and support, staff, relatives and healthcare professionals had discussed and recorded where these had been made in people's best interests. We saw minutes of best interest meetings and assessments carried out by independent mental capacity advocates (IMCAs) for people that evidenced this. We received appropriate notifications from the provider about the DoLS applications.

Where people were able to make decisions about their everyday life we saw that they were asked for their consent. One person was asked if they wanted to go out for a drive with some of the other people living in the home. They decided to go on the drive having made their choice to do so.

We saw the service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent. All staff had signed to confirm they had read and understood these. Training records showed all staff had attended training on the MCA and DoLS, which staff confirmed they had received.

People were supported to have a healthy and balanced diet. Relatives said they thought people enjoyed the food provided for them. One person said, "Yes they look happy with the meals and the food they get, it seems they get a very healthy and varied diet and they enjoy it." One of the care managers told us they had conducted a review recently in March and they considered the meals and the food provided for people was healthy and varied.

People's care plans included information about their nutritional needs and preferences. We saw a book of pictorial food representations and the registered manager confirmed these were used to illustrate for people what their options for menu choices could be. The manager said they always tried to accommodate people's wishes as well as trying to ensure people had a varied and nutritious diet. They told us that food menus were arranged for four week periods. A food record was used to record what people had eaten so they could make sure people's meals were varied. We saw from the records that there was a variety of healthy



## Is the service effective?

food on offer and different people had different things to eat at each meal, demonstrating that choices were offered. Staff told us some people had special dietary requirements and diet plans had been drawn up together with the dietician and the doctor to ensure their needs were met.

People were supported to maintain good health and have appropriate access to healthcare services. Care files confirmed that all the people were registered with a local GP and had regular annual health checks. People's health

care needs were also well documented in their care plans. We could see that all contacts people had with health care professionals such as dentists, chiropodists and care managers was always recorded in their health action plan. We noted that each person had a hospital passport that could accompany them if they needed to go to hospital. We saw it contained all the necessary information about the person to inform health professionals about their needs.

# Is the service caring?

## Our findings

Only one of the people we met was able to tell us about the care and support they received at 43, Florence Avenue. They said (with a big smile on their face) they thought their care was “really good.” They told us they felt well cared for and they loved their home. Other people were not able to speak with us about their care because of their complex communication needs. However care managers and relatives of people were able to say that the registered manager and the support staff were very caring of the people living at 43, Florence Avenue. One relative said, “The personal care they receive is very good, staff treat them very well.” We were told the house had a very settled group of people who lived there for more than five years and as a result knew each other very well. The registered manager told us that staff knew the people well. We observed staff worked hard to maintain positive and caring relationships with people.

Staff treated people with kindness and compassion. One staff member told us, “I love working with the people here, I really enjoy it and I go home happy if I know they’re happy”. Another said, “I wouldn’t be working here if I didn’t love it, it can be hard at times but it’s also very rewarding.”

Our observations and discussions with staff showed they had a good knowledge and understanding of the people they were supporting, and were caring and supportive. Throughout the inspection we observed people received one to one attention from staff who demonstrated their concern and interest in them. We saw staff patiently spending time supporting people. We saw staff playing games with people, talking to them throughout, explaining what they were doing or about to do.

People were supported to express their views and wherever possible make decisions about their care and support. Staff

used pictorial representations to aid communication with people such as pictures of food when asking people to make choices and deciding upon their menus. Relatives told us staff listened to what people said they wanted and staff respected their wishes. Relatives said they thought this helped people to feel they mattered. Our observations confirmed this.

Although people were not always able to express their preferences with regards to their care and support verbally, the service had worked with people over time to build up a picture of their likes and dislikes. They had achieved this in a variety of ways. Over time staff had come to understand people’s non-verbal body language. They had had discussions at care planning meetings and reviews as well as on more informal occasions with people’s relatives about their family members wishes and preferences. These preferences had been recorded clearly in their care plans.

We saw people had the privacy they needed and they were treated with dignity and respect at all times. Staff knocked on people’s bedroom doors before they went in. We observed that staff asked people what they wanted to eat and what they wanted to watch on television. Relatives told us that staff enabled people to decide for themselves first wherever possible about every aspect of their lives, such as with their personal care and the activities they wanted to do.

Relatives said they were always made welcome and there was no restriction to them visiting. Staff told us that people were supported and encouraged to keep in contact with their relatives and friends. We heard how special events, such as birthdays, were celebrated, and families and friends were invited. Our discussions with staff confirmed this.

# Is the service responsive?

## Our findings

Care managers and people's relatives were positive about the service and said people received support that met their individual needs. One care manager told us they were happy with the care their client received. They said they had reviewed the care plan earlier that month together with staff and relatives and no changes were recommended to be made to the care plan because it was felt the person's needs were being met. Another care manager also said they had no concerns about the care their client received at Florence Avenue and that at the last review in August 2014 it was agreed by all those people present that the person's needs were being met.

People's needs assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health and covered all aspects of their care. We looked at people's care plans and saw each person had regular assessments to check whether their needs were changing. This included monitoring of their health conditions. Although none of the people we met with were able to express their views and experiences on the assessment process, relatives told us that they were always asked for feedback about their family member.

Care plans and support guidelines were in place for each person whose file we inspected. An example of a support guideline we saw for one person covered the activity where they went into the kitchen to prepare food and drink. Another was for someone who liked to go shopping with staff. Staff told us these plans helped to enable people to have as much independence as possible in as safe a way as possible. Care managers told us these procedures had been agreed at care planning meetings and were recorded on people's files.

We saw each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as

comprehensive guidelines for providing care to them in an individual way. Each person had an individualised activity programme. This included activities based in the home such as playing games and doing puzzles and outside activities such as going to the cinema and shopping. Relatives and staff told us they thought that the range of activities could be expanded for people including more physical activities such as swimming. We discussed this with the registered manager who told us they would review their activities programme to include more physical activities.

Relatives of people were given information regarding the care and support their relations received. They told us they had copies of their relatives care plan and they were invited to care plan reviews both internal to the service and to the annual social services reviews, so they could represent their family members and ensure care and support being given was appropriate.

Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. One relative told us, "If I ever have a concern I talk to the manager and they deal with it for me. I am happy they would listen to any concerns and do their best to put it right."

During our tour of the premises we saw pictorial notices displayed on notice boards that clearly described the complaints process. We saw a clear complaints policy and procedure that enabled people and others to make a complaint or a compliment.

Staff were aware of the policy and how to assist people with the process if required to do so. Staff said, "We record any complaints we get and they are reviewed by the manager." We saw the log book where the registered manager told us complaints are recorded; no entries had been made since the last inspection.

# Is the service well-led?

## Our findings

Relatives of people told us they felt the registered manager encouraged their involvement with the care and support of their family members. One care manager said the registered manager always seemed open to any suggestions or comments made about the service. They said the registered manager liked to make improvements where they were needed. Relatives and care managers both told us they were made to feel welcome.

We found staff were positive in their attitude and seemed to be committed to the support and care of the people who lived at 43, Florence Avenue. The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. Staff told us that this was a fair reflection.

They said the service was open to learning and they discussed concerns and suggestions about the way the service was provided either in one to one meetings or team meetings. They said matters raised were taken seriously when they were discussed. We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered to a good standard.

Daily handover meetings helped to ensure that staff were always aware of upcoming events, meetings and reviews that were due and this helped to ensure continuity in the service.

Wherever possible people were asked for their views about the service and they were taken into account. One relative

told us they had just completed the 2015 feedback questionnaire. They said it asked them for feedback about different aspects of the service. The registered manager told us a similar survey had been carried out in 2014 and we were shown copies of the completed feedback forms. The responses we saw were all positive in the feedback that was given about the service. The registered manager told us they analysed the responses and prepared an action plan where necessary to address areas that required improvements.

We saw that there were other systems also in place to monitor and improve the quality of the service. We saw records to show that the registered manager carried out a monthly audit to assess whether the home was running as it should be. For example the audits included checking whether documents such as people's health action plans, support plans and risk assessments were reviewed and whether house meetings, staff meetings and one to one meetings with staff were taking place. We saw an action plan resulted from each monthly audit been actioned.

We met the Care Management Group's Regional Director who told us they carry out detailed audits of the service every three months or sooner if the need arises to ensure the quality of the service is maintained. We saw evidence of this in the quality audit tool that had been used in September 2014. The areas of service covered in this tool was seen to be very comprehensive covering all areas of the service provided and included audits for people's care files, the administration of medicines, safeguarding and staff support and training.