

Care Management Group

Care Management Group - 31 Egmont Road

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 

Overall summary

This was an unannounced inspection and took place on 23 December 2014. At our previous visit on 16 July 2013, we judged that the service was meeting all the regulations that we looked at.

31 Egmont Road is a care home providing personal care and support for up to six people with learning disabilities. There were six people with moderate learning disabilities living at the home at the time of our inspection.

The service had a registered manager in post. 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.

People were kept safe. We saw that policies and procedures had been put in place to help to ensure the safety and wellbeing of people using the service. Staff knew what to do if people could not make decisions about their care needs.

Summary of findings

People were involved in making decisions about their care and about how their needs would be met. People had risk assessments and risk management plans. Staff knew how to use the information to keep people safe.

Staff knew about the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), which care homes are required to meet. There were procedures in place that could be used if they were needed. We found that staff sought people's consent before providing care. DoLS refers to the framework of safeguards under the Mental Capacity Act 2005 for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment.

There were enough staff on duty to help meet people's needs and the home had safe recruitment procedures to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Appropriate arrangements were in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely.

The provider supported and made guidance available to staff through induction and one to one supervision meetings with their line manager and in team meetings and they were supported to access further relevant

qualifications. Staff received training in areas of their work identified as essential by the provider and in some specialised subjects, all of which helped staff provide support to people more effectively and efficiently.

We observed that people's experience of the service was a positive one. Discussions we had with people's relatives supported this. We saw staff treated people with respect and dignity and people were helped to make decisions about how they lived their lives and about their care and support. Appropriate methods were used to help people communicate and make choices, for example, we saw the pictures used to help people choose what activities they wanted to take part in and the food they would like to eat.

Staff respected people's privacy and treated them with respect and dignity. Staff understood people's preferences, likes and dislikes regarding their care and support needs. Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

There was a clear management structure in the home and staff, relatives and people using the service felt comfortable talking to the manager and staff about their complaints, concerns and ideas for improvements. There were systems in place to monitor the safety and quality of the service provided. People were supported effectively with their health needs.

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. Staff understood what abuse was and knew how to report abuse if required.

There were enough qualified and skilled staff at the home to meet people's needs. We found that staff were recruited appropriately and they had the skills and knowledge to safely care for people.

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

Good



Is the service effective?

The service was effective. Care was delivered according to people's care plans and people were supported to access health services.

Staff understood people's rights to make choices about their care and the requirements of the MCA and DoLS.

People had a balanced diet and the provider supported people to eat healthily.

Staff received regular and appropriate training and supervision to ensure they were able to meet the specific needs of people using the service.

Good



Is the service caring?

The service was caring. People were treated with kindness and compassion and their dignity was respected. Care was centred on people's individual needs.

Staff knew people's life histories, interests and personal preferences well and understood their complex ways of communicating. People were supported to build and retain independent living skills. Their skills and personal achievements were recognised, encouraged and celebrated in different ways

Good



Is the service responsive?

The service was responsive. People were supported to make decisions about their care and support as far as possible.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

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

Good



Is the service well-led?

The service was well-led. Systems were in place to monitor the safety and quality of the service and to get the views of people about the service. The manager took appropriate action to address any issues or concerns raised about service quality.

The service was regularly monitored to ensure people experienced safe care.

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

Good



Care Management Group - 31 Egmont 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 inspection took place on 23 December 2014 and was unannounced.

This inspection was carried out by a single inspector. We reviewed the Provider Information Return (PIR). The PIR is a

form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with two people who use the service, three relatives of people who use the service, the registered manager and three staff members. We observed the provision of care and support to people living in the home. We looked at three people's care records and three staff records and reviewed records related to the management of the service.

Is the service safe?

Our findings

Relatives told us they thought people were safe. One person said, "They are very well looked after actually and their safety is not questioned. They are safe." Another relative said they believed their relative was safe. We saw records to show personal safety was discussed regularly with people in their monthly meetings.

The registered manager showed us the policy on safeguarding. It was up to date and in line with the pan-London safeguarding policy "Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse" which was also available for reference. Staff knew what to do if safeguarding concerns were raised. The actions they told us they would take included reporting to managers, the local authority and the Care Quality Commission (CQC). The registered manager had reported previous allegations of abuse to the local authority safeguarding team and to the CQC.

We observed people interacting with each other and staff in the lounge and they looked to be comfortable with staff and approached them readily. Staff said there were risk management plans in place for staff to follow to provide people with appropriate support. We saw these plans on people's care files and staff were well aware of them. A member of staff told us how these plans were followed on occasions when needed and how successful they had been in keeping people safe. We also observed that staff made successful interventions with people in line with their risk management plans. Staff interacted with people to defuse the situation and there were enough choices of communal areas for people to have their own space, which helped in this situation.

We saw there were systems in place for the maintenance of the building and equipment and

to monitor the safety of the service. This included monthly audits of medicines management, staff records, environmental health and safety and infection control. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis such as daily audits of medicines and of the fridge and freezer temperatures to ensure people's. We saw records to show that there were weekly checks of the hot water temperatures of all hot water outlets and checks of fire safety equipment.

The registered manager said staff were encouraged to discuss any difficulties they experienced and we saw from looking at training records that staff had completed safeguarding adults training. Staff told us how this training focused on ways to prevent and de-escalate situations to keep people safe. We saw that other safeguarding policies and procedures such as staff whistle blowing, how to make a complaint, and reporting accidents and incidents were also in place.

We saw examples of how the service learned from accidents and incidents and involved people in action plans. These included meeting with people to discuss why incidents had happened, reviewing existing protocols with them and agreeing further risk management actions to put in place that did not compromise the person's rights.

The registered manager showed us the home's policies and procedures for health and safety including fire safety. They detailed appropriately all the necessary actions for staff to take. Training records indicated that staff had received training in health and safety including fire safety awareness. Staff were able to explain the correct fire safety procedures.

Certificated evidence that we saw showed that other essential equipment had been checked, such as gas, fire equipment, emergency lights and the fire alarm. These had all been serviced annually.

The registered manager told us there were always two staff member on duty at night. We examined the staff rotas and we found that there were four staff on duty during the day as well as the registered manager and at night two waking staff. We asked relatives if they felt there were sufficient staff on duty to meet the needs of those people living at this home. They told us they thought there were enough staff on duty. One person said, "Yes I think there are enough staff on duty." We spoke to staff about the rota and they told us they felt there was sufficient staff cover to meet the needs of the people who lived in the home.

The registered manager said the home's policies and procedures for the recruitment of staff were followed for every post. We saw that a checklist was used to ensure that every step of the process had been followed appropriately on staff files. Information such as dates and the manager's signature had been written against the stages of the process when they had been successfully completed.

Is the service safe?

We saw that criminal record checks were a part of the recruitment process and we saw documented evidence that supported this. From the examination of staff files and the discussions we had with staff, we saw that there was a safe and methodical recruitment process in place. This meant that staff recruited to the service had their credentials appropriately checked thereby helping to ensure the safety of people who use the service.

We found that there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which ensured they were given to people safely. We saw that all the medicines were safely stored away in a locked medicines cabinet.

We looked at a random sample of medicine administration record (MAR) sheets held in the home. We saw that staff had maintained these records appropriately and we found no recording errors on any of the MAR sheets that we

looked at. This indicated that people who use the services received their medicines as prescribed. Staff told us that their competence and knowledge of the home's policies and procedures to do with the safe administration of medicines had been assessed by the registered manager before they were allowed to administer medicines to people. Staff were fully aware that they should always report any concerns they might have over medicine handling practices within the service. We were told that there was a monthly audit of medicines and we saw records that supported this.

The registered manager told us that full training for the safe handling and administration of medicines to people was provided for all staff. It was clear from the records we examined and what staff told us that they were well aware of the correct procedures and that they had received this training.

Is the service effective?

Our findings

We looked at the home's records for staff and we found that they had completed a programme of induction that covered all the areas for staff in terms of their roles and responsibilities and key policies and procedures.

The registered manager explained that there was a training programme provided for staff. We saw that individual staff training information for each member of the staff team was kept on their individual staffing files. These files had a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that staff needed to do their jobs effectively. We noted that there was additional specific training that staff could access such as that for "understanding eating difficulties"; the Mental Capacity Act; epilepsy; asperger's and autism; preventing and managing challenging behaviours all useful additions to the training programme. Staff told us that they thought access to training was good and the training they had received had helped them with their work. One member of staff told us that the training they received for autism had helped them better understand the work they were doing for people and had improved their interactions with them.

We were told by the registered manager that all staff received regular formal supervision every six to eight weeks. When we spoke with staff they confirmed this and they said they had received regular supervision with their line manager. They told us that they received notes of their supervision sessions and they felt well supported. We saw supervision notes for staff whose files we inspected and we can confirm they covered a wide range of topics that included direct working with people and that they had been signed by both the registered manager and the supervisee and dated.

We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered to a good standard. An example of this was a discussion to do with the management of behaviours that challenge.

Our discussions with the registered manager showed that they had a good understanding of the Mental Capacity Act 2005. They were able to explain the process of applying for

authorisation from the managing authority which is the local authority (LA), so that the LA could decide where appropriate to carry out a mental capacity assessment for the person concerned.

Staff we spoke with demonstrated that they had a good understanding of the Mental Capacity Act (2005) and to do with issues relating to consent. Staff said they had received training on this topic and training records showed that these staff had completed the relevant training. Staff told us that this had helped them to understand about making an application to the LA for the deprivation of someone's liberties and the importance to act in people's best interests.

The registered manager said that people's capacity to decide on important decisions was always discussed at their care planning meetings so that everybody was aware of the person's ability to decide on what was in their best interests. This was corroborated by the care plan minutes we saw.

The relatives of people and members of staff said food provided in the home was "pretty good". One relative said, "The food seems to be fine and our relative enjoys it." Another person said, "yes I think there is a good variety of food provided and whenever I have been there people have seemed to like it. My relative does anyway." One member of staff said they tried to ensure that people had enough suitable and nutritious food by asking them what they would like to eat for the month ahead. They used pictures of food menus where necessary to assist people in making choices that they understood. The registered manager told us that food menus were arranged for four week periods in advance. 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 food on offer and that different people had different things to eat at each meal. People's care plans included information about their nutritional needs and preferences.

The registered manager showed us records that indicated daily checks were taken for food temperatures and fridge and freezer temperatures. These records evidenced that appropriate temperatures had been maintained to the day of this inspection.

Documents we saw in the care files confirmed that all the people who lived at the home were registered with a local

Is the service effective?

GP and had regular annual health checks. People's health care needs were also well documented in their health care action 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 care plan.

The registered manager told us that the home had been completely refurbished in the last year and that the intention was to provide care in an environment that was

suitably designed and adequately maintained to meet people's needs. We undertook a tour of the home together with a member of staff and we saw that all areas of the home were clean, tidy and well decorated. We saw that the design and layout of the home was appropriate for people's needs and relatives of people we spoke with agreed with this and said that people liked the home and their bedrooms.

Is the service caring?

Our findings

The relatives of people who we spoke with us said that their family members were treated with respect and staff responded to their views regarding how they wished their needs to be met. One person said, "I've always found them to be kind and caring." Another relative said, "Staff are kindly. They are most attentive to his needs."

Staff provided care and support in a gentle and caring manner, listened to what people had to say and wherever possible involved them in decisions regarding their care. We observed that staff asked people's permission before providing any care and support for them. People and relatives were able to discuss any issues that concerned them regarding how care was being provided with staff.

The service made sure that people felt they mattered and were understood because care plans that we saw were personalised and provided detailed person centred guidance for staff about how their individual needs and preferences should be met. Care plans included information about people wishes and preferences, for example their food and drink preferences and the activities they enjoyed. There was also information about their personal life histories that helped staff understand people's backgrounds. This included information to do with

people's disabilities, race, sexual orientation and gender and all this helped staff to support people in a caring way. Care records also showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

We saw notices on the home's notice board that advertised local advocacy services. The manager told us that people and their relatives were provided with this information so that they could use them if they needed to. One of the relatives who we spoke with said they had seen the advocacy services notice on the board.

People were given appropriate information regarding the care and support they received. We saw that care plans were written in plain language and were accompanied by pictorial images to assist people to understand their meaning. They were signed by the people concerned or their relatives to show that they agreed with what had been written down and that they understood their care and support choices. We saw that staff were patient when speaking with people, and understood and respected that some people needed more time to respond.

Relatives of people told us that they were made to feel welcome when they visited the home and that they were always invited to the care reviews.

Is the service responsive?

Our findings

Staff understood how to meet people's needs and responded in line with the needs identified in their care plans. One relative said, "Staff are always very understanding of my relative's needs and they are there, ready to help." Care plans were in place to address people's identified needs, and these had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date. Another person said, "When you need more help they make sure it is provided." People and their relatives had been involved with their review of care, so any changes could be discussed with them.

People and their relatives had been consulted about how they wished to be supported and had contributed to the assessment and planning of their care and they told us they had received feedback about changes to people's care. Minutes of care plan meetings showed they had been recently reviewed and all the key people including relatives had been present at the review. One person said, "I have just been to the review in December and I am always invited. I take a close interest in my relative's care to ensure it is good". Two other relatives confirmed that they had just attended care plan reviews within the last two months together with the local authority social workers. One said,

"every aspect of their care, their health and other social activities are discussed". Another said, "I feel fully informed about my relatives care, I go to the meetings and I visit regularly."

People's care records showed that they and their relatives were regularly consulted about their needs and how these were being met. Staff supported people to make decisions about their care through discussion and review meeting.

People were confident that if they made a complaint this would be listened to and the provider would take action to make sure that their concerns were addressed. One person said, "I don't have any complaints, but I know if I did they would do something to sort things out." Copies of the complaints procedure was on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the manager and inform the manager about this, so the situation could be addressed promptly. Relatives and people were confident they could raise any concerns they might have, however minor, and they would be addressed. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of on-going learning by the service and so that improvements could be made to the care and support people received.

Is the service well-led?

Our findings

Relatives of people we spoke with told us they thought the registered manager was “most attentive to people’s needs” and “very understanding” and “made them feel well cared for”. They told us the registered manager made people feel welcome and that there was a “family feel” to the home. One person said, “They care about how the home is run and they ask us for our opinions.”

We found a positive management ethos that included an open and positive culture with approachable staff and a clear sense of direction for the service. Staff agreed that this was a fair reflection. They said the service was forward looking and the registered manager considered how the staff team could provide people with better standards of care and support. The home had a clear leadership structure. People and their relatives knew that they should report to the registered manager if they experienced any problems with the staff who were supporting them. Daily handover meetings had 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.

Staff spoke positively about the culture and management of the service to us. One staff member told us, “We are encouraged to discuss any issues and the managers listen.”

Staff we spoke with said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one to one or staff meetings and these were taken seriously and discussed.

The relatives of people we spoke with said they felt it was a good home. Staff told us the home had a clear vision for improvement and that they felt the service was continually progressing towards providing a better standard of care.

Systems were 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. Goals from the most recent audit such as taking additional precautionary safety measures in the kitchen had since been actioned. The registered manager told us how these audits were monitored by the regional director as an additional quality assurance factor. We also saw records to show that the regional director visited the service most months to audit different areas of the service.