Care Management Group Limited

98-100 Pembroke Avenue

Inspection report

98 Pembroke Avenue
Enfield
Middlesex
EN1 4EY

Tel: 02083647427
Website: www.cmg.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 December 2017 and was unannounced. 98-100 Pembroke Avenue 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. On the day of the inspection, seven people were living at the service across two semi-detached houses linked by a communal garden.

This is the first comprehensive inspection of the service since they registered with CQC in March 2017. Previously the service operated as two separate residential care homes under a different provider and at their last inspection in October 2014, both services were rated as 'Good.' Much of the management and staff team had been employed at the service prior to the change of provider.

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.

The service had 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.

All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed current risk assessments were in place for people using the service. Risk assessments in place were reviewed and updated regularly.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

The home maintained adequate staffing levels to support people.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. We received positive feedback from relatives regarding the continuity of care due to the long established staff and management team.

Care plans were detailed, person centred and reviewed regularly. A comprehensive pre-assessment was carried out with the involvement of health professionals and family members.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians. People with a chronic health condition were supported to access specialist services.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff had regular supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

People were supported to engage in regular activities and were supported to be independent.

Quality assurance processes were in place to monitor the quality of care delivered. Relatives and staff spoke positively of the overall service provision.

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. There were sufficient staff to ensure that people's needs were met.

Staff were aware of different types of abuse, how to identify abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely.

Risks to people who use the service were identified and managed effectively.

Is the service effective?

Good

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role effectively.

People were given the assistance they required to access healthcare services and maintain good health.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

People were supported to eat and drink and were involved with their food shopping and menu planning.

People's care needs were comprehensively assessed prior to using the service and at regular intervals.

Is the service caring?

Good

The service was caring. We observed caring and positive interactions between staff and people who used the service.

People were treated with dignity and respect and encouraged to develop and maintain independence.

People and their relatives were involved in decision making and people were supported to maintain strong links with their

families.

Is the service responsive?

Good

The service was responsive. Care plans were person centred. People's wishes for their end of life care was documented and prepared in consultation with the person and their family.

People had access to a variety of activities and they were supported to access the community which supported people to be independent.

The home had a complaints policy in place and relatives knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led. The quality of the service was monitored.

The service had a positive open culture and staff told us they felt supported.

Relatives and staff spoke positively of the registered manager and the management structure.

The registered manager worked in collaboration with families and a variety of health and social professionals.

98-100 Pembroke 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 14 December 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed relevant information that we had about the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

We observed the care and support provided to people who lived at 98-100 Pembroke Avenue. Most people had limited verbal communication and were unable to tell us in any detail about the service they received. We spent time talking with staff and observing how they interacted with people. We also spoke with relatives to get their views on the care given to their family members. We spoke with three visiting relatives. We spoke with four staff members and the registered manager. After our inspection visit we spoke with two relatives by telephone.

We looked at four care plans and risk assessments, medicines administration records, five staff files and records relating to quality audits.

Good

Is the service safe?

Our findings

Feedback from relatives confirmed that the service provided safe care and support to people who lived at 98-100 Pembroke Avenue. A relative told us, "Yes, I think [Person] is safe." Care staff demonstrated a good understanding of how they were to keep people safe and how they could identify different types of abuse that people could be subjected to. This included steps they would take to report any concerns they had. Training records confirmed that all staff had received safeguarding training. A staff member told us, "Report it. Ensure there is no abuse. Record everything. Contact line manager, CQC, local authority or the whistleblowing line. We have many channels [to report]."

Risk was managed effectively. Comprehensive risk assessments were in place for people, which where appropriate, had been signed by the person which indicated that the person's risks had been discussed with them. Risk assessments were personalised and risks identified were individual to the person and were reviewed on a regular basis. Positive risks identified what the benefits to the person were by taking the risk, such as going out into the community which could increase their social skills. Actions were then identified to minimise the risk, such as assessing the person's mood and communicating with the person before leaving the service to go into the community. Another example of where risk assessments were individual to the person were the personal emergency evacuation plan which detailed the person's anticipated reaction if and when the fire alarm sounded and how to support them if they were anxious or distressed.

Other examples of personalised risk assessments in place for people using the service included finances, physical health conditions, medicines, self-harm, falling and skin integrity.

People were supported with sufficient staff with the right skills and knowledge to meet their individual needs and promote person centred care. We observed staff present at all times to support people with activities, eating and personal care. Rotas' confirmed that staffing levels corresponded to what was planned and observed on the day of the inspection. A relative told us, "Staff are interested and caring. They spend time with the residents." A staff member told us, "Staffing is fine and the team is good. If we are short [registered manager] will help. We can get someone to cover if we need to do paperwork."

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Following an initial criminal records check, regular three yearly checks were completed. Records confirmed that staff members were entitled to work in the UK.

Medicines were handled safely and each person was supported to receive their medicine in a way that was suitable to their needs and abilities. We checked medicines stocks and records for four people who used the service and found that medicines were in stock and accounted for. Medicines stocks were checked on a weekly basis and for three of the four people's records we looked at, a daily running balance was recorded to ensure accuracy of stock. We found that for one person, daily running balances of their medicines in stock were not recorded. The registered manager advised that they would ensure this was maintained for all

people's medicines moving forward. Medicines administration records (MAR) had been completed and signed with no omissions in recording. Medicines were stored safely in a locked cabinet in people's bedrooms.

The registered manager audited medicines on a regular basis and the dispensing pharmacy completed a yearly audit of medicines. Records confirmed that staff had received medicines training and had their competency assessed on a regular basis to ensure they safely administered medicines to people.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and these were acted on promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. Accidents and incidents were monitored by the registered manager and provider to look for emerging trends.

Although the service was not responsible for providing accommodation, we observed that the service was clean and tidy on the day we visited. There were records of recent maintenance checks including gas, fire and electrical safety. Staff had access to sufficient personal protective equipment (PPE) such as gloves and aprons to reduce the risk of infection.

Good

Is the service effective?

Our findings

At this inspection visit, we found staff had the level of skill, experience and support to enable them to meet people's needs as effectively. Relatives told us they found staff well trained and knowledgeable about their loved ones care needs. A relative told us, "I think the staff are really good." A second relative told us, "Staff know how to administer medicines and know [Person's] care needs."

Staff told us and records confirmed that all staff completed a period of induction before commencing their employment which included understanding people's support needs, record keeping and values, policies and procedures. In addition, all staff received training and refresher training in topics such as epilepsy, learning disabilities, autism, safeguarding, health and safety and positive behaviour support. A staff member told us, "The face to face learning is very intense and we have exams. It gives us a better insight." Records confirmed and staff told us that they received regular supervision and an annual appraisal. Supervisions were an opportunity for staff to discuss their training needs, people's changing care needs, events and activities and how they felt supported in their role. A staff member told us, "I had supervision last month. Anything I am not happy with I can say."

The provider ensured that a detailed and comprehensive pre-admission assessment was completed prior to the person arriving at the home so that the service could assess and confirm that they would be able to effectively meet the needs of the person. One person's pre-assessment included the reason for their referral, their health conditions, pre-established routines, likes and dislikes and triggers for anxiety and behaviours. The pre-assessment comprised of a visit to the persons home, and if appropriate, their educational facility and included their family and professionals involved in their care. The information obtained in the assessment was then used to construct the person's care plan which ensured that people received care according to their needs and preferences. People's care needs were assessed on a regular basis and people's care plans were updated if changes occurred.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We observed that people were not free to leave the service without being accompanied by care staff. Applications had been made to the Court of Protection to ensure that people were not deprived of their liberty unlawfully. Where appropriate, people signed a consent agreement to indicate that they consented to their plan of care. Where a person was unable to do, a relative with the appropriate legal authority provided the necessary consent.

Where a decision had been taken in someone's best interests, such as covertly administering medicines, documentation was available to confirm the involvement of the appropriate health professionals and the

person's legal representatives. In addition, the provider had completed a 'restrictive practices' care plan which documented the reasons behind locking doors, keeping the persons money in a safe, the use of window restrictors and locking medicines in a medicines cabinet which was signed by the person or their legal representative.

Staff had knowledge of MCA and understood the importance of obtaining consent from people prior to providing assistance. A staff member told us, "Every decision has to be assessed. There are processes to be followed. [We are] empowering them to make their own decisions." A second staff member told us, "MCA is designed to empower each individual who lack the mental capacity to make choices and decisions."

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. People had access to a GP, optician, dentist and chiropodist. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly. We saw that the service had worked collaboratively with one person's GP and consultant to reduce a certain medicine which caused known side effects. To ensure this was done safely, the person had regular medical check-ups and communication with health professionals was documented in the person's care records. In addition, as the side effects of the medicine began to reduce, the person became more mobile, staff identified an additional risk of falls as a result which was documented in the person's risk assessment.

Where specialist equipment was required for people such as ceiling hoists, adapted chairs and beds, the service was prompt in ensuring that these were provided and maintained.

Care plans provided details of people's dietary requirements as well as their likes and dislikes and the level of support they required when eating their meal. Risks associated with people's eating abilities was also documented and we saw staff support a person to eat independently whilst maintaining a safe distance to ensure they could be discreetly observed to ensure their safety. Where a person had a cultural or religious dietary requirement, this was also documented in their care records. Staff used a variety of ways to support people when making choices about their meals which involved the use of pictorial aids. We observed that people were supported to go out to restaurants and cafes to have their meals. People were supported to do their own food shopping with the assistance of care staff.

The service had completed a hospital passport for each person which was available within the person's care plan. A hospital passport is a document which assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Good

Is the service caring?

Our findings

We received positive feedback from relatives regarding the caring nature of the staff and management at the service. Many people had lived at the service for a number of years and an established staff team was in place. A relative told us, "They are fantastic." A second relative told us, "The staff are very good with [person]. [Person] likes all of them and they like him."

Although people were unable to answer specific questions about the care that they received, throughout the inspection, observed people to be happy, comfortable and at ease with the care staff that supported them. Staff were caring and supportive towards the people who used the service. People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between staff and people who use the service. Staff spent time engaging with people in a patient and respectful manner.

Relatives confirmed that they were always involved in the delivery of care and support for their relative and that the service always kept them updated on any developments and changes or where specific decisions needed to be made. A relative told us, "The carers contact me every week."

The service enabled people to spend time with their relatives. Relatives told us that they were involved in attending day trips and attended celebrations at the service, such as Christmas dinner. The registered manager also arranged day trips for people and their relatives on a regular basis, for example, one person and their relatives went on a boat trip with the registered manager around the time of the inspection. A relative told us that the service supported their relative to maintain regular telephone contact with another relative who was no longer able to visit on a regular basis. People had access to an advocate when they required further support from an independent person. Two people who used the service attended an advocacy group on a regular basis which empowered independence.

People were supported to develop and maintain independence such assisting with meal preparation, shopping and accessing the community. One person was supported to work in a local charity shop.

We were unable to obtain feedback from relatives regarding how people were supported to maintain their privacy and dignity as there were not present when people received personal care. However, we observed staff interact with people in a gentle and caring manner and observing people's privacy by knocking on doors before entering people's rooms. Staff gave examples of how they ensured people's privacy was respected. A relative told us, "[Person] always seems happy, well cared for and she likes the staff." A staff member told us, "[Person] is non-verbal so we have to maintain facial/eye contact to ensure they are comfortable. I am mindful of that."

Care plans detailed peoples likes, dislikes, phobias and particular behaviours. People's care plans contained details of family members and friends. Care plans contained the person's life history which detailed their family background and relationships. Where people were unable to communicate verbally, their care plan detailed how staff should communicate with them and what certain gestures and sounds the person made

indicated.

Relatives told us they were involved in making decisions about their loved one's care, support and treatment. Care plans showed that people and their relatives were involved in the care planning process. A relative told us, "We helped with the care plan."

Care plans also detailed people's cultural and religious preferences. People were supported to attend religious services if they chose to do so.

Good

Is the service responsive?

Our findings

Relatives told us that people received care which was responsive to their needs. A relative told us, "I think the staff are really good. They do the best they can." A second relative told us, "[Staff member] is an absolute marvel. He gets everything sorted." A third relative told us, "It's the little things. They get people in to check on everything. They go above and beyond."

Care plans were reviewed regularly and updated as changes occurred. Relatives told us that they were involved in regular multi-disciplinary meetings regarding people's care plans and assessments. A relative told us, "We had a meeting about the care plan." A staff member told us, "We work very hard to keep the care plans updated. We spent a lot of time trying to get the details. I am very proud of them."

Care plans outlined people's support needs in areas such as personal care, eating and drinking, accessing the community, maintaining good health and daily routines. For example, one person's care plan detailed that they preferred a shower and the brand of toiletries they preferred. Care plans also provided detailed guidance to staff on how people liked to structure their day and maintain a routine, such as how they liked to have their breakfast in the morning and their preferred routine. One person's care plan detailed that the person did not like to get up early; we saw that this person was supported to get up later in the morning. Where someone had a specific health condition such as epilepsy, detailed guidance was provided to staff on how to manage an episode of seizure.

Staff completed daily diary records for each person which provided information about the person's health and general well-being, interactions, activities that the person had participated in and any other matters of concern. Each person had a designated key worker who held regular key working sessions with the person to ensure they had what they needed and were supported to achieve positive outcomes. We saw that in one person's key working review, their changing care needs was discussed and how that impacted on their day to day living. Another person's key working review documented that that had achieved a goal of assisting with drying dishes and assisting staff to put them away.

People were supported to engage in a range of activities and access the community on a regular basis. People were supported by staff to go on daytrips, shopping trips and attend school or day-centre. Throughout the inspection, we observed staff engage people who remained at the service during the day in activities such as baking, puzzles, arts and crafts, ball games and sensory play. For one person who was unable to engage in activities due to ill-health, their relative told us that staff spent time with the person in their room engaging them in suitable one to one activities until their health improved. A relative told us, "On Tuesday they went somewhere. They take [Person] out, get haircuts and take [Person] for walks." A second relative told us, "It's good. They go on days out such as the circus and karaoke." A staff member told us, "I took [Person] to work today. He likes it."

We saw that complaints were investigated, responded to and used to improve the quality of care. Complaints and incidents were recorded on a provider wide database which could be accessed by senior management and was reviewed on a regular basis. Relatives told us that they felt confident to raise any

issues or concerns with senior staff and the registered manager and were confident that concerns would be addressed.

Care plans documented that advanced care planning and end of life care was discussed with most people and their relatives. People's choices and wishes were recorded in relation to planning the way in which they wanted to be cared for and preferences for when they passed away. The registered manager was knowledgeable about people's end of life wishes and arrangements. We saw that one person had been supported to arrange a funeral plan.

Good

Is the service well-led?

Our findings

We received positive feedback from relatives regarding 98-100 Pembroke Avenue. Relatives commented on a homely and caring atmosphere. A relative told us, "It's very homely and very nice. Staff at the moment are very good. Staff have been here a long time." A second relative told us, "We are very happy with the home and have always been." A third relative told us, "It's very homely and the staff are nice."

Relatives and staff spoke positively of the culture, values and good communication at the service. A staff member told us, "The service users and their families know all the staff who work here. It's like family." A second staff member told us, "We get training and support. If we need anything at all we can just call." A third staff member told us, "The best thing is the staffing. We make sure everything is done in a professional way."

We received positive feedback from staff and relatives regarding the registered manager and how the service was managed. We observed warm and friendly interactions between people and the registered manager throughout the inspection. Two relatives spoke of the registered manager staying at the service over two nights during recent adverse weather in the event staff would be unable to attend. A relative told us, "I thanked her." Another relative told us, "[Registered manager] is very much on the ball in a good way. She is very devoted."

The registered manager spoke positively of the improvements made to the service since the change of provider. She told us, "It's going very well. This time last year it was stressful but it has settled now and it is very good. [Provider] has a lot going on such as yearly service user meetings, conferences, ageing well forum and epilepsy forum." A staff member told us, "Since [Provider] more improved. People have their own cupboards, better choice of food, and choice of clothes. We do mani-pedis and days out." A relative told us, "They done the place up lovely. The company director knows everyone and pops in."

Regular auditing and monitoring of the quality of care was taking place by the registered manager and senior management at provider level. Quality checks included a monthly medicines audit, finances audits and regular health and safety, infection control checks and a check of how people's chronic health conditions such as epilepsy and diabetes were managed. Where an area for improvement was identified, this was documented as an action and addressed by the deadline date. The registered manager told us that all audits and supervision sessions were uploaded onto the providers system to ensure oversight of the service.

There were arrangements in place for people, relatives and healthcare professionals to provide feedback. Feedback from health professionals referred to collaborative working relationships, good communication and friendly and welcoming staff. Feedback from relatives referred to improvements being carried out, a well organised company and that the service was interested in what families thought.

Staff confirmed they attended regular staff meetings and told us they felt able to raise any issues or concerns. Minutes of a recent staff meeting showed that topics such as legionella, improvements to record

keeping, activities and suggestions for daytrips were discussed.

The service worked in partnership with other agencies to support care provision. We noted that that the service maintained positive links with a variety of healthcare professionals, the day centres that people attended and the GP. We saw that the service had recently held a charity coffee morning which was well attended by people, relatives, neighbours and representatives from the provider.