Care Management Group Limited

Norbury Avenue

Inspection report

4 Norbury Avenue
Thornton Heath
Surrey
CR7 8AA

Tel: 02086537134

Date of inspection visit:
12 August 2016

Date of publication:
09 September 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 12 August 2016. The inspection was announced 48 hours in advance because the manager and staff are often out supporting people in the community; we needed to make sure there would be someone available at the premises. This was the first inspection of the service; the service had a change of provider in 2015.

Norbury Avenue is a supported living service that provided a service for seven people in order to promote their independence.

The service had a registered manager who was present for the inspection. '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 felt safe because of the service they received, they were well informed and supported by staff.

Positive risk taking was promoted balancing the potential benefits and risks of choosing particular action, in order to support people to live fulfilling lives. The registered manager and staff had an excellent understanding of managing risks and supported people to overcome obstacles they found challenging. In delivering this approach people were supported to try new things and make changes in their lives to reach their full potential.

People were treated with dignity and respect. People received the support they needed and were able to express their views and make decisions that were in their best interests. The manager involved family members/relatives as appropriate.

The manager gave clear leadership. The manager ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training provision was good and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities and how to provide the best support for people.

People were placed at the heart of the service, which was organised to suit their individual needs and aspirations. People's achievements were celebrated and their views were sought and acted on. Care and support was planned and delivered in a person-centred way. The service worked creatively to ensure people led fulfilling lives, they were supported to make choices and develop new skills. People had developed travel skills and took part in a range of community facilities independently.

There was a robust recruitment procedure to help ensure the staff recruited were suitable for the work they did. People were encouraged to participate in the interviewing process for potential employees demonstrating the service's commitment to the culture of inclusion and participation within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There was a commitment to balancing the risk and the individual rights that ensured the person experienced good outcomes and lived a full life safely.
There was a robust recruitment procedure in which people who used the service were encouraged to participate, demonstrating the service's commitment to a culture of inclusion.

Staffing levels were sufficient to provide the level of support required.

Staff were clear on the role they had in safeguarding people from abuse. Staff provided the support people required with taking their medicines safely.

Is the service effective?

Good

The service was effective in ensuring people received appropriate support.

A team of experienced and skilled staff delivered a person centred model of support. Staff understood how to protect individuals' rights and enable people to make decisions for themselves.

Staff availed of excellent training opportunities and were supported in their role. Mandatory and specialist training was focused on best practice and guidance. Staff were provided with the most current information to support them in their work.

People were supported to attend health appointments and see their GP. People's dietary needs were met and healthy eating was encouraged.

Is the service caring?

Good

The service was caring. The service had a stable staff team who were caring and thoughtful. This stability helped ensure people had the opportunity to build positive relationships with staff.

People and staff had high expectations of what people could achieve, progress was encouraged and achievements were

acknowledged and celebrated.
Staff encouraged and supported people to follow their goals to live as independently as possible.

Staff and management demonstrated a strong person centred culture which put people at the centre of the service.

Is the service responsive?

Good

The service was responsive. People were involved in developing their support plans. These were regularly reviewed to ensure that people had the support they required.

Support was responsive and delivered the way people preferred.

People were supported to lead meaningful lives, engage in activities that reflected their interests and that supported their physical and mental well-being.

There was an effective complaints system in place.

Is the service well-led?

Good

The service was well-led. The manager promoted a culture in the service that was positively person centred, inclusive and inspiring.

Best practice guidelines were followed and the service was innovative and creative in its approach to support. Feedback was regularly sought from families and comments and suggestions acted on.

The provider had effective systems to regularly assess and monitor the quality of service that people received. On-going audits and feedback from people using the service was used to improve the support they received. These systems ensured people achieved positive outcomes.

Norbury 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.'

The inspection took place on 12 August 2016. The inspection was announced, 24 hours' notice was given because this is a supported housing service for adults who are often out with staff during the day; we needed to be sure that someone would be in.

Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law. We used this information in the planning of the inspection.

During the inspection, we spoke with seven people receiving the service, three support workers, the registered manager, and the area manager. We completed general observations of the service, reviewed three people's care records and medicine administration records (MARs). We received feedback from the relatives of three people. We reviewed records regarding the management of the service. Prior to the inspection, we contacted two health and social care professionals for their feedback.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident in the staff working in the service. One person said, "This is where I live, I can do most things myself but staff are here and always support me if I have any worries or concerns."

The provider had clear procedures in place on safeguarding adults including how to recognise abuse and what steps to take. There were posters in the communal areas to help people understand what abuse was and how they should report it. On the agendas we saw that safeguarding issues that highlighted financial or physical abuse were discussed with people regularly at their monthly meetings. Staff were aware of what to look out for and how to respond. Staff liaised with people's social workers and other healthcare professionals involved in their care if they had any concerns about a person's safety or welfare. There were processes in place to help support people with developing skills to manage their finances and that protected them from financial abuse, records were kept of financial transactions and these were regularly audited by managers to ensure processes were robustly adhered to. Records showed all staff received training in safeguarding adults during induction and received yearly updates.

There was low staff turnover which benefitted people who used the service by giving continuity and allowing them to build relationships with staff. Staff were familiar with people`s needs, preferences and established routines. Staff explained how this helped reduce people's anxiety and improved people`s quality of life. Staff were familiar with people they supported; they had a good understanding of how to positively manage risks presented by each person they supported; positive risk management training was provided to the staff team. The service had developed individual risk assessments that helped minimise risks in relation to people managing their independence. The risk assessments were person centred and outlined plans to minimise risk. Staff followed the management plans and discussed risk management at shift handover and in team meetings. The majority of people had lived in their homes for a number of years.

In developing the support arrangements with the person staff ensured plans enabled the person to be independent and put in control of their life, to build up confidence whilst staff helped them manage the risks to an acceptable level. There were detailed risk assessments which included step by step guidelines for staff to follow for each activity with a level of risk involved. The guidelines were simple and ensured the risks were appropriately controlled while enabling and encouraging the person to lead a full and active life. We saw that support plans were in place about supporting people with staying safe and becoming more independent, we observed staff providing support with people preparing meals and attending community events, this was done discreetly. We saw guidelines for staff to follow which enabled them support a person to develop travel skills and use public transport independently. The outcome of this was good; they were able to do something they had previously been unable to do. Staff told us they encouraged people to take their mobile phones when going out to ensure they could contact a member of staff in case they needed help. One relative said, "It is good to find my relative has progressed well, they continue to live an independent life."

Staff allocation records showed that people received appropriate staff support. Staffing levels were

organised flexibly and according to people's needs and in accordance with commissioning agreements. People told us they had enough staff available to provide the support they needed. At night we saw examples of flexibility, if people wished to attend an event staffing levels were arranged to enable this support. The manager told us staffing arrangements were flexible but varied according to individual's needs. Some people received one to one support for periods of the day according to the plans agreed whilst other people were more independent and had minimal support in the community.

The recruitment process was thorough, records of staff recruitment showed that only suitably vetted staff were employed. The provider demonstrated the inclusiveness promoted, people using the service were involved in interviewing prospective candidates and their feedback was used to inform the selection process. Pre-employment checks were obtained prior to people commencing employment. These included two references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service check. This helped to reduce the risk of the service employing a person who may be unsuitable. Staff recruitment files were audited at frequent intervals by the provider and reported on to ensure that processes were robust.

Staff were person centred in their approach to people and showed sensitivity to their needs and wishes. Staff worked closely with the housing department, they carried out checks to make sure people's surroundings were safe and clean. The manager told us substances dangerous to health were not used for cleaning. There were personal evacuation plans developed with each person in case of fire. People were supported to live in well-maintained premises, housing officers attended for monthly meetings where they discussed any issues in relation to housing.

Assessments were completed for each person in relation to managing their medicines. Some people were independent with taking their medicines and procedures were in place for supporting them do this safely. One person showed us how staff helped them with this and monitored how they were managing their medicines. When it was identified that a person required support to take their medicines staff followed the provider's medicines administration procedures. We saw staff completed medicine administration record (MAR) charts to confirm people had received their medicines as prescribed. People's MAR charts were checked at regular intervals and audits were completed to ensure people received their medicines as prescribed and to reduce the likelihood of medicine errors. Care records showed staff where required had supported people appropriately when their medicines were reviewed by the prescribing doctor.

Good

Is the service effective?

Our findings

People complimented staff and said they provided them with the kind of support they needed, and recognised when they were improving their independent living skills.

Staff gave us examples of people achieving positive outcomes. These were achieved because staff worked with people and supported them to develop social skills, build relationships, and learn basic cooking and housekeeping skills. Staff told us of supporting people to overcome anxieties about attending events or any social gathering. There were numerous examples seen that reflected the progress made by individuals in overcoming obstacles and where they took more control over their life. One person said, "I am taking part in a dance routine this week, staff have given me encouragement to do this." Another person told us they had become more confident and improved their ability to mix with people. They had progressed well and had been supported into part-time employment which they enjoyed. A person told us staff had supported them to be more independent in travel and were now assisting them to find employment.

Staff had the skills and knowledge to support people using the service, and their knowledge and skills were reflected in practice. Staff received regular training to update their skills and learn new skills to further improve the quality of the care and support provided. Training records confirmed staff had received training in: safeguarding adults, infection control, food hygiene, health and safety, medicines administration, record keeping and fire safety. Staff told us they also received training in topics specific to the needs of people using the service including: supporting people with behaviour that challenges, mental health, autism and epilepsy, and records of additional training confirmed this. The relatives of a person wrote in the comments book, "Very positive motivated staff."

Staff told us the training gave them confidence to undertake their role effectively. The service had an electronic system in place for monitoring when staff training was due. The system flagged up a reminder for the manager to action. The manager shared with us the induction process for new employees; it was comprehensive and covered all mandatory training. A new member of staff was completing the induction programme; they said they were supported in the role. As part of the induction the manager completed direct observations of their practice took place before they worked alone.

People received an excellent level of care based on current best practice. For example staff received training to understand autistic behaviours, and they discussed this in meetings with staff and with the manager. We saw from records and people told us every effort was made by staff to support people to be involved in and understand decisions about their care and support. This greatly enhanced people's self-esteem, quality of life and confidence. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. We found that staff and the manager were monitoring each individual for any capacity issues and where a decision had to be made for the person; this was done following best interest process and involving people close to the person who knew them well and acted as their advocate. Staff told us knowing the people so well helped them understand challenges faced by people who may find it difficult to make informed choices about their care. People told us they consented to the care and support they received. A person told us, "The support worker and myself agreed my support plan; I have control of

what happens." Care records included information on how people were supported to make decisions in relation to their day to day support.

Staff were supported to deliver care and treatment safely to an appropriate standard. Staff told of receiving regular supervision from their manager, this gave them the opportunity to discuss their performance and to identify any training needs. Records were maintained of staff supervision which reflected regular monthly consistent supervision and yearly appraisals. There was evidence managers observed work practice and checked the competency of staff to carry out their duties. Staff told us they were able to discuss their practice and professional development on a regular basis as well as identify any learning or development needs. The manager held monthly staff meeting, records of meeting minutes from recent team meetings were seen. Staff told us team meetings were focused on people's needs, of effective teamwork; they felt supported and were able to discuss any problems with the manager. Staff morale was good.

People were able to have food and drink of their choice, staff assisted them with shopping, and when preparing food where necessary. Records showed and people told us staff asked people about their food preferences and clarified whether they had any specific dietary needs, which had implications for their diet. A staff member told us, "None of the people using the service have specific health or dietary needs and are healthy; we try to encourage people to eat more healthy food." Staff told us they sought guidance from health professionals in relation to people's diet when they had any concerns.

People had support that helped ensure their day to day health needs were met. People told us they visited their GP for a regular health check and staff supported them to attend other appointments if needed. Each person had a health action plan and a 'health passport' which contained details about them and their healthcare needs, and their next of kin. A health passport is a document which the person can take to health care appointments to show how they like to be looked after.

Good

Is the service caring?

Our findings

People told us staff were caring towards them. They were able to share with us the names of the staff who supported them, they told of long standing relationships with staff. Relatives told us they felt the staff offered to their loved ones an excellent and very caring service. One relative told us, "Throughout their time in supported housing staff went above and beyond their duties in order to ensure the best for the [person]." A social care professional told us, "The staff have a good relationship with [person] which is evident by on the whole how [person] is so comfortable around them. They are aware of their needs and respond accordingly. People's relatives have confidence in the staff team."

We found that the service made a real difference to people`s lives. Staff talked with kindness and compassion about people. People were involved in making decisions and choices about their care. Relatives told us the service made a real difference to people`s lives. The manager encouraged people to choose the right staff to support them by involving people in selecting their keyworker, and in the recruitment process. People told of being able to express their choices and preferences on the candidates selected. This made sure people felt comfortable and safe with staff. One staff member said, "At the interview it was clear they had people who use the service in mind when management asked questions." We observed the excellent relationship people had established with a new member of staff. One person described the lovely qualities looked for in staff at interview, these included a good sense of humour and patience.

Staff supported people to learn new skills and to maintain their independence. Care records had information on what people were able to do for themselves and where they required support from staff. For example, for some assistance and encouragement was required with room cleaning. We saw that staff encouraged people to learn new skills and helped to maintain skills they already had. For example, how to prepare light snacks at breakfast and use kitchen equipment. Staff told us that as people learnt to do things for themselves they therefore required less assistance, but they ensured staff presence when the person used equipment in the kitchen. This meant that people were supported to remain independent for as long as possible.

We observed staff asking people's permissions and knocking on their bedroom door before they entered their rooms. This enabled people to feel valued in their own home. Staff spoke respectfully about people they supported. They told us they supported people through various emotions, happiness and sadness, achievements and on occasions where disappointments were experienced. For example a person told us they came to live at the supported living service when they were going through a particularly low period in their life; they had managed to overcome this with the support and encouragement of staff. Care records showed that staff worked with the person supporting them and raised awareness of issues that were obstacles to their welfare and progress, this had helped them to socialise in the community. Staff celebrated every little achievement with people regardless of how minor the steps were. One person showed us a dance routine they were rehearsing and performing at a stage event later in the week. Another person was doing their laundry; a support worker praised the person for undertaking these tasks and placing the clothes outside on the clothes line. The person responded by smiling and accepting the praise graciously.

The manager had consulted people on advanced care planning. Records showed people, and their relatives were involved to some extent in advanced care planning. This was so they would be cared for in accordance with their wishes as they approached the end of their life. People's wishes for issues such as their funeral arrangements were also recorded.

Good

Is the service responsive?

Our findings

The service was responsive and promptly addressed peoples' needs as required. One person told us that staff helped them, "Cook and manage most things with a little help." A family member told us they were involved in their relatives care and received updates about their progress. A social care professional reported staff had a really good knowledge of people's needs and had developed effective relationships with them.

People's needs were individually assessed to ensure that the support provided met their needs. Staff attended training on equalities and diversity on an annual basis which helped them understand the diverse needs of people. People's diversity, values and human rights were respected and responded to appropriately. Care records included details about people's ethnicity, preferred faith and culture and staff used this knowledge to respond and support people with these needs.

Staff carried out regular reviews to ensure that any changes in people needs were identified and support was available to meet them. People and their families were invited to attend six monthly reviews. Support plans were developed with the involvement of the people and their families. This enabled the staff team to collect as much information as possible on people's history, preferences and expectations. Care records had information on what people liked and disliked. This information helped the staff team to plan and carry out people's support according to their needs. A relative said, "The manager is responsive and acts quickly if any issues arise".

People had regular annual review meetings undertaken by the local authority, and relatives and day centre staff were also asked to participate in the review, which ensured that the support provided was in line with good practice. The person having their needs reviewed was able to discuss personal goals and achievements with the review team. This meant that people were able to influence the planning of the care and support. Care plans were regularly updated which ensured that the staff team were informed to respond to people needs as required. A relative said that the staff team kept in touch with them to let know what their family member was doing and to ask for their views.

The service supported people to make decisions for themselves. People had regular meetings with the key workers to discuss their progress and future plans. A key worker is a named member of staff and main co-ordinator of support for the person. The manager told us that the key worker's skills, experience and interests were taken into account when supporting the person choose a person for the key working task. This meant that staff were matched to the needs of people. Records showed that people received additional one-to-one support periodically to plan any social activities. For example, we saw records of the discussion that took place about a holiday destination.

People were supported to make a complaint. Staff told us that people were supported to talk about their concerns if they observed them being anxious or their behaviour had changed. This meant that people's concerns were heard and acted on as appropriate. A relative told us that the service had provided them with the complaints procedure. Records showed there were no complaints received since the service was

registered.

Good

Is the service well-led?

Our findings

There was good leadership in the service. We saw that people constantly engaged with the manager and approached them for advice when needed. For example, a person asked the manager's opinion in relation to weekend plans they had. Staff told of good teamwork; they said they were well supported, and could discuss any problems with the manager. Staff were encouraged to share ideas and express any concerns they had. They said these issues were addressed by the management to improve the services.

Records showed that regular staff meetings were held. Minutes showed specific subjects were always included on the agenda; the staff team discussed safeguarding and whistleblowing issues. We saw that when ideas were put forward by staff their views were taken into account and discussed. The manager had also encouraged staff to take up additional tasks in their role; the manager was responsible for managing another supported service and divided their time between both services. Staff were assigned to take on leadership responsibilities at the service. This enabled staff's on-going development and learning of new skills. A staff member said that the manager was, "very good at listening to people and clearly directed the team."

Staff were aware of what was expected of them. For example, the staff team had regularly reviewed people's risk management plans and informed the manager about any changes to the support required, for example we saw occasions when support needs reduced and the person was able to do things themselves. This meant that staff were encouraged to take initiative in providing appropriate support for people. A relative told us, "Staff were always looking for new opportunities in the community for people." There was also an out of office hours on call service for staff to get advice on urgent matters. We observed good team working practices. A staff member told us, "We work well as a team to ensure good outcomes for people."

The service followed policies and guidance to ensure good care and support for people. Communicate was very effective with appropriate processes in place to record and manage incidents. Staff were made aware of the incidents and accidents procedure and reported their concerns promptly to the manager. Daily logs were used to note actions required and to ensure that people had the support they needed. For example, contacting a health professional where required.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The people who used the service had monthly 'house' meetings, and minutes of the meetings were recorded. People's opinions were central to how the service developed; the provider had effective ways of making sure they continued to drive improvements. The provider arranged for 'quality checkers' to visit the service and obtain people's views, the quality checkers were people who used services. One of the people at Norbury Avenue was a quality checker and took part in these quality visits to a number of other Care Management Group services. The person shared with us another new role they had; they represented their peers at Learning Disability England (LDE) launched by the House of Lords in June 2016. They were enthusiastic about this and had attended the first meeting. The LDE brings people together this group to campaign for the rights of people with learning disabilities and their families. The provider also held regional Friends and family' forums for people using the service and where relatives to meet up and

share experiences.

People using the service, their relatives and other stakeholders were given satisfaction surveys once a year and their feedback was analysed. From the findings and analysis, an evaluation report was written up that identified the aims and outcomes for the following year. We looked at some of the completed surveys which reflected positive feedback about the service. One person said, "We have no problems here at Norbury Avenue but if there is anything wrong we can speak to the manager, also the area manager comes regularly to speak with us, they will help sort things out." The area manager was visiting when we were present, we observed they were familiar with the people, and individuals were seen to be at ease chatting to them about their days plans. A social care professional told us there were no concerns about people using this service.

The registered manager and the area manager carried out regular audits to monitor provision of care at the service. A relative told us, "The manager is always keen to improve the service". Internal audits were undertaken to assess quality of services provided for people and to identify actions for improvement. The area manager visited the service and carried out quality assurance audits. The reports showed that the provider closely monitored service provision. Any areas for improvement were identified in an action plan and their progress was followed up, and these were kept under review by the provider's quality assurance department.