

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Care Management Group - Longdown Road

9 Longdown Road, Epsom, KT17 3PT

Tel: 01372748153

Date of Inspection: 14 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care Management Group Limited
Registered Manager	Ms Denise Rush
Overview of the service	9 Longdown Road is a supported living home which provides personal care to nine adults with complex physical and learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We visited 9 Longdown Road to look at the care and welfare of people who used the service.

Our inspection team was made up of one inspector. We asked our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

We saw that people were treated with respect and in a dignified way by the staff.

People and their relatives told us they felt safe. We saw that safeguarding procedures were clearly displayed and staff understood their responsibilities around keeping people safe.

There were systems in place to record accidents and incidents, complaints, concerns, whistleblowing and investigations. We saw that changes had been made as a result of these events. This reduced the risks to people and helped the service to continually improve.

The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted.

We saw the service was safe, clean and hygienic.

Recruitment practice was safe and thorough.

Is the service effective?

People's health and care needs were assessed with them. Specialist dietary, mobility and equipment needs had been identified and implemented in care plans where required

People's needs were taken into account with the layout of the service enabling people to move around freely and safely. The premises had been sensitively adapted to meet the needs of people with physical impairments.

Is the service caring?

People were supported by kind and attentive staff. We saw staff gave encouragement when supporting people. People commented, "I like it here; I'm able to do the things I want." A relative said, I am very happy with the care and support that is given to my family member. Staff understood their behaviours and met their needs."

People using the service, their relatives, friends and other professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised these were addressed.

Staff were able to tell us about the people they supported. They knew people's individual histories and support needs without having to refer to the care records. Staff were seen to take time to talk and listen to what people said. Staff encouraged people to be independent by involving them in activities around the house.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

We saw that people completed a range of activities in and outside the service. People had access to day service and could also be involved in the weekly shopping if they wished. People were also able to keep in contact with friends and relatives.

People knew how to make a complaint if they were unhappy. Information about how to do this was displayed in the dining area in a format that would make it easy to read and understand. The people we spoke with told us they had never felt the need to complain.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service has a quality assurance system that checked a number of aspects of the service. We saw that where a need for improvement had been identified these were corrected quickly. As a result the quality of the service was continually improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the values of the home and the organisation they worked for.

Quality assurance processes were in place. The manager regularly checked on how the service was performing. This helped to ensure that people received a good quality service at all times.

Senior managers regularly visited the home to make sure that people and staff were happy.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's privacy, dignity and independence were respected.

Reasons for our judgement

People's privacy, dignity and independence were respected.

A Relative told us that they thought staff respected their family member and the other people that lived there. They told us that they were kept updated with their family member's progress by staff. They said "We had identified an issue with my family members weight and staff have helped with this and kept me updated. They tell me if there are any changes." This showed us that people were being given information on the care and treatment being provided.

We saw staff treated people with respect. Staff called people by their preferred names. These had been recorded in care plans. Staff were seen to explain to people about what they were doing when providing care. For example before staff moved a cushion under a person's feet, they asked if they wanted this done, and the reason why they were asking. The person agreed, so the staff helped them to lift up their feet and place them on the cushion. We looked at the care records for this person and saw that resting their feet on a cushion was recorded as something that should be done due to health reasons.

People's privacy and dignity were respected. We saw staff knock on people's doors and waited for a reply before they entered. We saw that people were appropriately dressed when they were in communal areas. Where a person's clothing had become loose we saw that staff reacted and put this right so they persons dignity was protected.

Staff understood how to protect people's privacy and dignity. One staff member told us "Before we give personal care we always ask if they want help. We make sure that they have privacy by closing doors so others can't see in." They went on to say "Before we go out we always make sure that people have clean clothes and look clean and tidy." Another staff member said "We treat people as individuals. We have to communicate in their preferred way and give them choices of what we do for them. We always make sure

people are appropriately dressed for the activity they are doing. This means their dignity would be protected."

We saw that the service tried to involve people in the way the service was run. We saw house meetings took place and peoples input had been clearly recorded in meeting minutes. Topics discussed included holidays, food, and if people had any issues. This gave people the opportunity to talk about the service and to say what they wanted.

People were encouraged to remain independent. Care plans identified what people were able to do for themselves, rather than only focusing on what people could not do. During our observation we saw that staff encouraged people to do small tasks around the house. For example people were encouraged to lay the table for meals, or take their own plates and cups to the kitchen when they had finished their meals. We saw that some people were also involved in household chores like vacuuming, or they made their own hot drinks with support from staff. This showed us that each person was encouraged to do tasks at a level that they could manage. People looked happy when they had achieved these tasks.

Care records contained information so that staff would be able to know who people were as an individual, and what staff needed to do to support them. The files covered topics such as personal histories; beliefs; how they liked to live their life; relationships and how they communicated. The staff we spoke with were able to tell us about the histories of the people they supported, and if they had any specific needs, for example religious beliefs. This showed that staff had read and understood the care plans. This enabled them to provide care that met people's specific needs.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People experienced care, treatment and support that met their needs and protected their rights.

We spoke with two people who used the service and a relative. One person told us "I like it here; I'm able to do the things I want." People who used the service and staff were seen to interact positively together. A relative told us "I am very happy with the care and support that is given to my family member. Staff understand their behaviours and meet their needs."

We looked at three care files and saw that an assessment had been carried out before each person moved into the house. We saw that information such as likes and dislikes and support needs had been recorded. Other information such as religious beliefs were also recorded. This meant that people's needs had been assessed so that a plan could be put into place to meet those needs.

We saw that care plans had been developed from the initial assessments. These identified the person's individual needs and detailed the care and support that staff were required to give. The care plans were split into a number of sections to cover each person's care and support needs. We saw that the care plans had been reviewed on a regular basis. This meant that staff had looked at what the care plans said and made sure that they still reflected the needs of the person.

During our observations we saw that staff provided care and support in line with the information in the care plans. For example staff were seen to guide a person who had a visual impairment in an appropriate manner.

Records of the support that had been provided had been recorded. Staff told us that they regularly looked at these notes to make sure that there had been on changes in a person's support needs. One staff member told us "I always look at the notes, especially if I have been away for a while. It is very important as someone's needs or preferences could have changed since I last supported them." This meant that staff had access to information about the up to date support needs of people who used the service.

Risks to people's welfare and safety had been assessed. We saw detailed risk assessments in each person's care file. These detailed the hazard that could cause harm, and what people and staff could do to reduce the risk of harm happening. The staff we spoke with were knowledgeable about the risks to people. They were able to give examples of individual behaviours that people may display and the actions they could take to minimise harm coming to that person or others. What they told us match with what had been recorded in the care plans. This showed us that staff had read and understood the guidance provided to ensure that people's welfare and safety were protected.

We saw that reasonable adjustments had been made to the outside areas of the house to enable them to be accessed by people. The pathways were smooth and ramped which made them accessible for people with mobility needs. There were also brightly coloured handrails for people with a visual impairment. This meant that people were not restricted from accessing outside spaces due to their individual needs.

The provider had a procedure in place for dealing with emergencies. We saw a copy of the business continuity plan. This detailed emergencies that could happen, such as fire, electrical failure, flood, and gas leak. This meant that in the event of an emergency the disruption to peoples care would be minimised.

We also saw that emergency signs were in a format that could be understood by the people that lived there. For example easy read with pictures and photographs, or recorded on a tape for people with a visual impairment.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

We looked at the files for three members of staff to see if appropriate checks had been carried out prior to them starting work at the home.

All three files had completed application forms. These detailed peoples' work experience, qualifications and the reason why the person had left their previous employment.

The application forms also recorded people's employment history. The manager told us that they were aware of the need to check for gaps in employment history. We saw that where gaps had been identified a record of the reason had been recorded.

Contact details for references were recorded on the application forms. We saw that two written references had been obtained and were stored in the files. This showed the provider had checked that people were of good character.

There was a record in the files that staff had an enhanced criminal record check carried out. This meant the provider had checked that people had no record of crimes that could affect their suitability to work with vulnerable adults.

We also saw that checks had been carried out to ensure that people were who they said they were. We saw copies of passports and other photographic identification, as well as documents that confirmed home addresses, and eligibility to work in the UK.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Both people we spoke with and a relative told us they, or their family member was safe with the staff.

We saw procedures were in place which gave guidance to staff on safeguarding adults. These included contact details for 'whistle blowing.' The policies were clearly displayed in the hallway so that staff and others could access them easily. This meant that staff had access to safeguarding information should they need it.

Staff had completed training in safeguarding within the last 12 months. The staff we spoke with showed a good knowledge of safeguarding people from abuse. They were able to tell us about the types of abuse, the signs to look out for and how and where to report any suspicions or concerns. Examples of the signs of abuse given included changes in a person's behaviour from what staff had seen before and unexplained bruising. This showed us that staff had been given the knowledge to identify the signs and symptoms of abuse.

All of the staff we spoke with were clear on their responsibilities if they suspected abuse. They all told us that they would immediately report any concerns to the manager or person in charge. They understood that they could contact someone outside the organisation if they suspected the manager was involved. The staff were aware of the external agencies that they could notify, such as the Surrey Safeguarding team, or the police. This meant that staff knew how to respond appropriately should they suspect abuse had taken place.

Information about what abuse was and what to do if it was suspected was also displayed in a communal area of the house. This meant that people who used the service or visitors had been given access to information about what abuse was and how to report it.

The manager was able to describe the process they had to follow when reporting abuse to the local authorities. At the time of our visit no referrals had been made since our last inspection.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

We looked at the files for three members of staff to see if appropriate checks had been carried out prior to them starting work at the home.

All three files had completed application forms. These detailed peoples' work experience, qualifications and the reason why the person had left their previous employment.

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We also saw that checks had been carried out to ensure that people were who they said they were. We saw copies of passports and other photographic identification, as well as documents that confirmed home addresses, and eligibility to work in the UK.

The files contained details of people's training and experience. The three files we checked showed that staff had the necessary experience to support the people who lived here.

The manager said they had recently completed an audit of all the employment files to check that all the information was in place. This showed us that they had checked that the recruitment process was effective and that the appropriate checks had been carried out on staff before they had started work.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

All the people we spoke with said they were happy with the service.

The manager and provider sought the views of people in a number of ways. We saw that regular house meetings took place. These gave an opportunity for people who used the service to raise any issues or concerns they may have had. We saw the minutes from the last 3 meetings and all were positive about the service.

The provider had used questionnaires to get feedback from people who used the service, their relatives and others involved, such as care managers. The latest surveys had been sent out and at the time of our visit they were in the process of being analysed by the provider. We saw the feedback from one relative. This was very positive about the service. This showed us that the provider sought the views of people who used the service.

We were also told by staff that staff meetings took place. This enabled information to be shared about the running of the service and staff were able to give their opinions. Staff also told us that senior managers from the provider regularly visited the service. One staff member told us "The Chief Executive visits quite regularly and asks us if we are happy or if we have any concerns." This showed us that the provider sought the views of staff to ensure they were happy with the quality of the service.

Records of accidents and incidents were kept and action had been taken where needed to address concerns. This involved the use of health care professionals where a need had been identified in the investigation. This showed us that accidents had been investigated fully and action had been taken to try to minimise the risk of the accident happening again.

The provider had a number of systems in place to check the quality of the service. We saw that monthly reports were completed by the manager. These were sent to the provider

where the information would be reviewed. Information sent included records of accidents, notifications sent to CQC, safeguarding referrals, complaints, fire safety records, and staff training. This showed us that the provider reviewed the service to ensure that people's health and welfare needs were met.

The provider completed a regular quality audit of the service. This involved a visit to the house. During the visit the provider spoke with staff and people who used the service. They also reviewed records to ensure they were up to date. We saw the reports from the last two visits. Where actions had been identified we saw that these had been reviewed at the next visit. This meant that the provider had checked that the service had made the recommended improvements.

The manager and senior staff also completed a number of audits each month. We saw that areas such as infection control, and health and safety of the premises had been checked. This ensured that cleanliness standards had been maintained and that the environment was free from hazards and well maintained.

The property was inspected as part of this visit. We saw that where minor issues had been identified at our last visit, the manager had taken action to correct them. For example at our last visit we noted that the pathway for one of the emergency exits had been covered with moss. This could be slippery when wet. The manager had taken action and had the moss removed. This showed us that they had taken appropriate action in response to external advice.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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