

Care Management Group Limited

Care Management Group - 44 Albion Road

Inspection report

44 Albion Road
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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

We carried out this unannounced inspection on 15 April 2016. At our previous inspection in March 2015, we judged that the service was meeting all the regulations that we looked at.

44, Albion Road is a care home that provided care and support for seven men who have severe or profound learning disabilities and autism.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and the associated Regulations about how a service is run.

Relatives told us they felt their family members were safe living at Albion Road. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage identified hazards in order to help keep people safe from harm or injury.

Appropriate staff recruitment processes helped to ensure people were protected. We saw there were enough properly trained and well supported staff to meet people's needs.

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

Relatives and social care professionals told us people received effective care. Staff had access to a wide range of training and they were supported with regular and structured supervision.

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

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

Staff supported people to keep healthy and well through regular monitoring of their health and wellbeing.

Relatives and social care professionals told us staff were kind and caring. We saw staff treated people with dignity, respect and compassion. Staff understood people's needs and helped them to express their views and wishes where ever possible.

People were encouraged to maintain relationships that were important to them. Relatives said they were made to feel welcome when they visited the home.

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

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

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

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

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

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

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 robust safeguarding and whistleblowing procedures in place that staff were familiar with. Staff understood what abuse was and knew how to report it.

Risks were assessed and well managed, with care plans and risk assessments providing clear information and guidance for staff. Accidents and incidents were reviewed to better protect people.

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

Is the service effective?

Good ●

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

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

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

Is the service caring?

Good ●

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

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

Staff treated people with respect, dignity and compassion. They

were friendly and patient with people. People and their families were included in making decisions about their care and relatives told us they were made welcome when they visited their relatives.

Is the service responsive?

Good ●

The service was responsive. Care and support was centred on people's individual needs and wishes. A social care professional and relatives we spoke with told us they were invited to people's reviews and we saw that wherever people were able, they were supported to make decisions about their care and support. Staff demonstrated a good understanding of people's individual needs and choices.

People had opportunities to be involved in a range of activities.

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

Is the service well-led?

Good ●

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

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

There were good systems to monitor the safety and quality of the service and to get the views of people about the service. This helped the process of continuous improvement.

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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 15 April 2016 and was unannounced. This inspection was carried out by a single inspector.

We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths. A notification is information about important events which the service is required to send us by law.

On the day of the inspection we met with five people, however due to their disabilities they were unable to communicate verbally with us so we observed the way staff engaged with them. We also spoke with one relative, a pharmacist, an independent mental capacity advocate (IMCA), the registered manager, two lead support workers and a support worker. We looked at four people's care records and four staff records and reviewed records that related to the management of the service. After the inspection visit we spoke on the telephone with one relative of a person living in the home and a social care professional.

Is the service safe?

Our findings

The relatives we spoke with said their family members were safely supported by staff in the service. One relative we spoke with at the inspection said, "My [family member] is looked after really well and I am quite happy that they are safe here." Another relative said, "Yes my [family member] is safe, we are confident they are happy there." We observed a warm and comfortable atmosphere in the home and the interactions between staff and people were relaxed and friendly.

Staff told us they had received training to do with safeguarding adults and they were able to describe the signs of potential abuse and the various types of abuse they might encounter in the home. They were aware of the appropriate reporting mechanisms should they have any concerns for people who might be abused. We looked at records that showed what training staff had received and we saw certificated evidence that staff had completed safeguarding adult's training in the last year.

The registered manager showed us the home's safeguarding policy and procedure that were available to staff for reference. We saw written evidence where staff had signed to say they had read and understood the policy and procedure for safeguarding adults from abuse. The registered manager was aware of how to contact the local authorities safeguarding team if they witnessed or suspected any concerns of abuse in the home. We saw the provider had other appropriate policies and procedures to help safeguard people which included staff whistle blowing, how to make a complaint, and reporting accidents and incidents. We inspected the home's accidents and incidents log book. The registered manager told us the record was kept of any accidents or incidents that arose for people and the manager monitored these records to ensure action was taken to minimise any re-occurrences happening. Where accidents had happened, we saw that people's risk assessments had been updated appropriately.

From our inspection of people's files we saw they included individualised risk assessments which identified the hazards people faced with their activities, care and support. These risk assessments had been drawn up together with the relatives of people and their care managers. We saw written evidence that supported this and relatives confirmed they had been involved in the process. We saw comprehensive risk management plans for people on the care files we inspected. They provided staff with detailed guidance about how to support people to keep them safe. Staff demonstrated a good understanding of the risk management strategies in place to prevent and/or minimise identified risks to people. Staff told us they were required to read the risk management plans so they knew how best to support people to minimise the identified risks such as when they went into the community to do their chosen activities. We saw that risks to people were being managed so that people were better protected and supported. Staff told us this helped people to have as much independence as possible in as safe a way as possible. We saw these procedures had been agreed at care planning meetings and recorded on people's files.

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

The registered manager told us any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams and we saw evidence of this from our review of the notifications we received.

At our inspection and from our review of staff rotas we saw there were enough suitably qualified and experienced staff to keep people safe and to meet their needs. Relatives told us there were good staff levels to meet people's needs. One relative said, "There are always enough staff when I visit." Another relative said, "Yes, to be honest I don't think it's an issue." We spoke to staff about the rota and they told us they felt there was good staff cover to meet the needs of the people they supported. The registered manager told us there was always one waking and one sleep in staff member on duty at night and the staff team would always be tailored to the needs of the client group and if the needs of those people increased so would the staff team, proportionally. Staff rotas we examined evidenced what we were told by the registered manager.

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

At the same time as our inspection we met a visiting pharmacist who carried out an audit of the home's policies and procedures to do with the administration of people's medicines. They reported their audit had found everything was in order and that people's medicines were managed so they received them safely. We found there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely. All the medicines were safely stored away in a locked medicines cabinet. We undertook a medicines stock take check to see if the stock of medicines held in the medicines cabinet was the same as that which was recorded on the medicine administration record (MAR) sheets. The check evidenced there were no discrepancies with the levels of medicines held in the cabinet and the MAR sheets. We looked at a random sample of MAR sheets. We saw staff had maintained these records appropriately and we found no recording errors on any of the MAR sheets that we looked at.

Staff told us they had received medicines training and their competence and knowledge of the policies and procedures to do with the safe administration of medicines was assessed by the registered manager before they were able to administer medicines. We saw records to show staff received medicines training and that there were monthly audits of medicines to help to ensure the safe management of medicines. We also saw evidence of the monitoring of staff competency tests carried out by the registered manager.

Is the service effective?

Our findings

Our inspection of staff records and our discussions with people's relatives and a social care professional showed that people received effective care. We saw that staff had received appropriate training and supervision and had the knowledge and skills necessary to meet the needs of the people they supported. We looked at staff records and found there was an appropriate programme of induction that covered roles and responsibilities and key policies and procedures. We saw that the newest member of staff had completed appropriate induction training before commencing full duties in the home.

The registered manager explained that staff had access to a comprehensive training programme provided by CMG. We saw from the records that staff training information for each member of the staff team was kept on their individual staffing files and on the home's IT computer system. The training programme available for staff covered the essential areas of knowledge, skills and competencies the provider thought staff needed to do their jobs effectively. We noted there was additional specific training staff could access such as for the Mental Capacity Act 2005; epilepsy and autism. Staff told us they thought access to training was good and the training they had received had helped them with their work.

We were told by the registered manager all staff received regular formal supervision every six to eight weeks from three members of senior staff including the manager. Staff confirmed this and they said they had received regular supervision they found helpful and supportive to their work. Staff told us they had received notes of their supervision sessions, they said they felt well supported in their work.

Where people were able to make decisions about their everyday life they were asked for their consent. As an example of this, we saw staff asking two people if they wanted to go shopping. They were able to decide for themselves and made their choice.

When we spoke with the registered manager they showed they had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and of protecting people's rights. The 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 be as least restrictive as possible. Staff told us and we could see for those people who did not have the capacity to make decisions about specific aspects of their care and support, staff, relatives and healthcare professionals had discussed and recorded where these had been made in people's best interests. We saw minutes of best interest meetings and assessments carried out independent mental capacity advocates (IMCAs) for people evidenced this. We spoke with the IMCA at the home at the time of the inspection who confirmed this to be the case. They told us that the staff and the registered manager acted to ensure people's best interests were upheld.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that none of the people

living in the home had capacity to make decisions about their own care and treatment. We saw the applications and the assessments for DoLS had been completed appropriately and as required in the local authority's policy guidance. We received appropriate notifications from the provider about the DoLS applications and their outcomes.

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

People were supported to have a healthy and balanced diet. Relatives said they thought people enjoyed the food provided for them. One person said, "The food is good, they get a varied diet and they enjoy it." Another relative said, "[My family member] tells me they enjoy their meals."

The registered manager said they tried to accommodate people's wishes as well as trying to ensure people had a varied and nutritious diet. They told us that food menus were arranged for four week periods. A food record was used to record what people had eaten so they could make sure people's meals were varied. We saw from the records that there was a variety of healthy food on offer and different people had different things to eat at each meal, demonstrating that choices were offered. Staff told us some people had special dietary requirements and diet plans had been drawn up together with the dietician and the doctor to ensure their needs were met. People's care plans included information about their nutritional needs and preferences.

People were supported to maintain good health and have appropriate access to healthcare services. Care files confirmed that all the people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans. We could see that all contacts people had with health care professionals such as dentists, chiropodists and care managers was always recorded in their health care plan.

Is the service caring?

Our findings

We saw that staff treated people with kindness and compassion. One staff member told us, "I love my job and working with the people here. You shouldn't be here if you don't really want to work with these people and be committed to them."

A social care professional, the IMCA and relatives of people told us that the registered manager and the support staff were very caring of the people living at Albion Road. The registered manager told us all of the people living at the home had been there for more than five years and we saw documented evidence of this. Most of the staff group had worked in the home for a similar time and as a consequence the staff knew the people well. We observed staff worked hard to maintain positive and caring relationships with people. One relative said, "Staff have been there for a few years and so have the people. It's a stable group and they know each other well. Staff are caring to people." Another relative said, "It's a difficult job for staff, but from what we have seen they are kind and caring to people."

Our observations and discussions with staff showed they had a good knowledge and understanding of the people they were supporting, and were caring and supportive. Throughout the inspection we observed people received one to one attention from staff who demonstrated their concern and interest in them. In the afternoon we saw staff patiently spending time playing board games with people and helping them in a very caring way with their arts and crafts activities. It was evident that people enjoyed these activities and the caring attention they were given by staff.

People were supported to express their views and where ever possible make decisions about their care and support. Relatives told us staff listened to what people said they wanted and staff respected their wishes. Relatives said they thought this helped people to feel they mattered and were understood by staff. There were three staff and the registered manager on duty at the time of our inspection and we saw they interacted with people in a kind, respectful and professional manner.

Although people were not always able to express their preferences with regards to their care and support verbally, the service had worked with people over time to build up a picture of their likes and dislikes. These preferences had been recorded clearly in their care plans.

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

Relatives said they were always made welcome when they visited their family members in the home. Staff told us, and records evidenced people were supported and encouraged to keep in contact with their relatives and friends. We heard how special events, such as birthdays, were celebrated, and families and

friends were invited.

Is the service responsive?

Our findings

The social care professional and people's relatives were positive about the service and said people received support that met their individual needs. One relative we met at the home said, "I think the people here get good care. My [family member] certainly does and I am happy with the care they receive." Another relative told us, "Staff always invite us to their care reviews but we are unable now to get over there to do so. We do get all the information about it though."

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

Staff told us they had received training in person-centred planning. We saw certificated evidence of this. Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. Each person had their own activity programme and we saw there was a range of regular activities according to people's preferences. Relatives of people were given information regarding the care and support their relations received. They told us they had copies of their relatives care plan and they were always invited to care plan reviews so they could represent their relatives and ensure care and support being given was appropriate.

People's records included detailed information on their health conditions and backgrounds which enabled staff at the service to support them appropriately.

Relatives said staff encouraged people to make choices about their lives and about the support they received. They said where this was not possible staff would ask the relatives to contribute to the process to help enable staff to respect people's decisions and choices. One relative said, "Staff often ask me what I think my relative would like." The social care professional we spoke with said staff encouraged people to make informed choices about how they lived their lives. They gave an example to do with food and drink at meal times. Throughout our inspection we saw staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was conveyed to them.

People were supported to pursue social interests and activities that were important to them. Relatives told us staff often arranged social activities for people to participate in if they wished. One relative said, "My [family member] likes to see his sister and meetings to enable this have been arranged by staff. They help him to do other things they like to do as well, such as going for a walk." Another relative said, "I think they have quite a lot of activities to do. People love it too."

Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. One

relative told us, "I'd get in touch with the manager straight away. The manager is really good and is there for the people, I know they would deal with it properly."

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

Staff were aware of the complaints procedure and how to assist people with the process if required to do so. Staff said, "We record any complaints we get and they are reviewed by the manager." We saw the log book where the registered manager told us complaints are recorded.

Is the service well-led?

Our findings

Relatives and staff spoke about the registered manager in a positive way. One relative said, "The manager is there for the people, she really cares about them, she is their champion." A member of staff said, "People couldn't have a better person to be their manager. She always goes the extra mile for people and for us as well." Relatives told us they felt the registered manager and staff encouraged their involvement with the care and support of their family members.

We found staff were positive in their attitude and were committed to provide the best support and care to the people. The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. They said, "My door is always open for people and staff to discuss anything they want and they all know that."

Staff reflected the same positive attitude in the comments they made to us. They said the service was forward looking and the registered manager supported them to consider ways they could provide people with better standards of care and support. One member of staff said, "If there are things we think we could be doing better as a team or individually we discuss at our individual supervision or at the team meetings with the manager." Other staff said they were able to raise issues and make suggestions about the way the service was provided and these were taken seriously.

We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered to a good standard.

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

A social care professional said that they were satisfied with the quality of care provided and the service maintained good liaison with them regarding the progress of people. They said that the registered manager was helpful and provided them with prompt feedback.

We saw from our conversations with the registered manager they were aware of the importance of working in partnership with social and healthcare professionals so that people received appropriate support from them. We saw evidence in the care records of communication with social and healthcare professionals regarding the planning of care and treatment provided for people.

Regular audits and checks had been carried out by the registered manager in areas such as cleanliness of the premises, care of people, care documentation and health and safety. The home had carried out a satisfaction survey and the completed forms received indicated that relatives of people were satisfied with the services and care provided. However the registered manager told us a report following the analysis of the survey had not yet been prepared. The registered manager stated that this would be done.

Other audits included checks with the system for administering medicines and checking whether documents such as people's health action plans, support plans and risk assessments were reviewed. These audits have helped to ensure the service delivered good quality care to people.