Care Management Group Limited

Care Management Group - 49 Oakdale Road

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This comprehensive inspection took place on 23 August 2018 and was unannounced.

Oakdale Road was previously inspected on 19 January 2016 and was rated 'Good', at this inspection we found the service remained 'Good'.

Oakdale Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oakdale accommodates nine people in one large adapted residential building in the London borough of Lambeth. At the time of the inspection seven people were using the service.

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

People continued to be protected against the risk of harm and abuse as staff were aware of the provider's safeguarding procedure, they knew how to identify, respond and escalate suspected abuse. Risk management plans in place gave staff guidance on how to keep people safe when faced with identified risks. Incidents and accidents were monitored to minimise the risk of repeat incidents and lessons learned were shared with supporting staff.

Systems and processes in place ensured people received their medicines as intended by the prescribing pharmacist. People received support from adequate numbers of suitable staff to keep them safe. People continued to be protected against the risk of cross contamination as staff were aware of the provider's infection control policy and received on-going training.

People received care and support from staff that underwent training to effectively meet their needs. Staff reflected on their working practices through comprehensive supervisions and annual appraisals.

People were supported to access sufficient amounts of food and drink that met their dietary needs and requirements. People continued to be supported to access healthcare professional services to maintain their health and wellbeing. People's dependency levels were monitored to ensure support provided enhanced their skills and independence.

The service was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was sought prior to being delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the

policies and systems in the service supported this practice.

People's care plans continued to give staff clear guidance on responding to people's needs, in a person-centred way. People were encouraged to participate in activities that met their social needs and wishes. The provider's complaints policy was available to people and the registered manager was aware of the importance of ensuring complaints were dealt with in a timely manner to reach a positive resolution.

People's relatives and healthcare professionals spoke positively about the registered manager. The registered manager had clear oversight of the service through regular audits. Issues identified in the audits was acted on in a timely manner. People's views of the service were sought to drive improvements.

The registered manager sought and embraced partnership working with other healthcare professionals and relatives. The registered manager understood and met their regulatory responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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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 23 August 2018 and was unannounced.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, for example information share with us from members of the public and the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we were unable to speak with people and therefore carried out a Short Observational Framework for Inspection. We spoke with two staff members and the registered manager. We reviewed three care plans, three staff files, the maintenance file, three medicine administration records (MARs) and other records relating to the management of the service.

After the inspection we contacted three relatives and two healthcare professionals to gather their views of the service.

Good

Is the service safe?

Our findings

One relative told us, "Yes [relative is safe]. I see [relative] relatively regularly and he always looks well and is not worried about things. There are no marks on him and he clearly likes being where he is." A healthcare professional said, "I can only go by what I see and judging what I see and how [person] responds, she seems ok."

People continued to be protected against the risk of harm and abuse as staff had sufficient knowledge on how to identify, report and escalate suspected abuse. Staff confirmed they received safeguarding training and were aware of the provider's whistleblowing policy and would feel confident in whistleblowing if needed. At the time of the inspection there were no open safeguarding investigations.

People continued to be protected against identified risks. Risk management plans in place gave staff guidance on identified risks and actions they must take to minimise those risks and keep people safe. Risk management plans included for example, eating and drinking, mobility, community access and behaviours that challenge the service. Risk management plans were reviewed regularly to ensure they were current and accurately reflected people's changing needs.

Accidents and incidents continued to be managed in such a way to ensure repeat incidents were minimal. All accidents and incidents recorded what happened before, during and after the event, what measures were needed to minimise reoccurrence and who needed to be informed of the incident. The registered manager would then review the incident, fully investigate what took place and implement actions to ensure lessons were learnt.

The provider had robust systems in place to ensure the service was safe. Maintenance issues were recorded and action taken in a swift manner to address the issues identified. For example, at the time of the inspection one room on the ground floor appeared to have a leak in the ceiling. The registered manager had alerted head office and work to address the issue was being taken. People were also in recipe of Personal Emergency Evacuation Plans (PEEPs). A PEEP is a personalised plan that gives staff succinct guidance on how to support an individual to safely evacuate the service in the event of an emergency. All PEEPs reviewed were up to date and clearly identified the level of support people required.

People received care and support from sufficient numbers of suitable staff to keep them safe. Staff told us there were adequate staff on duty to meet people's needs and records confirmed what staff told us. Rota's identified four staff members were on duty during the day and evening and one waking night staff and a sleep-in staff member during the night. Records also confirmed staff underwent robust pre-employment checks to ensure their suitability to work at Oakdale Road. Staff personnel files contained a minimum of two satisfactory references, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safe recruitment decisions.

People continued to receive their medicines in-line with good practice. A relative told us, "[Relative] gets enough support with medicines." Staff received medicines management training and an additional annual

medicines competency to monitor their fitness to administer medicines. We reviewed the Medicines Administration Record (MARs) and found these were completed correctly with no gaps or omissions. Medicines stocks and balances matched the service's audit count. Actions identified in the prescribing pharmacist's audit had been implemented in a timely manner.

The provider had maintained suitable systems and processes to minimise the risk of cross contamination. Staff confirmed they were provided with personal protective equipment (PPE) to ensure the safe management of infection control, for example, gloves and aprons. The provider also trained staff to become infection prevention and control coordinators. Staff were aware of the provider's infection control policy and were observed using PPE appropriately during the inspection.

Good

Is the service effective?

Our findings

People's relatives told us they felt staff received adequate training to carry out their roles and responsibilities effectively. Staff spoke positively about the training they received at Oakdale Road. One staff member told us, "We do E:Learning and face to face training. I find it does equip us for the job we do." A second staff member said, "You will get more training if you ask for it." Records showed staff received training to enhance their skills and knowledge to deliver effective care and support. Training included, for example, dignity in work, safeguarding, Mental Capacity Act 2005, positive behavioural support, moving and handling and fire safety. The registered manager kept an electronic log of all training attended and pending to ensure staff member's training did not lapse.

Staff confirmed they received an induction when commencing their role at Oakdale. Records confirmed newly employed staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Newly employed staff were shadowed by experienced staff to support them in learning their role and responsibilities. Only when these competencies were satisfactorily completed were staff permitted to work without direct support from experienced staff members.

People received care and support from staff that reflected on their working practices, through regular supervisions and annual appraisals. Staff confirmed they found the supervision process beneficial to their professional development and could request additional supervisions as and when they felt necessary. Supervisions covered all aspects of the supervisee's role, for example, differing types of abuse, paperwork, training, expectations and any concerns.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. At the time of the inspection there were six people subject to a standard DoLS authorisation.

Staff were aware of the importance of seeking people's consent prior to delivering care and treatment. One relative told us, "Yes, they [staff members] do ask [relative] for consent." A healthcare professional said, "Yes [staff member] do [seek people's consent]. When I recently visited [staff members] sought the consent from the client. They don't impose on the client they let them know why they seek consent, so they have an understanding of what's going on." Throughout the inspection we observed staff speaking to people and seeking their consent, staff gave people sufficient time to give their answer and were respectful when consent was declined. For example, one staff member had asked if someone wished to access the

community. When the person indicated they weren't ready, staff then respectfully suggested they would ask them again a short while later.

People were supported and encouraged to access sufficient amounts of food and drink that met their dietary needs and requirements. A relative told us, "If [relative] doesn't like something he will certainly say so, they [staff members] then provide him with something else." Risk management plans in place gave staff clear guidance of what level of support people required in relation to the food provided. Care plans clearly detailed people's preferences in relation to food and drink, and guidance provided by the Speech and Language Team (SALT) for specific dietary requirements were implemented. Records confirmed people who wished to have food that was indicative of their culture were also catered for, for example, typical African and West Indian foods. During the inspection we observed staff encouraging people to make drinks in the communal kitchen.

People continued to be supported to access a wide range of healthcare professional services to monitor and maintain their health and wellbeing. Relatives confirmed they were informed of medical appointments arranged for their relatives and were invited to attend should they so wish. A healthcare professional told us information shared with the service and guidance given was implemented into the delivery of care. Records confirmed people had access, for example, to community psychiatric nurses, G.P, dentist, optician and psychiatrists as and when required.

Good

Is the service caring?

Our findings

People's relatives spoke positively about the staff at Oakdale Road. One relative told us, "I think they're [staff members] very caring and do what they can. They certainly take note of what's good for [relative]. They are good caring people and [relative] knows who his keyworker is and can speak with the [registered] manager whenever he wants." Another relative said, "I would say generally they are caring, you do get some that are more caring than others." A healthcare professional told us, "The staff are very polite, responsive and caring. They respect the clients and support them well both in house and outside in the community." During the inspection we observed staff speaking to people in a respectful manner, maintaining their dignity and demonstrating compassion and empathy.

People continued to be encouraged to share their views of the service through regular one-to-one keyworker meetings, house meetings and general day-to-day discussions. Staff were observed talking to people about their plans for the day, what they wished to do and whether they wished to participate in a planned activity. People's views were recorded and action taken to address any issues identified was undertaken in a timely manner.

People continued to be encouraged to maintain and enhance their independence where possible. A relative told us, "They [staff members] do support [relative] with his independence." People's dependency levels were documented in their personalised care plans, which also included the level of support people required to carry out their daily living. Throughout the inspection we observed staff encouraging people to do things for themselves, with staff on hand to offer guidance and support. For example, one person was being supported in the kitchen to make a hot drink. Staff were present and reminded them of the steps they needed to take to complete the task, in a way they understood.

People continued to have their privacy and dignity maintained. Staff were aware of the importance of ensuring bedroom and bathroom doors were closed when supporting people with personal care. Staff were observed knocking on people's bedroom doors seeking authorisation prior to entering.

People were treated equally and had their diversity respected and encouraged. Where people followed specific faiths, staff encouraged them to do so. Peoples cultural and faith needs were identified in their care plans and staff supported people to attend places of worship if they wished. People's bedrooms were also decorated in religious and cultural artefacts if they chose.

People continued to have their confidentiality maintained and respected. Staff were aware of the importance of ensuring only authorised personnel had access to confidential information and records. Records were securely stored and only authorised personnel were given access to the service having ensured their identification had been scrutinised.

Good

Is the service responsive?

Our findings

People's care plans were person-centred and contained clear guidance for staff to meet and respond to their needs. We received mixed feedback regarding care plan reviews and input. For example, one relative told us, "I go to the review every year. They [the service] take on board my views and opinions and I will interject when I need to." A healthcare professional said, "When they have reviews, I attend and share my views." However, a second relative told us, "I have been involved in the care plan reviews. There hasn't been a care plan review for about two years as we can't get a care manager to attend. We do discuss progress when we visit but we would like another review meeting." We shared the relative's views with the registered manager who confirmed review meetings do take place, however this had been documented as an informal review. The registered manager then subsequently arranged a formal review for that person. We were satisfied with the provider's response.

Care plans were based on the initial service needs assessment. A service needs assessment was carried out prior to the person moving to Oakdale Road and covered for example, the person's health, medical, behavioural, mental health and dependency needs. Oakdale Road would then ascertain if they could effectively meet those needs prior to offering a care package at the service. From there the person-centred care plan was created. People's care plans were regularly reviewed and updated to respond to people's changing needs. Although we received mixed reviews regarding people's input, records indicated people, their relatives and healthcare professionals were encouraged to help develop the care plan.

People continued to be supported and encouraged to participate in a wide range of both indoor and community based activities. At the time of the inspection people were accessing the local community and one person was attending a voluntary work placement at a local charity shop. People appeared keen to participate in the activities available to them and were offered choices as to whether they wished to attend or not. Activities were based on people's social needs and requirements and included for example, college courses, day centres, swimming, meals out, cinema trips, personal shopping and work placements.

The service had a comprehensive complaints policy in place. People were encouraged to share their complaints and concerns with the registered manager through the complaints procedure, regularly keyworker sessions, house meetings and general discussions. Records confirmed people shared their concerns through these avenues and had their concerns managed in a way to reach a positive resolution. At the time of the inspection the service had not received any official complaints within the last 12 months. Although no complaints had been received, the registered manager was aware of the provider's complaints policy and their responsibility in upholding the complaints process.

People's wishes in relation to their end of life care were documented in an 'End of Life' care plan. End of life care plans detailed for example, where people would like to spend their final days, who they wished to be present, preferences to any music, preference to where they wished their funeral service to take place and what they wished to happen to their belongings. We identified instances whereby people did not wish to discuss their end of life preferences, in these instances, people had signed a notice to say they had been offered the opportunity to discuss such matters and could revisit it as and when they wished.

Good

Is the service well-led?

Our findings

People's relatives, a healthcare professional and staff spoke positively about the registered manager. One relative told us, "He's a very compassionate person and interested in what he is doing and clearly likes what he does. He's a particularly good manager and gets on with the staff really well. I'm happy with him. And he will phone me and involve me in what's going on. The service is very open." A healthcare professional said, "If there are concerns the registered manager will contact us. He is very caring approachable, respectful and responsive to the care needs of the clients."

Staff confirmed that the registered manager was available to speak with them as he operated an open-door policy. Records showed the manager was available to staff throughout the week and also via phone when not at the service. Throughout the inspection we observed staff and people speaking with the registered manager seeking reassurance and guidance. The service had a relaxed atmosphere and people appeared at ease with the staff that supported them.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The service continued to undertake daily, weekly, monthly and annual audits of the service to drive improvements. The oversight and management of the service was reviewed by the registered manager and also the operations manager. Audits included, for example, maintenance, medicines management, care plans, staff training and health and safety. Where issues had been identified, the registered manager had devised an action plan to ensure works were completed in a timely manner.

People and their relative's views were sought through meetings and annual quality assurance questionnaires. Questionnaires completed were then reviewed by the registered manager to action any concerns or issues identified. Monthly house meetings were well attended and people were supported to discuss matters that affected them. At one meeting it was highlighted that people wanted to hold more 'house parties'. People's friends and relatives were invited to a planned BBQ as a direct response to people's request.

The registered manager continued to seek and encourage partnership working to enhance people's lives at Oakdale Road. A relative told us, "Yes we work in partnership with the service and it's a good way to work really." The registered manager told us, "I attend Lambeth forum and regional managers meeting that's held by Skills for Care. We work in partnership with healthcare professionals to benefit people in terms of their health and social needs." Records confirmed guidance and support provided was implemented into the delivery of care and to improve the service delivery.