

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

44, Albion Road is a residential care home for seven people who have severe or profound learning disabilities and autism.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

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.

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

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 was a comprehensive inspection that took place on 26 November 2018 and was unannounced.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the registered manager, four staff and one relative. We also met with two people, however due to their disabilities they were unable to communicate verbally with us so we observed the way staff engaged with them. We looked at a range of records including three people's care and medicines records, three staff files and other records relating to the management of the service.

After the inspection we spoke with three relatives to gather their views. We also spoke with two health and social care professionals.

Is the service safe?

Our findings

Staff told us they 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 how to report any concerns for people who might be abused. We looked at training records that showed what training staff had received and we saw staff completed safeguarding adult's training in the last year.

The provider had a safeguarding policy and procedure that was drawn up in line with national guidance and was available to staff for reference. Staff 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. These measures helped to keep people safe from abuse.

People had individualised risk assessments and risk management plans on their care files which identified the hazards people faced with their activities, care and support. Relatives told us they were involved in the process together with the person's local authority care manager. Risk management plans provided staff with detailed guidance about how to keep people safe. Staff knew how to minimise identified risks to people such as when they went into the community to do their chosen activities. The impact for people meant they 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 was maintained regularly.

There were sufficient staff on duty to care for people safely although we were told there were three and a half full time posts vacant. These posts were filled by regular agency bank staff. The registered manager showed us evidence of the induction they completed to ensure their support for people met the provider's expected standards for care. Relatives told us there were enough staff whenever they visited and in their opinion people were supported by staff safely. One relative said, "I visit my [family member] regularly and there are always enough staff when I visit." Another relative said, "Yes I think there are enough staff on duty." 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. Staff rotas we examined evidenced what we were told by the registered manager.

People were supported by appropriate numbers of staff who were suitable to work with them. The provider carried out recruitment checks which included an interview, obtaining references from former employers, checking identification, health conditions, the right to work in the UK and criminal records. The registered manager monitored the suitability of staff to care for people during their probationary period by working directly with them. This showed the provider took appropriate steps to protect people from the risks of being cared for by unsuitable staff.

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 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 carried out by the registered manager.

There were effective systems in place to maintain appropriate standards of cleanliness and hygiene. Staff received training in infection control and knew about how to minimise the risk of infection. The care plans of people contained guidance for infection control.

Is the service effective?

Our findings

The provider's needs assessment process ensured a person centred and holistic approach to assessing people's needs and effective outcomes were achieved. People's relatives told us they were involved in their family member's care and support reviews. They said the outcome based support provided the best opportunities for their family members to achieve their maximum potential. One relative said, "They do invite me to [family member's] care reviews. I cannot always get there but I do get to some of them and I can always talk to staff and the registered manager about their care and support." The health and social care professionals said the process of assessment and support used in planning people's care was good. They told us, "People receive good quality care from well trained and knowledgeable staff."

Staff had access to good levels of support that helped to ensure they had the skills to meet people's needs. One member of staff told us, "We do have access to regular training. In fact, I have done masses of training over the last year." Another member of staff said, "The training I have had is really good. I enjoy learning so I welcome the chance to develop my knowledge and my skills to help people here better."

Staff received training in core areas such as keeping people safe from harm, first aid, medicine administration, infection control, the Mental Capacity Act, safeguarding, food hygiene and equality and diversity. Training programmes included training on working with people whose behaviours might challenge, epilepsy, autism and the administration of medicines. A comprehensive induction process was in place for newly appointed staff. This included training based upon the completion of the Care Certificate and the shadowing of more experienced staff. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised programme.

Staff told us and records showed staff received support through regular supervision. This included one to one meetings and team meetings. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support and we saw matters arising were actioned effectively. Staff said there was plenty of informal support and they felt well supported in carrying out their work. All staff received an annual appraisal. The records we saw evidenced staff competencies were reviewed and provided with additional support to develop their skills and knowledge where necessary.

Where people had specific needs in relation to their eating and drinking, this was clearly recorded in their care plans, and staff had the information and guidance from dieticians and speech and language therapists where this was appropriate.

Staff assisted people to attend health appointments and managed their healthcare effectively. Relatives told us staff enabled people to access healthcare services. They said their family members were up to date with regular health checks such as going to the dentist, optician or to the GP for an annual health check. Records we checked demonstrated people received good health care. For one person whose records we inspected we found the records of their health care appointments were not up to date. The registered manager assured us they would review the person's health records to be sure they were up to date with their healthcare appointments. We saw people had hospital passports and health action plans. These are

documents that are considered best practice for some adults with learning disabilities as they ensure all relevant health information is accessible in one place. This helped to ensure that all services involved in supporting people were working together to achieve the best outcomes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met. Where people's needs assessments included information that suggested they may lack capacity to consent the provider sought appropriate assessments of capacity from qualified professionals. Where people were found to lack capacity to consent, records showed the service applied best interest's decision-making principles and involved people's relatives, social workers and advocacy services to consider the best decision for the person. Care plans contained detailed information on how to ensure people were given the best opportunity to make their own decisions, including ensuring they were provided with information in the best format that suited them, such as using pictorial representations.

Staff completed training and had a detailed understanding of consent and the procedures to follow if people lacked the capacity to make decisions about their care and welfare. A member of staff told us that when one person's needs changed and they needed more support, as the person did not have capacity to consent a best interests meeting was held.

Is the service caring?

Our findings

People were treated with kindness and compassion. One staff member told us, "I have worked here for a long time because I love my job working with the people here." A relative told us, "It's clear to me and my family the staff here really do care for the people who live here. They are amazing they do a fantastic job and people here are really well cared for."

The group of people living at the home and most of the staff had been living and working there for more than five years. We saw there were positive, caring and trusting relationships established between staff and people. Staff worked hard to maintain these relationships with people. One relative said, "Most of the staff have worked there for years and they know people living there really well. There's a very good understanding between both staff and people." Another relative said, "It's a difficult job for staff, but from what we have seen they are kind and caring to people." 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 not always able to express their preferences with regards to their care and support verbally. Staff had worked with people over time to build up a picture of their likes and dislikes. They used a variety of different and personalised ways to communicate with people such as using Makaton, pictures and by recognising people's individual facial, hand and body signals. People's preferences were recorded clearly in their care plans. 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.

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 care and support plans we inspected detailed people's physical, mental, emotional and social needs and integrated these needs into an outcome based plan of support structured to ensure these needs were met effectively. The support plan outcomes for people were drawn up together with them, their relatives and health and social care professionals where appropriate and were signed off by all parties involved in the process. We saw staff were required to read the plans and sign to say they had done so and we saw evidence that supported this. Plans were reviewed on a regular basis appropriate to each individual person's needs. This meant people received individualised care and support to meet their changing needs.

We saw for people whose behaviours sometimes challenged the service staff used positive behaviour techniques to help the person. Behavioural support plans were in place for people who needed them and we saw they had really helped to reduce these behaviours. The impact of this had helped to improve people's quality of life and enabled them to engage in more of their chosen activities.

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, "At reviews and when we visit we discuss with staff how our [family member] is getting on and staff will ask us what my [family member] would like." Both the health and social care professionals said staff always encouraged people to make as informed choices as was possible for them to do. We observed 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 although these were limited because of their complex needs. Relatives told us staff often arranged social activities for people to participate in if they wished. One relative said, "Trips out to the town, going to the pub and seeing the family are all things they like to do and are supported by staff to do."

Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. Information about how to make a complaint was 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 have a log book where 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 were recorded.

At the time of the inspection, nobody was receiving end of life care. The registered manager told us there were developing a policy and procedure for staff to follow if and when the need arose. The registered manager also told us training was planned for staff so that they could work sensitively with people and take into account people's wishes.

Is the service well-led?

Our findings

There was a registered manager in post at this service for more than 10 years. 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.'

We saw the registered manager was fully involved in the day to day management of the service. This helped them to be fully aware of how care and support was being provided to people. Their wide range of experience of working in services for people with learning disabilities also helped them deliver good quality care. It was clear to us from what the registered manager and staff told us they were committed to maintain high quality services for people.

Staff said they felt comfortable to approach the registered manager and the area manager about anything they might want to discuss with them. One staff member said, "I am perfectly happy to talk about anything to do with the service with the managers. They know the service really well and are often here which makes it easy to talk with them."

Health and social care professionals told us their advice was sought appropriately. The provider ensured staff were provided with specialist training to improve their skills and knowledge where they felt that people using the service and staff would benefit from it. There was a positive and open management culture that ensured people received person centred and individualised care and support.

We saw effective supervision practices, staff appraisals and regular team meetings provided staff with the information that had helped to ensure they understood their responsibilities. Staff were clear about the expected levels of quality standards when delivering care and support to people. Their performance was regularly reviewed, risks and regulatory requirements were understood such as staff responsibilities to ensure people's best interests were met. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

We received positive feedback from relatives, staff, health and social care professionals about the management of the service. Everyone told us the registered manager and staff put people at the top of their priority list in every respect. This helped to ensure people received good outcomes from a person centred, open and empowering service. 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. We saw feedback questionnaires for the survey carried out in 2018. The overall results were all positive but they were not analysed. The registered manager told us they would analyse the responses and identify any trends that required action. We will monitor this at our next inspection.

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. We saw audits to do with cleanliness of the premises and health and safety. All these audits and checks identified any issues or problems that required service improvements. We saw action plans were in place to ensure these were addressed promptly and within an agreed timescale. All actions were subsequently checked by the area manager to ensure they were completed satisfactorily. The most recent audit in March 2018 for medicines management confirmed staff practices were satisfactory. The last health and safety audit in 2018 by the local authority awarded the service a five star rating for achieving high standards of health and safety in the home.

We saw that team meetings were held monthly covering a range of subjects and providing an opportunity for staff and managers to discuss matters for service development. We saw minutes of meetings held and staff we spoke with confirmed they took place.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. An example of this we saw was for people who might need to go into hospital. The service ensured hospital passports containing all relevant information relating to the persons condition was available to the hospital staff. This included details of what medicines people were prescribed, what condition they were living with and other elements of their care needs. Personal Emergency Evacuation Plans were also in place to ensure people could be evacuated appropriately in the event of a fire. 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.