

# Care Management Group Limited

# Norbury Avenue

## Inspection report

4 Norbury Avenue  
Thornton Heath  
Surrey  
CR7 8AA

Tel: 02086537134

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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

About the service:

Norbury Avenue is a supported living service providing 24-hour care and support for people with mild to moderate learning disabilities, mental health needs and autistic spectrum conditions.

The service can accommodate seven people with six bedrooms on the first floor and one bedroom on the ground floor. At the time of our inspection five people were using the service.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, promotion of choice and control, independence and inclusion. For example, people's support focused on them having as much choice and control over their everyday lives as possible.

People were happy and relaxed in the company of staff. People knew staff and the registered manager and were comfortable approaching them, asking questions or speaking about their day. Staff took time to listen and responded appropriately.

People told us they liked the staff and relatives we spoke with confirmed staff were kind and caring.

People continued to receive safe care by staff who knew the risks people faced. Staff supported people to be independent while keeping them safe.

Managers and staff knew how to record and report concerns, this included any safeguarding concerns. When an incident or accident happened, the reason was investigated and changes were made to make things better for people.

Staff had received training and had the support they needed to do their job well.

People were encouraged to make choices about their lives and to be as independent as they could be. Staff helped people work towards their goals and encouraged people to engage in the activities they wanted to do. This included additional learning to help them support their independence.

People were supported to keep in touch with friends and family.

Staff supported people to attend health care appointments and made sure health care professionals knew how to support people during treatment.

Managers and staff put people at the centre of the service. People were asked their views about how the service was run and what staff could do to make things better.

Improvements and maintenance were needed around the service to keep people safe and to make a nicer environment for people to live in. The provider and the landlord had agreed what improvements were needed and the expected dates of completion. We will monitor progress and look at this again during our next inspection.

Rating at last inspection:

Good (The date the last report published was 09 September 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Norbury Avenue

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector on 7 March 2019.

#### Service and service type:

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. 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 our inspection we spoke with three people using the service. We observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We

spoke with the registered manager and three staff members. We looked at records which included two care plans, two staff files, medicine records and other records relating to the management of the service.

After our inspection we spoke with two relatives of people using the service and the registered manager sent us additional information such as resident and staff meeting minutes, staff training, staff rotas and quality checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy living at Norbury Avenue. From conversations it was plain people felt comfortable and relaxed speaking with and approaching staff. Relatives told us their family members were happy and felt safe living at the service.
- Staff told us what they would do if they thought a person had been abused or was at risk of being abused. This included reporting their concerns to their manager, the local safeguarding authority and the Police if necessary.
- People discussed keeping safe during monthly tenant meetings and what they should do if they felt they were at risk or in danger. Contact details of the local safeguarding authority were clearly displayed for people and staff in the service.

Assessing risk, safety monitoring and management

- The service continued to make sure people were able to take positive risks to help them develop and learn the skills they needed to become more independent.
- Staff knew people well and had a good knowledge of the risks people faced and how best to support them. Staff told us when people's risk changed they would read people's support plans so they knew exactly what they should do and when to keep people safe.
- Care records contained detailed risk assessments. These were centered around people's individual needs.
- Environmental risks were identified and the provider worked closely with the landlord to make the improvements necessary to keep people safe.
- An emergency 24 hour on call system was in place so staff could access advice and assistance. Health and safety and fire checks were routinely carried out. People using the service were encouraged to be involved in these checks and be aware of safety issues around their home.

Staffing and recruitment

- There were sufficient numbers of staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. Staff rotas were planned so staff had designated time to give people the one to one support they needed. During our inspection staff were always visible and on hand to meet people's needs and requests.
- Staff told us there were enough of them on duty to support people and meet their needs.
- The provider continued to follow safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role. People using the service were actively involved in the recruitment of new staff and could give their views about potential recruits and how they would fit in to the service.

Using medicines safely

- People continued to receive their prescribed medicines safely. People's medicines were kept in their room in locked cabinets. We checked the medicine administration records (MAR) for four people and did not find any recording errors. Medicine profiles were in place with information about each medicine including the dose, why it was needed and any side effects. This was to help people and staff understand why a medicine was needed.
- Staff knew about people's medicines. They told us they had received robust training in medicine management and yearly competency checks were completed by the registered manager to ensure staff continued to have the skills and knowledge to keep people safe. The manager carried out monthly audits to check that medicines were being managed in the right way. The pharmacist visited yearly to make sure the service was up to date with their systems and processes in line with national guidance.

#### Preventing and controlling infection

- Staff had access to personal protective equipment when needed and all staff had received training in infection control and hand hygiene. Cleaning schedules were in place and a monthly infection control audit was in place.
- The communal areas of the service were clean and tidy. Communal bathrooms and toilets had hand washing and drying facilities and were clean and free from malodour.

#### Learning lessons when things go wrong

- There was a strong focus on learning from accidents, incidents and safeguarding concerns. The provider had robust systems in place to record and analyse incidents across the organisation. When there was learning from events these were circulated to each location so action could be taken to reduce any risk that people could face.
- We saw action taken as a result of incidents to help reduce the risk in the future. For example, one person had a risk assessment in place to help them feel safe with others both inside the service and in the community.



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they first started to use the service and continued to be updated as people's needs changed. Assessments included information about people's views, spiritual and cultural beliefs so staff could provide the appropriate care and support.
- Where possible, new people joining the service did so gradually, over a period of time. The registered manager told us it was important for the person to get to know people already living at the service and for people's comments and views to be considered. This was to make sure everyone living at the service was happy.
- Regular care reviews were conducted involving people, staff and family members, if appropriate.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to provide people with the care and support they needed. Staff thought the training provided was very good and focused on the needs of people living at the service.
- Staff training was provided in a mixture of e-learning and face to face training. Additional service specific training was provided such as positive behaviour support, autism awareness and awareness of learning disabilities, mental health and dementia. This meant staff were up to date with the current guidance and best practice to help them support people well. One staff member told us, "CMG will give bespoke training around the needs of people." They went on to explain how additional training and support were given to staff when they needed it to help them do their job well.
- The provider monitored staff training and reminders were sent to staff when their yearly refresher training was due. Appropriate action was taken when training was not completed to make sure all staff received their training when they needed it.
- Staff felt they were well supported by their managers and regular supervision, team meetings and yearly appraisals gave opportunities to discuss any issues including learning and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to make choices about their food and drink. Menus were discussed at weekly tenant meetings and people were supported to shop for groceries and be involved in food planning and preparation.
- We observed people making their own breakfast or hot drinks and people were able to eat meals and snacks at the time that suited them.
- People's likes and dislikes were recorded in their care records along with any special dietary needs and when people required additional support the appropriate healthcare professionals were involved to give

advice and support.

- Staff encouraged people to make healthy choices and people spoke to us their diet, their favourite food and drinks and healthy alternatives.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access the healthcare services they required. Care records confirmed that there were good links with local health services and the GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals.
- Records contained health care and dental passports which included personal details about people, their healthcare needs and how healthcare professionals can best support them.
- Staff worked with healthcare professionals to make sure people felt as comfortable as possible. This included home visits for certain procedures when people were worried about attending healthcare clinics.

Adapting service, design, decoration to meet people's needs

- The provider worked closely with the landlord to ensure the service was fit for purpose and safe. There were areas of the service that were in need of redecoration and renovation. People spoke to us about water stains on the ceiling, maintenance in the bathroom and other areas around the service that needed attention.
- The registered manager told us the landlord had recently visited the service and identified essential work that was required at the service. We were shown the work scheduled for completion.

Ensuring consent to care and treatment in line with law and guidance

- 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's capacity to make particular decisions had been assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. Where the registered manager thought there were restrictions on people's liberty applications had been made to the local authority. The registered manager had not received any authorisations at the time of our inspection but was monitoring the progress of their applications. Staff had a good knowledge of the Mental Capacity Act 2005 (MCA).
- People were encouraged to have as much choice and control over their lives as they were able. We observed staff offering people choice about everyday decisions and discussing the options available to them. For example, one person decided to wear a waterproof coat after a discussion with staff about the wet and windy weather.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at Norbury Avenue. During our inspection people were chatting and laughing with staff and it was clear people knew staff well and were comfortable with them. Relatives told us staff were caring one relative said, "[My relative] seems to be very happy...the staff are lovely."
- Staff had a good knowledge of the people living at the service had a positive attitude to their work. Many staff members had been working at the service for a number of years and enjoyed working with people and supporting them. One staff member told us, "The best thing is the [people] when you see improvement... they are more like family."
- Staff told us handovers gave them the opportunity to share information about people's immediate needs and they were given time to read people's care records when changes were made so they knew what to do if the person's support needs had changed.
- Equality and diversity were discussed during regular tenant meetings and with staff, so everyone knew how to respect and value others with different cultural and spiritual needs and beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and support. We observed people making choices during our inspection and staff supporting them to do this. For example, one person was cleaning their room and another told us about the walks they were going on to help them keep healthy.
- The service cared about and valued the thoughts and views of people using the service. The manager encouraged people to choose the right staff to support them by involving people in selecting their key worker. This included matching a staff member and person by looking at both their personalities, hobbies and interests. People were given all the information to help them make the right choice. People were also involved in staff recruitment and were given time to speak to potential staff during the interview process. The registered manager told us how important it was to involve people because staff would be working in their home and it was important people liked them.
- People had detailed communication passports. These contained information for staff to best communicate with people this included how to ask questions, communication methods and the time of day people may be more likely to engage in a conversation. When necessary, people had access to advocacy services if they required support making decisions.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's dignity and privacy. People had keys to their own rooms if they wanted them and staff did not enter people's rooms until they had the person's permission.
- Staff told us how they respected people's privacy and dignity but also encouraged other people living at the service to respect the privacy and dignity of those around them.

- Regular dignity challenge surveys were undertaken to ask people what they thought, how they were treated and way in which the service could improve. We saw the results from the survey completed in 2018 and the actions taken in response to people's comments.
- People were encouraged and supported to be as independent as they could be. Staff gave us examples where people had learned new skills and gained increased confidence in daily activities. For example, one person was now able to access the community independently after a period of not wanting to leave the service on their own.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. People were involved in the care planning process. This focused on the persons whole life including their goals and aspirations. For example, one person wanted to be able to live independently and another person wanted to lose weight and be healthier.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Staff used a variety of ways to involve people in their care and support needs. This included easy read and pictorial information, photographs and objects of reference. For example, staff used a pictorial booklet to explain the stages of the laundry process to people. Staff told us this enabled them to support people with their washing and help them understand how and in what order they needed to complete each step.
- Staff were always looking at new ways to personalise care to give people choice and control. We were shown a pictorial shopping list they were making for one person to put on their key ring. This was intended to act as a reminder of what they might need when they were out shopping independently.
- Staff attended training on equality and diversity to helped them understand the diverse needs of people. Care records included details about people's ethnicity, preferred faith and culture and staff used this knowledge to respond and support people with these needs. For example, one person was supported to make their favourite cultural food with a staff member from the same cultural background.
- Staff told us there was a focus on person-centred working. They worked to created opportunities for people to try new activities, meet new people and strengthen relationships in the community. People told us about their college courses and the skills they had learnt. One person after attending a cookery course was now able to cook a full roast dinner.
- People continued to be supported to follow their interests and take part in activities that were important and meaningful to them. One person told us about their holidays and another told us about their college course. One person was looking forward to a shopping trip that day and told us about the drinks they wanted to buy.
- Staff continued to encourage people to maintain relationships with those who were important to them.

Improving care quality in response to complaints or concerns

- Information was available for people on what to do if they were unhappy or wanted to make a complaint. People were asked if they were happy or wanted to complain about something at tenant meetings and during private key worker meetings.
- Relative's told us they knew who to make a complaint to if they were unhappy. They told us they had confidence when they spoke to the registered manager about their family members care, they would be listened to.

- The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints.

#### End of life care and support

- People's preferences and choices for their end of life care were recorded in their care plan. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People knew the registered manager well and were comfortable approaching her. Throughout our inspection we observed people coming into the office for a chat or the registered manager speaking with people about their day to day activities. Relatives we spoke with knew who the registered manager was and spoke with them regularly. One relative told us, "[The registered manager] is phenomenal, she is fantastic, [my relative] has been there eight years and is very happy."
- The registered manager also managed another nearby location run by the same provider, she was supported by a deputy manager. Staff worked across both services and the registered manager explained she managed the staffing rotas so people could receive the staff support they needed, when they needed it.
- There was a clear organisational commitment to promote a positive, open culture. The registered manager told us, "People here are very vocal, I really want to empower them and give them ownership. We [the staff] are guests in their home...learning new skills empowers people and gives them a sense of fulfilment."
- Staff were complimentary about the registered manager and the support she provided and felt there was effective teamwork at the service. Comments included, "The [registered manager] is really good, really assertive. You can tell her anything and she will listen" and "I feel well supported. If we have any issues we can bring it up at team meetings, during one to one [supervisions] and at handover."
- Systems were in place to learn lessons when things went wrong and the registered manager encouraged openness and transparency in all aspects of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place to ensure regulatory requirements were understood and managed.
- The provider had a robust quality assurance program in place that allowed them to manage and assess the risks to people and the quality of care and support people received.
- Where improvements were required these were monitored to drive continuous improvement across the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their representatives and staff were asked for their views about their care and treatment and their views were acted on. We observed people were encouraged to give their views to staff at any time. However, they also had the opportunity to do so during regular tenant meetings and one to one key worker meetings.

- The registered manager encouraged people to help shape the service and how it was run. For example, people were encouraged to take ownership of health and safety issues at the service and raised issues both at our inspection and during tenant's meetings. Issues were noted on an action plan with the staff member responsible and the date action was due. This was attached to the meeting minutes so people could see the progress of their enquires and likely date of completion.
- People, their family members and staff were asked for their views and opinions on how the service was run. They were given regular surveys to share their feedback. The provider then analysed these to identify areas of improvement.
- The provider held several events open to people using the service to give them an opportunity to share their views. Examples included a service user conference, driving up quality day and celebrating culture day.

#### Working in partnership with others

- The service worked in partnership with other agencies including the local authority, safeguarding teams and multi-disciplinary teams. The registered manager gave us examples of effective working with outside agencies. This included working with the local fire service to speak to people about fire safety at home.