

Care Management Group Limited

Care Management Group - 33 Egmont Road

Inspection report

33 Egmont 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

About the service:

33, Egmont Road is a 'care home' providing personal care and accommodation to people living with mild to moderate learning disabilities. The service can support up to six people. The care home accommodated five people the time of this inspection in one adapted building. There was a mix of male and female adults who had been living in the home for more than two years and up to ten years for some people. Their ages ranged from mid 20s to middle age.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and / or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found:

Relatives told us they thought their family members were safe living in this home and that staff were kind to them.

Staff received training to do with safeguarding adults and the provider followed clear safeguarding procedures that helped to protect people from harm. Whistleblowing procedures were in place and displayed on notice boards for all to see. Staff told us they were confident any concerns they reported would be dealt with appropriately.

Risks to people, including those associated with their healthcare needs, were assessed and plans were in place to reduce them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Effective infection control procedures were in place and staff received training with food hygiene.

There were sufficient staff to meet people's needs and safe recruitment practices were in place.

People's medicines were stored, administered, recorded and audited appropriately. The provider had appropriate policies and procedures in place to support people safely with their medicines as prescribed.

Comprehensive needs assessments were carried out and people's needs were met in a personalised way.

Staff completed training to ensure they were able to meet people's needs effectively. Support was provided appropriately for staff with regards to their professional roles.

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

Records showed people were supported to have their health needs met, with access to health professionals as required.

Relatives of people told us their relationships with the staff team was good. They said their privacy and dignity was respected. They also said they were able to express their views and preferences and staff responded appropriately.

There were systems in place to ensure concerns and complaints were responded to in an appropriate way.

Comprehensive quality assurance processes were in place that monitored a wide scope of practice and procedure by staff, identified shortfalls and drove improvements. The provider worked collaboratively with other agencies and organisations to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

At the last inspection the service was rated Good (published 27 January 2017).

Why we inspected:

This was a planned inspection in line with our inspection schedule based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Care Management Group - 33 Egmont Road

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

33, Egmont Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager who is in the process of registering with CQC. A registered manager 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 took place on 25 July 2019 and was unannounced.

What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information we require providers to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with two people who used the service. We also spoke with the manager, two staff and the regional

director. We observed medicines being administered and the support people received in communal areas, including the preparation of food and the mealtime experience. We reviewed four care records and medicine administration records (MAR). We looked at five staff recruitment files, together with the provider's training schedules. We also examined other documents relating to the management of the service including procedures, quality assurance audits, meeting minutes and satisfaction surveys.

After the inspection:

We spoke with four relatives and two health and social care professionals to gather their views of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, their families and staff told us they felt the service was safe. Relatives told us, "[My family member] could not be in a better place, so well looked after", "We have never had any concerns they are so safe there," and "the staff are fantastic, and people are well looked after."
- Staff said they had recent safeguarding adults training. Training records supported this.
- Staff were able to describe the types of abuse they might encounter in their work and they knew how to recognise them. They were aware of the necessary actions they should take if they had any concerns.
- The provider had appropriate policies and procedures in place that were linked with the local authority processes. Staff were required to sign the policies and procedures to indicate they had read and understood them.
- Records showed that when concerns were raised, the management team carried out thorough investigations, in partnership with local safeguarding bodies.
- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

Assessing risk, safety monitoring and management

- The provider carried out comprehensive risk assessments relating to people's care. The plans for managing those risks were integrated into people's care and support plans so there was guidance in place for staff to follow to support people safely.
- There were environmental risk assessments that identified potential hazards. Action was taken to reduce any risks identified and this has helped to keep people and staff safe in the home.

Staffing and recruitment

- The provider had appropriate recruitment procedures in place. . These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- We observed there were appropriate staffing levels in place to meet people's assessed needs and relatives confirmed this with us.

Using medicines safely

- People received their medicines safely and as prescribed.
- The manager told us that only staff who had completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they had been trained in the safe administration of medicines which they had found useful. Training records supported this.

- The manager told us all staff received an annual competency check to help ensure they knew how to provide people with their medicines safely. We saw completed checks for staff with satisfactory outcomes.
- Medicines administration records [MARs] were completed as required. There were no unexplained gaps in the records.
- We undertook a stock take check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets.
- An external audit carried out by the supplying pharmacist in March 2019 confirmed policies and staff procedures for the safe administration of medicines to people were safe and satisfactory.

Preventing and controlling infection

- Training records evidenced that staff received training with food hygiene as a part of their induction training and refresher training as part of their further development programme. This helped to prevent the spread of infection to people.
- The provider ensured staff were supplied with the necessary equipment and materials to use to prevent the spread of infections when delivering personal care to people.
- The provider had an infection control policy and procedure in place that staff were aware of and worked within. This helped to reduce risks to people from the spread of infections.

Learning lessons when things go wrong

- The manager told us there had been no accidents or incidents reported since the last inspection. The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary.

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.

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant 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

- Our review of people's care files demonstrated people's physical, mental and social needs were all assessed as part of the assessment process in place. People's care, treatment and support was delivered in line with current legislation and standards which helped to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff received a wide range of appropriate training covering all the areas needed for them to do their job effectively. Staff said the training was helpful in keeping them up to date with best practice and new legislation.
- The manager showed us the induction records used with all new staff. This demonstrated staff received a comprehensive induction that they told us helped them to carry out their roles effectively. Staff said other training they received helped them to develop their skills and knowledge appropriately for their roles. The manager said that training was refreshed annually and delivered by a variety of methods including e-learning and classroom-based learning.
- Staff said that the manager was always available if they needed to discuss anything related to their work.
- Regular one to one supervision sessions were held with staff. Any issues were raised with staff in supervision, so improvements could be made.

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

- People were supported by staff appropriately with their meals. People were able to choose options for the weekly menus. People's preferences and cultural needs were taken into account when menus were drawn up. People indicated they enjoyed the food they received.
- Relatives also said their family members enjoyed the meals they received. Relatives told us they thought people had a healthy and nutritious diet.

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

- The provider worked closely with health services to make sure people's needs were met. Regular appointments with dentists, opticians, chiropodists and GPs were arranged for people according to their needs. The care plans we inspected included details of health professionals and there were procedures for staff to follow in reporting any health emergencies.
- The manager told us maintaining good health for people was a priority so regular health checks were carried out. We saw records that showed people received these checks.
- Relatives told us they thought their family members were supported to be healthy by having these health checks but also by being encouraged to participate in physical exercises such as going to the gym and

taking walks.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The manager knew what they were responsible for under these principles.

- Staff had a thorough understanding of their role to support people in line with the MCA. They were aware of the processes that needed to be followed when people did not have capacity to consent to decisions about their care.
- Where people lacked capacity to make decisions about the accommodation, care and support they received, they were supported with mental capacity assessments. Best interest decisions were carried out by staff where specific decisions were required such as with medicines administration.
- Where best interests assessments were carried out, staff acted on their findings and implemented their recommendations.
- Where people lacked capacity, care records detailed the restrictions in place to keep them safe.
- The details contained within peoples DoLS authorisations included the dates of assessments, the period for which the deprivation was valid and when the DoLS authorisation would expire.

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

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives were very positive about the staff and the care and support they offered their family members. Comments included, "When I think how [family member] was when they went there and how they are now, there is no comparison. They are so well cared for", "They could not be in a better place, the care is very good", "I can't fault anything, just so glad [family member] is living there since I can't look after them anymore".
- We observed staff treated people with kindness through the inspection, spending time sitting and talking with them and using appropriate ways to engage with them.

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

- Staff ensured people were involved in decisions about their care such as when and how they received personal care and their choice of clothing. Staff offered people choices about what activities they wanted to do. Two people were on holiday with staff at Butlins in Bognor Regis at the same time as this inspection. Relatives told us their family members had looked forward to this all the year and people had chosen this destination for their holiday.
- Staff understood the best ways to communicate with people to help them make choices and express their views. For example, staff described to us the different ways people who had limited communication expressed their preferences. We observed staff gave people the time they needed to communicate.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to dress as they chose. A relative told us, "They keep [family member] well dressed and presentable.". We observed people were well dressed in clean and appropriate clothes.
- Relatives told us staff treated their family members with respect. We observed staff spoke to people pleasantly and used their preferred names.
- Staff told us how they maintained people's dignity when providing personal care, such as ensuring people remained covered as far as possible and that doors and curtains were closed.
- The provider welcomed visitors to the service and kept family members up to date with people's progress. This helped people maintain important relationships.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant 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's needs were comprehensively assessed and reviewed monthly or earlier if their needs changed. Care plans were developed based on these assessments and agreed with the person and their relatives.
- We observed people were happy with staff who provided them with the care and support they required. Relatives said they were happy with the service being provided and the manager was responsive to any requests made of them.
- Care and support plans provided staff with detailed information about people's preferences, needs and the tasks staff were expected to carry out to meet people's needs. Staff completed a monthly record summarising the care and support provided as well as any significant observations or issues.
- Staff took time to explain to people using ways they could understand [such as using pictures] what options were open to them so they could choose any activities that were relevant to meeting their assessed needs. Some activities we observed included horse riding and swimming.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferred method of communication were identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.
- The manager told us the service provided information that people and their relatives needed, such as a guide to the service, their care plan and the complaints procedure, in different formats on request. This included large print, makaton, different languages or easy to read pictorial versions, as and when required. Makaton is designed to provide people with a means of communication for people who cannot communicate through speech.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their relationships and joining in with activities. People told us their family and relations were encouraged to visit the home. Relatives told us they often visited the home and were made to feel welcome by staff and the manager.
- People had detailed individual activity plans as a part of their care and support plans. Relatives of people told us their family members had a wide variety of opportunities to take part in organised activities that they all enjoyed. For example, holidays. Relatives and staff told us people had

chosen their holiday destination as it was their favourite holiday resort. We saw staff ask people what they wanted to do, planned events and checked if people were satisfied with them. An example we saw was where one person was colouring in and another playing board games together with staff.

- We observed people were fully involved in making decisions about their care and support, where necessary, best interests' meetings were held. Relatives told us they were invited to these meetings. Health and social care professionals also told us the home liaised with them appropriately to ensure people's best interests were met.
- People's likes, dislikes, needs and preferences were reflected in their care plans. Plans were individualised and described their social and leisure needs. There was information about people's histories and relationships which were important to them.
- Staff supported and encouraged people to engage in the community such as with going shopping or to the cinema. We saw detailed risk assessments were in place with clear guidance for staff to follow in order to minimise any potential risks people might face.

Improving care quality in response to complaints or concerns

- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received was used to develop and improve the service.
- People and their relatives told us they would talk with staff or the manager if they had any complaints; although they told us they had not had any reason to complain since they started receiving a service.
- The provider had an appropriate complaints policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns. Staff were aware of how to assist people if they had a concern or a complaint to make.
- Relatives said they would talk with staff and the manager if they had any complaints. One relative said when they made a complaint last year it was resolved appropriately and to their satisfaction by the registered manager.

End of life care and support

- The manager told us they were not providing end of life care for anyone at present. However, they said they were developing an appropriate policy and procedure to put in place for when this became necessary.
- Staff received training on end of life care.

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.

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant 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.

- The provider had an effective management and staffing structure in place that promoted person-centred care and transparency. The manager understood their duty of candour responsibilities.
- People's relatives spoke positively about the service their family members received from staff. They said the manager and staff were committed to providing good, high quality care. Comments we received reflected this and included, " My [family member] has a wonderful life up there, I can't speak highly enough of the staff and the manager," and "It is a happy home, it really is. The manager and staff are really helpful." Relatives said they were listened to and were able to approach the manager and other staff about any concerns they may have.
- Staff said there was an open and transparent culture at the service that met the needs of the people they supported.

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

- Effective quality assurance systems were established by the provider. They helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service.
- The manager told us they were focussed on delivering an effective service that met people's needs in a caring and person-centred way.
- Staff were well supported with good training and one to one supervision. In this way the manager was able to ensure improvements were made where necessary.
- Management monitoring tools included systems to review incidents and accidents which helped to ensure action was taken to prevent a recurrence. The manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

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

- Staff developed effective relationships with people and their relatives. This has helped to ensure both were able to engage with the service they received.
- The manager told us the 2019 feedback survey questionnaires were to be sent out in the near future to people who used services, their relatives and to staff. However, at the time of this inspection we were unable to review any feedback. The manager told us when they received feedback it would be analysed, and a summary report produced together with an action plan that identified areas where improvements could be made.

- Relatives were very clear that their family members received a good quality service from staff. They said they thought there was an open and friendly culture. Staff confirmed this with us. One member of staff said, "I do enjoy working with the people here, it's what I've always wanted to do. The manager is supportive and there is a friendly teamwork approach here." Staff told us the registered manager dealt effectively with any concerns if they were raised.

Continuous learning and improving care

- Staff team meetings evidenced staff were provided with opportunities to discuss any issues relevant to their work including a chance to discuss best practice areas, so staff practices could be improved as and when necessary. Staff told us they were able to discuss work they did with people and to share any worries they had about individuals. They told us they felt they were listened to.

- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Staff regularly spoke with people to ensure they were happy with the service they received. The manager worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.