

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Care Management Group - 44 Albion Road

44 Albion Road, Sutton, SM2 5TF

Tel: 02086422092

Date of Inspection: 16 April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Care Management Group
Registered Manager	Ms. Catherine Lively
Overview of the service	Care Management Group – 44 Albion Road is a residential care service that offers housing and personal support for up to seven people who have a range of complex needs including learning disabilities.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

On the day of our inspection there were seven people living at Care Management Group – 44 Albion Road on a permanent basis.

We used a number of different methods to help us understand the experiences of people using the service because some of the people who lived at this care home had complex needs, which meant they were not always able to communicate with us. During our inspection we saw that people were occupied with chores around the home for example helping with the laundry or in the kitchen. People told us about the daily chores they were involved in one person told us "I keep the kitchen tidy" and another said "I help with the cooking and laundry". We saw how staff supported people to do their own laundry and cleaning tasks.

We were able to observe that people's experience of the service was a positive one. One staff member told us "this place is very good for me; if the people here are happy then I am happy". We saw staff treated people with respect and dignity and people were supported to make informed decisions about how they lived their lives. We also gathered evidence of people's experiences of the service by speaking to the registered manager and other staff who worked in the home and reviewing various records the provider is required to keep.

We saw that policies and procedures had been put in place to ensure the safety and well being of people using the service and we saw evidence of a quality assurance system regularly monitored by the provider.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. The registered manager told us about the regular residents meetings held at the service and how these had been adapted to suit individuals. For example, people who were non verbal could be helped to make decisions about their daily lives by using photographs and pictures. We were shown the minutes from a meeting held in March 2013 and told that the meetings were normally held monthly. We noted a number of items had been discussed including daily activities, holidays and menu suggestions. We also saw how people had expressed their views and concerns and these were noted accordingly.

People were supported in promoting their independence and community involvement. People told us about the type of activities they took part in. One person told us "I'm doing my laundry" and another person told us they liked to help in the kitchen. Staff told us how some people were going to a disco that afternoon. We saw posters in the dining room advertising the disco for that day and details of an arts and crafts activity taking place. We saw people had their own personal activity plans that were available in easy to read and pictorial formats, which were kept in the lounge where they were easily accessed by everyone. We saw pictures around the home of people on holiday and engaging in various activities.

It was evident from comments made by staff that they were familiar with people's personal preferences and daily routines. It was also clear from records we looked at that each person had a weekly schedule of activities which was flexible and could be altered to meet their preferences. We saw how staff encouraged the people they supported to be independent and to learn new skills and people's activity plans allowed time for household activities such as cleaning, laundry and cooking.

Just outside the kitchen was a healthy living board showing pictorial options for breakfast, lunch and dinner. Staff told us that the menu was discussed at resident meetings and

planned so people would have their favourite meal at least once a week. We were told that activities in the kitchen were very popular and saw a rota for 'who's in the kitchen today' pinned to the notice board to ensure that every one had an opportunity to be involved with planning and preparing meals.

We saw staff interacted with the people who use the service in a kind and courteous way. For example, the tone of voice staff used was reassuring and supportive. We also saw staff took their time to understand what people were communicating and responded appropriately to any requests made. To maintain and respect people's privacy and dignity we saw staff always knocked on people's bedroom doors before entering.

We saw a poster clearly displayed in the hall named 'Dignity at Albion Road' this displayed ten actions to help respect peoples dignity in line with the guidance issued by the dignity in care campaign. Each action was accompanied by a photograph of people using the service to help give an explanation, for example one action was to 'act to alleviate people's loneliness and isolation' and the accompanying photograph showed all the people using the service enjoying a social activity together.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at three support plans for people who use the service and saw they were personalised and provided detailed person centred guidance about how their individual needs and preference should be met. We also saw that people had their own 'person centred plan' which was in easy read and pictorial format with plenty of photographs identifying the things and the individuals that were important to each person. We also saw there was an 'activity file' with photographs of days out, holidays, meals out and other various activities with accompanying comments to help capture the memories, feelings and actions of that person at the time.

Each person had a set of risk assessments which identified hazards they may face and we saw examples of how staff had adapted the daily running of the home to help support people to manage these risks and keep them safe.

The registered manager told us that all the people who used the service were registered with the local general practitioner and we saw daily dairy notes were recorded for each person detailing peoples, activities, general mood, social interactions and healthcare appointments.

All the support plans we looked at had been reviewed on a regular basis to ensure they were current and relevant to the needs of the people they were developed for.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. During our tour of the premises we saw that the interior of the building looked very clean and smelt fresh throughout.

We noted that soap was not available in the bathrooms and toilets we saw, the registered manager explained the reasons for this and staff explained how they ensured people had access to soap when needed. We saw that risk assessments were in place for this situation and these were regularly reviewed.

We were shown a cleaning rota for daily cleaning tasks and registered manager told us the shift leader would ensure cleaning tasks are undertaken during each shift. We saw the services infection control policy and noted this included 'infection control do's and don'ts', detailed guidance on hand washing techniques and the use of personal protective equipment by staff during their day to day duties. We saw the most recent guidance from the Department of Health's (DoH) Code of Practice regarding the prevention and control of infection for adult social care was available.

The registered manager told us a monthly infection control audit was undertaken and we saw the most recent audit dated April 2013.

We saw there were separate hand washing facilities in the kitchen and a colour coded system in place for chopping boards and cleaning utensils to avoid cross contamination. We saw staff had access to protective gloves and aprons.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. During our tour of the premises we saw that the communal areas of the home which included the main lounge, dining room and sensory room were all decorated and furnished to a good standard.

We viewed two bedrooms during our tour and saw they were decorated and furnished to a reasonable standard. We saw these rooms had been decorated and furnished in various styles to reflect the individual needs, wishes and interests of the people who occupied them.

We saw that fire emergency procedures were clearly displayed around the home and fire extinguishers were on each floor. The registered manager told us fire drills were conducted monthly and the fire alarm was tested each week.

We saw the garden to the rear of the home was well maintained with a seating area.

The registered manager told us how most of the work identified in our previous inspection had now been completed and we saw evidence of this around the home.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. During our visit we saw there were always three support staff on duty during the day in addition to the registered manager and two staff on duty at night with one waking shift and one sleeping in. We reviewed staff duty rosters, which confirmed the staffing patterns.

The registered manager explained they were in the process of trying to recruit three new members of staff but in the meantime shifts had been covered using the organisations own internal bank staff.

Staff we spoke with told us they felt there was enough staff on duty to meet peoples needs, but having additional staff at busy times would enable people to have more opportunities to get involved in recreational activities in their local community. Staff we met told us "Having one more person would be good so we could have more one-to-one time and group activities" and "we need more staff, at least four staff on a shift so everyone can get involved". We spoke to the registered manager who agreed and explained the regional director of the organisation was aware of the situation and was looking at the possibilities of employing an additional member of staff to cover busy periods.

We saw staff training records and saw that most staff had received their mandatory training. The registered manager explained why some staff had not received all their training and showed us how training is reviewed and monitored using a computerised system. The staff we spoke with told us they felt they had received enough training to meet people's needs and felt comfortable approaching the manager if they wanted further development or had any specific training needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The registered manager told us that annual questionnaire's was sent to staff, people who use the service and their relatives. We were told the last survey had only just been sent out and results would normally go directly to the provider for analysis. However, the registered manager showed us one questionnaire that had been sent directly from a relative to the home. We noted the feedback and comments made were positive. For example, "We are continually impressed by the way new residents have been assimilated into the house over the years and by the improvements in their wellbeing that we have witnessed" and "care can be a bit "one size fits all", but it is quite the opposite at Albion Road".

We saw the provider had developed various systems for monitoring the service and ensuring it met the needs of the people who lived there. This included a robust quarterly quality audit undertaken by the provider. We saw a copy of the last audit completed in March 2013 and noted there was a clear structure showing actions to be taken, timescales for completion and who was responsible.

We were shown how the service recorded, monitored and acted upon incidents, accidents and complaints and we saw a copy of the most recent complaints procedure. We saw evidence of the various health and safety checks and audits that had been carried out by the home and we saw that these had all been reviewed on a regular basis.

We were told how staff were responsible for checking any money handled on behalf of the people using the service and we saw the systems in place for auditing each person's finances. The registered manager told us the provider would regularly check the systems in place to give the service extra assurance that the procedures were being followed correctly.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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