

# Review of compliance

Care Management Group  
Care Management Group - Longdown Road

<b>Region:</b>	South East
<b>Location address:</b>	9 Longdown Road Epsom Surrey KT17 3PT
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	<p>This is a supported living service which provides personal care to nine adults with complex physical and learning disabilities.</p> <p>The service is provided in a large detached property with ten en-suite bedrooms and a wheelchair accessible garden.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Care Management Group - Longdown Road was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

We were not able to speak to most people using the service because they had complex needs which meant they were not able to tell us their experiences. However, we used a range of other methods to gather information about this service.

We spoke to one person using the service. They told us that they did not like going out a lot but did enjoy going for a drive. They told us that they enjoyed going to the shops to buy their clothes.

We spoke to one relative and one visitor of the people who were using the service. One person told us that their relative liked living there and staff "always seem nice towards them."

We spoke to one person who visited on a weekly basis. They told us that there was always a "Homely feel to the place" and "Staff seem to go that bit extra" to make people feel comfortable.

### What we found about the standards we reviewed and how well Care Management Group - Longdown Road was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People who use the service are supported in a manner that promotes their privacy, dignity and independence.

The provider was meeting this standard

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People were receiving the appropriate care and support and proper steps had been taken to ensure that care can be provided to meet people's individual needs.

The provider was meeting this standard

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who use the service are protected from abuse or the risk of abuse because suitable arrangements are in place to ensure this.

The provider was meeting this standard

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People were cared for, or supported by suitably qualified, skilled and experienced staff.

The provider was meeting this standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

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

The provider was meeting this standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke to one relative and one visitor of the people who used the service about this outcome. They told us that their rights and the independence of the people was promoted and respected all the time.

They said that the staff were always very helpful and treated them in a kind and caring manner. One relative told us that they were unable to drive to pick up their relative from the home when they wanted to have a visit to their family. They said that the staff arranged transportation in order for their relative to spend time with them.

One relative told us that their relative "Always looks nice and clean."

##### Other evidence

We saw that a large conservatory had recently been added to the rear of the home, allowing people, including those who used a wheelchair access to the garden. We were told by the manager that people who used the service were able to access the garden should they want to and we saw a number people taking the opportunity to go into the garden during our visit.

People's diversity, values and human rights were respected. For example, we were told

by staff and observed during the day that one person chose to smoke and was supported by staff whenever they wished to do so.

People were supported in promoting their independence and community involvement. We were told that two of the people who used the service were out with staff undertaking activities in the community. One person was sitting with a member of staff doing an activity, which they appeared to enjoy. We saw other people accessing all the rooms in the house including the kitchen and the living room. We saw several incidences where people were able to exercise choice in what they did in the home. We saw from their reactions that they felt relaxed and appeared to enjoy using the home as they wished.

Staff gave us examples of how they involved people in making decisions and choices. For example, choices related to meals, such as hot or cold food. We were told that where alternative was preferred that this was accommodated. Staff were seen discussing with residents what they wanted and offering choices. We saw that some of the residents of the home were happily helping the staff in the kitchen to make the meals.

We were told by the staff that they were unaware of the peoples likes and dislikes with food when they first moved in. We were told that it was a case of "trial and error" to see what people liked and didn't. We saw a sheet in the kitchen that stated what each person liked and did not like to eat. We saw that there was a monthly menu and a picture that was on the door of the kitchen to show people what the meals were that evening.

Staff told us that each person had a variety of different activities to do during the week and that they encouraged each person to go on holiday once a year. We saw several photos of people doing different activities and photographs of one of their holidays. We also saw a list of activities for each person in their care plan which included trips out, walks, tidying their rooms and day centre visits. During our visit we saw that some of people were asked if they wanted to go out with the staff. We saw that they were happy to do this.

We saw that there were two large televisions in the home. We were told one person liked to have the television on for an hour in the morning to settle them. We observed this during our visit.

Throughout our visit we observed the staff interacting with the people who used the service in a way that promoted dignity and respect.

### **Our judgement**

People who use the service are supported in a manner that promotes their privacy, dignity and independence.

The provider was meeting this standard

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke to one relative and one visitor about this outcome. One relative told us they had spoken to someone about the needs of their relative when they moved into the home. They said they felt the care and support given to them was good.

They also told us that they had been involved in deciding on what care was to be given and that they were happy that this was being done. One relative told us that they were "very grateful" with the way the staff were with their relative. They told us that they would know if their relative was not happy.

One visitor to the home said to us that they were happy that the care being provided to their relative was as described in their relatives care plan.

One person told us that their relative's speech had improved since living at the home. This was said to be most noticeable when they spoke to them on the phone.

One relative told us that they had been invited to the home for Christmas dinner which they thought was a nice thing for the staff to do.

##### Other evidence

We saw that people living at the home had been able to participate in various activities of leisure and creativity. For example, the walls in one area were covered with photographs and paintings which were said to have been done by the people living there.

We spoke to the registered manager about the arrangements for planning people's care needs. We were told that people's care plans were being reviewed. The aim was to use a new style care plan to incorporate all of the information about each person in one file instead of several, which was the system in place at the time.

During our discussion with staff they told us that they were aware of people's needs, likes and dislikes. They told us that even though most people's needs were complex they did all they could to ensure those needs were met. One member of staff told us that when their shifts were over they did a handover to the staff coming on duty and provided them with handover sheets. This meant that the staff were provided with up to date information about each person.

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care requirements. For example, we looked at three care plans and saw that each person had several files which included but was not limited to information about their personal care needs. This included risk assessments including slips in the shower, road sense, weight recording and financial matters. Information also related to health records and the people's life history. There were also daily sheets that had been completed by staff to indicate what care and support had been provided. This meant that staff on duty were able to see the care given each day to each person.

The manager told us that most of the people living at Longdown Road had elderly relatives who were not involved in their care. All of the people living at the home had support from Social Services and we saw evidence of this in their care plans.

We saw from the care plans that people's cultural and religious background were taken into account when planning care. The manager told us that appropriate questions were asked before the person started using the service about their needs in relation to their religion. When we reviewed the care plans we saw that one person had been taken to church when they wanted to attend and this had been recorded.

### **Our judgement**

People were receiving the appropriate care and support and proper steps had been taken to ensure that care can be provided to meet people's individual needs.

The provider was meeting this standard

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We were not able to speak to people using the service because they had complex needs which meant they were not able to tell us their experiences at the time of our visit.

We were able to speak to one relative and one visitor about this outcome. One relative told us that they felt the home was safe and secure. They told us that when their relative went to them for a visit that they were always happy and keen to go back to the home.

One visitor said that they always felt that the people were well cared for and happy.

##### Other evidence

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We were able to confirm the staffs awareness related to safeguarding vulnerable adults. For example, we spoke to two members of staff who told us they were aware of their role in safeguarding the people who used the service. Staff told us of the types of abuse that may occur and of the action they would take if abuse was suspected or alleged. They told us that they had received up to date training in Safeguarding vulnerable adults and that they felt they could approach their manager with any concerns.

One member of staff told us that if they were not happy with the way the manager dealt with a safeguarding concern they would pass their concerns on to Surrey County Council (SCC) who is the lead agency of safeguarding issues.

We saw the staff training record which confirmed that, of the 16 staff employed by the service, all had received up to date safeguarding training.

We saw a flow chart on the door of the office which advised staff of what to do if they had any safeguarding concerns. The service had an organisational policy and procedure for the protection of vulnerable adults which we saw at the time of our visit. The organisational policy advised staff to report suspected or alleged abuse to the local authority duty team and we noted that staff had signed to indicate that they had read the policy.

Surrey County Council (SCC) is the lead agency for safeguarding issues. We saw that the service policy referred to SCC and the SCC Safeguarding Adults multi-agency procedure. We saw that the provider had a copy of the latest procedure from SCC.

The provider had developed a whistle-blowing policy, which enabled staff to report any concerns they had about potential abuse or poor practice. We spoke to staff who told us that they knew how to access the policy if they needed to.

**Our judgement**

People who use the service are protected from abuse or the risk of abuse because suitable arrangements are in place to ensure this.

The provider was meeting this standard

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We spoke to relatives and advocates of the people using the service but their feedback did not relate to this outcome.

##### Other evidence

We found that appropriate checks were undertaken before staff commenced employment. For example, we reviewed the personnel files of two staff which showed that an effective recruitment process was in place and had been followed. This included the completion of an application form, interview records, and obtaining evidence of persons fitness to work in the environment. This included Criminal Records Bureau (CRB) checks and obtaining written references prior to employment commencing. These checks ensured that only staff who were suitable to work with vulnerable people had been employed by the provider.

##### Our judgement

People were cared for, or supported by suitably qualified, skilled and experienced staff.

The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We spoke to relatives and visitors of the people using the service about this outcome.

One relative said that they felt that the staff listened to any concerns that they had and acted upon them when they needed to.

##### Other evidence

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

We were told that it was the manager who was responsible for auditing the service. We saw evidence that they carried out monthly audits for example in relation to medication, health & safety, fire safety, staff training and care plans amongst others. We found that the manager drew up an action plan to address any areas identified for improvement through the quality monitoring process.

We saw evidence that the registered provider carried out internal audits which addressed a range of areas across the service, including service user involvement, activities, staff interaction, choice, diet and safeguarding.

The manager told us that a survey was sent to all relatives, stakeholders and care managers on an annual basis and that this had been sent out recently. We were told that a survey was completed last year and no concerns were raised. We saw evidence

that this was the case.

The manager told us that they had a separate complaints procedure for the people and for the staff. We saw that the people's policy was posted in the dining area and the staff policy was kept in the office. This meant that if anyone had any complaints they knew how to raise them.

We were told by the manager that there is a comments book at the reception area. We saw this book and noted that people had been using it. The manager told us that they read the comments and would act upon any concerns raised if necessary.

**Our judgement**

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

The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA