

Care Management Group Limited

Care Management Group - 23 Perryn Road

Inspection report

23 Perryn Road
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Date of inspection visit:
24 July 2017

Date of publication:
03 August 2017

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

Care Management Group - 23 Perryn Road is a care home for up to eight people with a learning disability and/or mental health needs. At the time of our inspection eight people were living at the service. They all had learning disabilities and some had additional mental health needs. Some people had autistic spectrum needs. The service is managed by Care Management Group (CMG) Limited, a national organisation providing care and support to adults and children with disabilities in England and South Wales. They manage over 120 services, including other residential care homes, day centres and supported living services. There was a registered manager in post who had worked at the service for many years.

At the last inspection on 2 March 2015 we rated the service Good and found the service was meeting all the required Regulations. Although we found that improvements were needed because the staff did not ensure there were sufficient quantities of nutritious food available at all times.

At this inspection on the 24 July 2017 we found the service remained Good.

People living at the service were happy there. Their needs were being met and they liked the staff. People felt comfortable, relaxed and could spend time how they wanted. People were involved in the day to day running of the home, helping to plan activities and menus and were involved in everyday tasks. People had opportunities to use the community and take part in a range of different activities.

Relatives and other representatives spoke positively about the service. They told us, and the provider's own record of their feedback confirmed, that they felt people were well cared for and their needs were met. They had regular contact with the service and felt appropriately involved.

Support plans were well designed and included information about how the staff should meet people's needs. Risks had been assessed and planned for.

People received their medicines in a safe way and as prescribed. There were procedures designed to safeguard people from abuse and the staff were aware of these.

There were enough staff employed to meet people's needs and keep them safe. The staff were recruited in a suitable way and received the supervision, support and training they needed to carry out their roles.

The staff were kind, caring and had good relationships with the people who they were caring for.

The service was appropriately managed. The registered manager was experienced, qualified and had worked at the service for many years. People using the service, their representatives and the staff found the registered manager approachable and supportive.

There were systems for capturing the views of all stakeholders and evidence that these were listened to and

acted upon. There were a number of audits which monitored the quality of the service and ensured continuous improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

There were procedures designed to keep people safe and protect them from the risk of abuse.

Risks to people's wellbeing had been assessed and planned for.

The environment was safely maintained.

People received their medicines as prescribed and in a safe way.

There were enough staff employed to keep people safe and meet their needs.

Is the service effective?

Good ●

The service remains Good.

People's nutritional needs were being met.

People were cared for by staff who were well trained, supported and supervised.

People's capacity to consent had been assessed and the provider acted within the principles of the Mental Capacity Act 2005.

People's healthcare needs were assessed, monitored and met.

Is the service caring?

Good ●

The service remains Good.

People had good relationships with staff who were kind, caring and polite.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service remains Good.

People's needs were assessed, planned for and met.

People were able to make choices and their preferences were considered and respected in the way they lived their lives.

There had been improvements for people living at the service as they had achieved personal goals and overcome individual fears.

People's families were involved and were happy with the support people were receiving.

People knew how to make a complaint.

Is the service well-led?

The service remains Good.

There was an open, positive and inclusive culture.

People felt the service was well managed and that there were on going improvements.

The registered manager was supportive and encouraged people using the service and staff to try new things and contribute their ideas.

There were appropriate systems for monitoring the service and identifying where improvements were needed.

Good ●

Care Management Group - 23 Perryn Road

Detailed findings

Background to this inspection

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

The inspection visit took place on 24 July 2017 and was unannounced. This was a comprehensive inspection and was carried out by one inspector

Before the inspection we looked at all the information we had about the provider. This included notifications of significant events and safeguarding alerts. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we met seven of the eight people who lived at the service. We observed how they were being cared for and supported and we spoke with them about their lives and experiences at the service. We met three support workers and the registered manager. We looked at records which included the care and support records for three people, records of accidents and incidents, quality monitoring, meeting minutes and other records used by the provider to manage the service.

Following the inspection visit we spoke with one relative of a person who used the service and two external professionals.

Is the service safe?

Our findings

The relative we spoke with felt that people were safe at the service.

There were procedures regarding safeguarding vulnerable adults, reporting abuse and whistle blowing. Posters and information about these were displayed around the home. The registered manager discussed safeguarding and reporting abuse at monthly meetings for people who lived and worked at the service. The staff also had training in this area which was regularly updated. There had not been any safeguarding referrals since the last inspection. However, the staff knew who they would contact and report any alerts to if these should occur.

The risks which people experienced had been assessed. There was a checklist for each person outlining risks for that person and how they should be supported to minimise risks and likelihood of harm. Individual risk assessments were detailed and regularly reviewed. There was easy to access important information which the staff could use if a person was missing and when they needed hospital treatment.

The environment was safely maintained. The staff carried out regular checks on health and safety and were assisted with this by one of the people who lived at the service. In addition, there was evidence of checks by external companies on fire, water, electricity and gas safety. There was an up to date fire risk assessment and individual emergency evacuation plans for each person. There was evidence that any concerns or areas for improvement identified through health and safety checks were reported to the appropriate parties and put right.

The staff recorded all accidents and incidents. There was evidence these were checked and analysed by the registered manager and the provider. There were weekly audits of all incidents and we could see how the staff and registered manager responded to these. For example, following incidents of aggressive behaviour the staff had consulted the community mental health team. There was a recent incident where a person choked whilst eating. The person had been referred to the speech and language team for support. In addition the arrangements for supervising this person during mealtimes had been reviewed and updated to ensure they were kept safe whilst they were waiting for guidance and support from specialists.

People received their medicines in a safe way and as prescribed. One person was supported to partly manage their own medicines to help them gain more independence in this area of their life. Information about people's medicines needs was clearly recorded, including assessments of the risks associated with these. People's medicines were regularly reviewed by the prescribing doctors. Medicines were stored safely and securely. The staff had received training in the safe administration of medicines and their competencies were assessed annually. Records of medicine administration were complete, accurate and up to date.

There were enough staff employed to keep people safe and meet their needs. There were no staff vacancies at the service at the time of our inspection. The registered manager told us that they were recruiting 'bank' (temporary) staff to help cover staff absences.

The registered manager interviewed all new staff at the service. The interview process included opportunities for the staff to spend time with people who used the service so that the registered manager could observe how they interacted with them. The provider undertook checks on the staff suitability which included their identity, references from previous employers, checks on their criminal records and their eligibility to work in the United Kingdom.

Is the service effective?

Our findings

At the inspection of 2 March 2015 we found that the staff did not ensure there were sufficient quantities of nutritious food available at all times. We did not make a requirement in respect of this but noted that improvements were needed.

At the inspection of 24 July 2017 we found that improvements had been made. The kitchen was well stocked with a variety of nutritious food. People were able to make choices about what they ate and were involved in planning menus, shopping and cooking. We saw people being supported to prepare the lunch time meal. We also saw photographs to show others were involved. Some people had their own refrigerators and bought food to store in their rooms. Menus and information about food people had eaten showed that they had a variety of different meals, including fresh fruit and vegetables.

People's individual dietary needs were recorded including information about special needs. People were regularly weighed and supported to maintain a healthy weight. One of the provider's quality surveys completed by a relative included the comment, "I think the service has adjusted the menu very successfully to provide for residents eating healthy and balanced food." The registered manager explained that one person had been supported to lose weight through a change in diet and a healthy life style.

People were supported by staff who had the right skills to meet their needs. Each support plan included an assessment about matching staff for the person and the activities where they needed support. The assessment recorded the personality, skills and characteristics needed of the staff. The registered manager recruited, trained and supported the staff to make sure they met these needs.

The staff were well supported and had the information and training they needed to care for people. All the staff we spoke with told us they worked well as a team and communication within the team was good. They told us that they supported new staff who shadowed them. There were good systems for planning how work was allocated and communicating within the team, including regular team meetings. The staff had access to the organisations policies and procedures and had signed to confirm they read and understood these. The staff signed support plans and other records to show they had read these.

The registered manager held regular team meetings and the staff attended individual meetings to discuss their work. They also had annual appraisals to help them identify their strengths and needs.

All staff undertook training organised by the provider and the local authority. Some of the training was computerised and the registered manager monitored whether staff had completed all the required training. At the time of our inspection all training the provider regarded as mandatory was up to date. The staff told us that the registered manager organised additional training. For example, one person at the service had suffered a stroke. The local community team gave specific training about caring for this person during their recovery and helping them to move safely. The staff had also undertaken the provider's and local authority training about Positive Behaviour Support. This training was designed to equip the staff with the skills to

recognise why people might challenge and what the triggers for them were.

The staff were supported to take on additional responsibilities and work towards promotion. One member of staff told us that senior staff and the registered manager had supported them to take a lead on some of the management responsibilities at the home. They had also supported them to undertake training which would help them progress their career and provide them with additional skills.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was acting in accordance with the principles of the Act and found that they were. There was information about people's individual capacity and how they understood and made choices. Where possible the staff had made sure records were accessible for people by using pictures, photographs, easy to read information and translating to people's first language when this was not English.

Support plans included a "Potentially restrictive practice checklist." This identified any restrictions for each person. Where there was a potential restriction an additional risk assessment had been created to describe how the person could be involved and what action was taken to minimise the restriction. For example, the staff supported people by administering their medicines. This had been discussed with each person and they had agreed to this support.

There were three people who the provider had assessed as lacking capacity to make specific decisions. The registered manager had applied to the local authority for DoLS authorisations for these restrictions. People's support plans included information about important people in their lives who should be consulted when making a decision in their best interests where they lacked capacity, for example with complex medical decisions.

People's healthcare needs were assessed and recorded in health action plans. These were regularly reviewed and updated. There was clear information about their different health needs and how these were met. There was evidence of regular consultation with health care professionals. One healthcare professional had written to the provider stating that, "[The service is] good at encouraging the clients to attend appointments and [the service] seems to manage the day to day health needs appropriately." One of the service users was part of the local GP patient participation group, helping to provide feedback on the quality of the GP service.

Is the service caring?

Our findings

The relative who we spoke with told us that the staff were all, "kind and friendly." They said that the staff treated people with respect and allowed them to have their privacy. They commented that people were unrestricted within the home and this enabled them to feel secure and safe. They told us that their relative was genuinely happy there.

People were being cared for by staff who were kind, caring and supportive. People who were able to tell us about their experiences told us that the staff were "nice" and "friendly." We observed the staff interactions with people. These were thoughtful, kind and caring. The staff showed respect when they spoke with people. They laughed and joked with them and also listened to and comforted them when they needed this. The staff promoted people's independence and encouraged them to do things for themselves. We saw them supporting people to make choices and to take control of what they did and how they spent their time.

People's privacy was respected. The staff called people by their preferred names. They knocked on bedroom doors before entering. There were written guidelines about entering people's bedrooms. These had been discussed with people who had signed their agreement to the documents.

People's cultural needs were recorded within their support plans and they were supported to meet these. There was information about their culture and traditions which were important to them and evidence that the staff respected these. One person was supported to attend church and was involved in activities such as helping with the church collection. One person had been supported to visit the country of their parent's birth to help learn about their personal history. Another person did not speak English as a first language. Parts of their support plan had been translated to help them to understand this.

Information within support plans was person centred and individual preferences were clearly recorded. This meant that important and significant needs were included within the care files but also little details such as, "I prefer to use a flannel" were included meaning that the staff knew exactly how each person wished to be cared for.

Is the service responsive?

Our findings

The relative who we spoke with told us that they had seen improvements for their family member since they moved to the home. They said that the staff were well trained and knew how to work and communicate with people and that their work had made a difference for their relative. They also commented that the staff approach and specific strategies they employed had led to a reduction in challenges.

People's care and support needs were assessed and being met. The staff created support plans which outlined people's individual needs and how these should be met. Information was personalised. Some of the records included easy to read information, photographs and pictures to help the people who the plan was about to understand. One person's first language was not English and their support plan and other records had been translated into their first language for them. Support plans were regularly reviewed and updated. Each person had an allocated key worker who supported them to plan for their needs. Keyworkers reviewed how each person was monthly and recorded this, including any achievements they had made or any new needs which had been identified. The staff kept logs to record how people had spent their time and how they had felt.

There was evidence that the support people received at the service had enabled positive changes. For example, the staff described how one person had found aspects of their care challenging when they first moved to the service. They had been unwilling to leave the building and had been resistant to some care and support. The staff described how they had worked with this person and their family to help them feel safer and more confident with particular challenges. As a result the person had achieved a number of personal objectives, including a holiday abroad. The staff also told us the person now requested to be supported to go to the shops and to leave the building.

The registered manager told us about another person who had also been unwilling to leave the home for medical appointments. They told us that the person had demonstrated their agitation through aggression towards others. Over the last two years the person had been supported to feel more settled and happier. The registered manager told us, "[They] are like a changed person." The staff followed specific approved guidance for supporting people called Positive Behaviour Support. They had been trained to understand how to recognise what caused people to feel anxious. One family member had written to the service saying, "Positive Behaviour Support is really good. This practice has enabled [person]'s behaviour to improve tremendously"

There were individual activity planners designed to offer each person a range of different activities in the home and the community. The staff told us that these were flexible and people were able to make choices each day if they wanted to do something different.

People accessed the local community. Two people could travel independently and accessed the community without staff support. Other people were supported to use public transport, shops and community facilities. Throughout the day of our inspection people were supported to go out for different activities, including

shopping and meals out. We saw that this was always the case, and logs showing how people had been supported each day showed a variety of different community based activities. One person had a voluntary job. A scheme designed to help people find paid employment was working with the person to help them find a paid job and access college. Two other people were undertaking a qualification about independent living. This was designed to increase their skills and reward achievements. The achievements included money handling skills, safety and preparing meals. There were photographs showing how people had achieved different goals.

People were supported to go on holiday to different places. The registered manager arranged for a member of staff to support one person so they could travel with their family to the country of their birth for a holiday. The person would not have been able to go without this support. Another person who had a fear of flying was supported to go abroad on a flight. This was successful and their experience included visiting the cockpit of the plane. The registered manager told us that one person was being supported to take a special holiday to a specific country fulfilling a lifelong goal.

The family member who we spoke with told us they felt involved in the service. They said they were welcome to visit whenever they wanted and the staff kept them informed of important events. We saw that the staff kept a record to show that people had been in contact with/or had seen their families. The staff had supported people to maintain contact at times when this had been challenging. The registered manager told us about one person who had been afraid to travel on public transport. The staff had supported the person to overcome this fear and they now used public transport to visit their family. This had a positive impact on their relationship with their family as they could visit them and also now accessed this transport with their family.

There was an appropriate complaints procedure. The relative we spoke with told us they knew how to make a complaint. People using the service appeared at ease speaking with staff about their concerns and asking questions. There had not been any formal complaints since 2015.

Is the service well-led?

Our findings

The relative who we spoke with told us, "[My relative] is happy at the service and that makes us happy, we have seen improvements for [them] and we are hoping for further improvements. We are very involved and the staff tell us about anything that has happened. They have an attitude that if a service user wants something they will find a way to make it happen."

One of the social care professional who we spoke with commented, "The staff are always helpful, transparent and show a person centred approach when supporting both my client and other residents. The residents always appear happy and well supported. They work well with their partnership organisations and there is always a prompt response to any concerns that are raised."

The other professional said, "It is a really good home, meeting [person's] needs in every aspect. I can't fault them."

There was an open and inclusive atmosphere at the service. People living there were encouraged to give their opinions and be involved in planning and monitoring the service. One person was responsible for assisting with health and safety checks of the environment. All of the people took part in regular meetings where they were well informed and had the opportunity to contribute their ideas. The provider also asked people to complete annual surveys about their experiences.

The provider asked for all stakeholders to complete surveys about their experiences. The most recent surveys included positive feedback from families and other stakeholders. The registered manager also kept a record of other compliments and feedback. Some of the comments made by family members included, "The staff are all welcoming. [My relative] is happy with [their] environment and is able to move freely within the house", "The staff are very friendly and respectful to the residents and the home has a real homely feel", "[Person] is very settled and I am confident [they] will continue to make improvements" and "I think they do their best."

Some of the recent feedback from social and health care professionals included, "[Person] is looking so well and happy", "I found [member of staff] very knowledgeable about the needs of [person]", "Staff are all very courteous and professional", "[Person's keyworker] is so dedicated and makes all [their] wishes come true" and "[The registered manager] is a very calm person and suited for the role. My service user has done very well with measurable improvements in their life."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager had worked at the service and other services managed by the provider for several years. They had a level 5 management in care qualification.

The staff spoke positively about the registered manager. They told us that they felt supported, that their work was praised and they were encouraged to share their ideas. The registered manager praised the team and their work. They told us, "The staff are open minded, they challenge practice and they work well as a team in the best interests of [the people who we support]." The registered manager told us they had an "open door" policy where staff could approach them with ideas or ask for advice. The staff confirmed this telling us they were comfortable speaking with the registered manager and were happy their ideas were listened to.

The provider was a national organisation providing care and support to adults and children with disabilities in England and South Wales. The registered manager told us the provider and senior managers within the organisation were supportive. They said that the chief executive officer and regional managers visited the service. They also told us they offered support through sharing examples of good practice and celebrating successes. For example, two of the staff who worked at the service had been given special awards for specific pieces of work. The registered manager regularly met with other managers. There was shared learning from accidents and incidents. For example, following safeguarding concerns in one service, the managers had discussed these with their staff and talked about ways of preventing incidents in their own service.

The registered manager attended provider forums run by the local authority. This meant they could share good practice with other services. The registered manager told us that this was useful. The registered manager also accessed local authority training for the staff. The local authority carried out quality audits of the service. The most recent audit had taken place shortly before the inspection and the registered manager had not received their report of this, however told us that feedback had been positive.

The staff, registered manager and provider undertook a number of different audits to make sure people were receiving a quality service. Audits and checks covered all aspects of the service and included, checks on the environment, medicine administration records, fire safety and how people's needs were being met. In addition the registered manager analysed all accidents and incidents.

The registered manager had undertaken observations of the staff to make sure they were providing person centred care. They told us that the staff did not know when specific observations were taking place. They watched and recorded how the staff member interacted with and supported people during different tasks. The records of these showed that staff had provided person centred care and interactions were good with the staff offering people choices.