

# Choice Support Perrymans

## Inspection report

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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

Perrymans is a residential care home providing accommodation and support with personal care to six people with learning disabilities or on the autistic spectrum at the time of the inspection. The service can support up to six people. The service is a purpose-built care home all on one floor.

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

Procedures were in place to help protect people from the risk of abuse and staff understood their responsibility with regard to safeguarding people. Risk assessments were in place which provided guidance about how to support people in a safe way. There were enough staff working at the service to meet people's needs and robust staff recruitment practices were in place. The service sought to learn lessons when accidents and incidents occurred. Steps had been taken to protect people from the risk of infection. Medicines were managed safely.

People's needs were assessed before they commenced using the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively. The design and layout of the building was suitable for the people using it. People had a choice of what they ate and drank. The service worked with other agencies and professionals to support people's health care needs. 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.

People told us staff were kind and caring and treated them respectfully. Staff had a good understanding of how to promote people's privacy, dignity and independence. The provider sought to meet people's needs in relation to equality and diversity.

Care plans were in place which set out how to meet people's needs. People and their relatives were involved in developing these plans. People had access to a range of social and leisure activities. Complaints procedures were in place. Steps had been taken to make communication with people accessible to them. End of life care plans had been developed for people.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service and others. The service had links with other



agencies to help develop best practice.

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

#### Rating at last inspection

The last rating for this service was good (published 16 August 2017).

#### Why we inspected

This was a planned inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.



# Perrymans

## 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 provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Perrymans is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of any incidents the provider had sent us. We contacted the host local authority to seek their views about the service. We used the information the provider sent us in the provider information return. This is information providers are required 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. Other people



were unable to speak with us due to their communication needs. We observed how staff interacted with people. We spoke in person with four members of staff including the registered manager, assistant team leader and two support workers. We also spoke by telephone with the head of governance and improvement. In addition, we spoke with a visiting social care professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information relating to infection control and Deprivation of Liberty Safeguards.



# 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 as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. Safeguarding adults and whistleblowing policies were in place which provided guidance to staff in these areas. The policies made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Allegations of abuse since the last inspection had been dealt with in line with the policy.
- Staff had undertaken training about safeguarding adults and understood their responsibilities in this area. When asked what they would do if they suspected a person had been abused, a staff member told us, "I need to report it to my manager."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. They covered risks associated with medicines, behaviour, falls, accessing the community, finances and using the kitchen. Assessments were subject to regular review.
- Checks were carried out to help ensure the premises and equipment used were safe. For example, fire safety checks were carried out and qualified persons had checked the gas and electrics within the building to make sure they were safe and in good working order.

Staffing and recruitment

- Staff told us there were enough staff on duty to meet people's needs and for them to carry out all required duties. We observed staff were able to support people in an unhurried and prompt manner during the inspection. On the day of inspection, a staff member had cancelled their shift at short notice and we saw that arrangements were made to get alternative staff cover.
- The provider carried out checks on prospective staff before they commenced working at the service. These included criminal record checks, proof of identification and employment references. This meant steps had been taken to help ensure only suitable staff were employed.

Using medicines safely

- Arrangements were in place for the safe management of medicines. Medicines were stored securely in designated and locked medicine cabinets. Staff undertook training, which included an assessment of their competence, before they were permitted to administer medicines. Medicine administration records were maintained. Staff signed these after each medicine was given. We checked medicine records and found them to be completed accurately.

Preventing and controlling infection



- The provider had a policy which provide guidance about preventing the spread of infection. This covered the use of protective clothing and hand washing. Staff were expected to wear protective clothing when they supported people with personal care, and we observed this to be the case.
- Clinical waste was stored in yellow bags which were collected from the premises once a week. We saw about five or six bags that were full of clinical waste in the garden. They were not hidden from view from the service itself [although they could not be seen from the street or by neighbouring houses] or safe from the risk of animals accessing them. We discussed this with the registered manager. They told us they would in future ensure all clinical waste was stored more securely and discreetly and they sent us evidence of this shortly after our inspection.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. These were reviewed by the registered manager to see what action could be taken to reduce the risk of further similar incidents occurring. For example, risk assessments were reviewed, and people had been referred to relevant health and social care professionals.



# 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 as good. At this inspection this key question has 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

- After receiving an initial referral, a senior member of staff carried out an assessment with the person, and where appropriate, their family. The purpose of the assessment was to determine the person's needs, and if the provider was able to meet those needs.
- Records showed assessments covered needs related to personal care, health, medicines, mobility and social activities. They were carried out in line with good practice guidance and legislation, for example, the assessed needs related to equality and diversity characteristics, such as religion and ethnicity.

Staff support: induction, training, skills and experience

- Staff were supported to develop relevant knowledge and skills to help them in their roles. New staff undertook an induction training programme which included shadowing experienced staff. Records showed there was a continuous rolling training programme that included training about health and safety, safeguarding adults, food hygiene, the Mental Capacity Act 2005, fire safety and medicines administration.
- Staff told us they had regular one to one supervision with a senior member of staff. They told us they found this helpful. Records confirmed supervision took place, and included discussions about training, people who used the service and teamwork.

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

- People told us they liked the food. One person replied, "Yes" when asked if the food was good. People planned the menu at a weekly meeting. To help them choose, picture cards were used, so people were able to communicate their choices. The menu showed people were offered a varied and balanced diet, with choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals. Records showed these included GPs, dentists, opticians, physiotherapists and district nurses.
- 'Health Action Plans' were in place for people which included information about how to support them to live healthy lifestyles. People also had 'Hospital Passports', these included information about their health and personal care support needs and were intended for use by hospital staff, in the event of the person being admitted to hospital.

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

- The building was purpose built as a care home and contained adaptations to help make it accessible to



people with mobility needs. Corridors were wide enough to allow people using wheelchairs to pass by each other, grab rails were situated around the premises and the service was built over one floor, without any stairs or steps. Bedrooms were decorated to people's personal tastes and were homely in appearance.

#### 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been carried out with people. These covered various areas including people's capacity in relation to taking medicines, receiving personal care, receiving medical care and choosing holiday destinations. Where it was deemed people lacked capacity, best interest decisions were made. These involved relevant persons, including staff from the service, health care professionals and people's relatives.
- DoLS authorisations were in place for people and the provider had notified the Care Quality Commission of these, in line with their legal responsibility to do so. We saw that one person was being deprived of their liberty outside the conditions of their DoLS authorisation. The authorisation stated they could be restrained by use of a secure belt when using the toilet and their wheelchair, due to the risk of falls. The registered manager told us after the DoLS authorisation had been granted, the risk of falls had increased. A best interest decision was taken, that involved physiotherapists and the person's relatives, to use the belt to restrain the person when using an armchair at the service. We discussed this with the registered manager who contacted the authorising local authority about it the same day. We saw an email reply from the local authority that stated the provider could use this form of restraint so long as the best interest decision had been made. This showed although the person was being restricted in addition to a DoLS authorisation, it was in their best interests due to the high risk of them falling otherwise.



# 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 as good. At this inspection this key question has 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; respecting equality and diversity

- People told us they were treated with respect. One person replied, "Yes" when asked if they liked the staff and if the staff were nice to them. We saw people were relaxed and at ease in the company of staff and saw examples of positive interactions between people and staff.
- The provider sought to meet people's needs in relation to equality and diversity. Care plans covered equality and diversity characteristics. Food, music, clothes and people's room décor reflected their culture and ethnicity and people were supported to practice their religion where this was important to them. The registered manager told us none of the people using the service at the time of inspection identified as being lesbian, gay, bisexual or transgender. But they said if anyone did, they would seek to meet any related needs.

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

- People were supported to make decisions about their care, and only deprived of this opportunity where a mental capacity assessment had been carried out and found they lacked the capacity to make a decision. People were consulted about their care plans and meetings were held which gave people the opportunity to express their views, for example, in relation to menus and activities.
- Staff told us they supported people to make choices as much as possible, for example, about what to wear or eat and drink. We observed staff supporting people to make choices on the day of inspection in relation to where they wanted to go out and what they wanted for lunch.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy, dignity and independence and explained how they did this. One member of staff said, "You have to knock on the door and say, 'good morning, I'm here to give your personal care'. You explain what you are going to do. When I take them to the bathroom, I make sure they are covered up."
- Care plans included information and guidance about what people required support with, and what they were able to do themselves. This helped to promote their independence.
- The provider had a policy on confidentiality which made clear staff were not permitted to share confidential information about people unless authorised to do so. Staff understood the importance of respecting people's right to confidentiality. Confidential records were stored securely at the service.



# 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 as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place which set out people's needs and how to meet them. They were person centred, based around the needs of individuals, and provided detailed guidance to staff. Plans covered needs associated with personal care, relationships, finances, activities, medicines and eating and drinking.
- People's relatives were involved in developing care plans which helped ensure they were person centred. A monthly progress meeting was held with the person and their keyworker to check progress being made was in line with the care plan.
- Care plans were subject to regular review which meant they were able to reflect people's needs as they changed over time. Daily records were also maintained of the support provided on each shift. This meant it was possible to monitor that support was given in line with people's assessed needs.

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 can 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 were covered in their care plans. In addition, 'Communication Passports' were in place for people. These set out the different ways in which people communicated and included information about how the person communicated various emotions or needs. For example, they showed how the person communicated if they were sad, happy, in pain or hungry.
- Staff told us they had got to know people well and understood how they communicated through gestures, speech, verbalisations and facial expressions. Objects of reference and picture cards were used to aide communication between people and staff.

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

- Care plans included contact details of people's relatives and people were supported to maintain relationships with friends and relatives. Relatives visited the service regularly and were involved in developing people's care plans. People attended various day centres where they had developed friendships with other people.
- People were supported to engage in various activities. On the day of inspection one person went out for lunch, three people attended a day service and one person went out with their community outreach worker. This worker told us they regularly supported the person to do things the enjoyed such as traveling on public transport and going shopping. In-house, the service had its own sensory room, staff told us this was enjoyed



by everybody using the service. Other in-house activities included puzzles, music and crafts.

#### Improving care quality in response to complaints or concerns

- The provider did not have a current complaints procedure in place. Although the provider has taken the operation of the service approximately two years ago, they had not introduced their own complaint policy in the service. There was a complaint procedure from the previous provider. This had the same contact details for making a complaint as the current provider and the registered manager told us complaints made through this procedure were responded to. We saw a draft complaints procedure for the current provider which we were told would become the established procedure in the near future. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response of the service.
- Complaints received had been recorded and dealt with in line with the complaints procedure that was in use.

#### End of life care and support

- The registered manager told us that none of the people using the service at the time of inspection were in the end of life stages of care. However, end of life care plans were in place. These set out people's wishes for support at the end of life and after death stages. 'Do Not Attempt Resuscitation' forms were in place for people which had been signed by their GP.



# 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 as good. At this inspection this key question has 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted an open and inclusive working culture at the service. Staff told us they found the registered manager to be approachable and supportive. One staff member said, "[Registered manager] is a nice manager. You can talk to them." They added, "It's lovely working here, the [working] environment is very good." Another member of staff said, "All the managers, all the staff, we are a good team, we work together."
- The support people received was person-centred, based around their individual needs. Care plans set out people's needs in a personalised manner and staff had a good understanding of the needs of individuals, which helped to achieve positive outcomes for people.
- Regular meetings were held for both people who used the service and staff. This helped to create an open atmosphere where relevant persons were able to express their views about how the service was run.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Records showed there was a good level of communication with relatives of people, who were kept informed of any significant issues relating to people. In written feedback, we saw one relative had written, "Perrymans are very good at keeping us informed." Accidents and incidents were reviewed to see what lessons could be learned from them. This helped reduce the risk of similar incidents occurring.
- Staff and management undertook regular training. This helped them to continuously learn and develop new skills, which helped to improve care.

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

- The service had a clear management structure in place There was a registered manager who was supported in the running of the service by an assistant team leader. Staff were clear about lines of accountability and who they reported to.
- Various audits and checks were carried out to improve quality at the service. These included audits of medicines and regular reviews of care plans. Senior managers from the provider carried out monitoring visits to the service.
- The provider was aware of, and adhered to, their legal responsibilities. They had notified the Care Quality Commission of any significant incidents and operated within any conditions of registration they were subject to.



Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's protected characteristics were covered in their care plans. The provider had good practice in relation to equality and diversity with regard to its employment practices, for example, through its staff recruitment practices.
- People's and relative's views were sought about the service. This included carrying out surveys. We saw feedback from relatives was positive. One had written, "I would always recommend Perrymans to family and friends. They are helpful, supportive and provide a safe, comfortable place to live."
- The provider worked with other agencies to develop and share good practice. For example, they had some involvement with Skills for Care and the registered manager told us they worked closely with the local authority. For example, they attended the providers forum run by the local authority which at its recent meeting held a discussion about the possible implications of Brexit on the care sector.