

Care Management Group Limited

Care Management Group - 23 Pierrepont Road

Inspection report

23 Pierrepont Road
London
W3 9JJ

Tel: 02088962581
Website: www.achievetogether.co.uk

Date of inspection visit:
29 October 2020
24 November 2020

Date of publication:
29 December 2020

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

23 Pierrepoint Road is a residential care home providing care and support for up to 11 people who have a learning disability and may also have other health conditions, autism, mental health needs or physical disabilities. At the time of our inspection nine people were living at the service. The service was managed by the Care Management Group (CMG) Limited, a national organisation providing care and support to adults and children with disabilities in England and South Wales. The service is in the process of being registered under a new provider called Regard Achieve Together.

23 Pierrepoint Road is located in a residential area, similar in appearance to the other houses in the street.

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

During this inspection we were not always assured about the provider's infection control practices. On the first day of our inspection, we found personal protective equipment (PPE) procedures were not always followed and there was poor signage around infection control. We also found cleaning was not completed to appropriate standards and audits were not effective. When we returned to complete the focused inspection, we found PPE, signs and audits had improved but some improvement was still required with the standard of cleaning.

We have made a recommendation to the provider about the monitoring of infection control practices.

The provider had systems in place to safeguard people from the risk of abuse. Medicines were managed safely. Safe recruitment procedures were in place and there were enough staff to meet people's needs.

Care plans were personalised and recorded people's preferences so staff knew how to respond to people's needs effectively.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture by promoting choice and control, independence and inclusion.

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

Rating at last inspection

The last rating for this service was good (published 13 November 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection control. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection control. After going through our quality assurance checks, we widened the scope of the inspection on a second day to become a focused inspection which included the key questions of safe and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has not changed, but we have changed the rating of the safe key question from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Management Group- 23 Pierrepont Road on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Care Management Group - 23 Pierrepont Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We received information of concern about infection control and prevention measures at this service. We carried out a targeted inspection to look at the infection control and prevention measures the provider has in place. This was then expanded to a focused inspection to look at the key questions of safe and well-led.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Care Management Group - 23 Pierrepont Road 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 on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought

feedback from the local authority who works with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account in making our judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior support worker and two support workers. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- During the first day of the inspection we found infection control practices were not always safe. We found not all staff were wearing masks. This was corrected on the second day.
- There were no signs or notices about infection control clearly visible upon entering the home. On the first day, staff told us the thermometer was misplaced and our temperature was not taken, but on the second day a new thermometer had been purchased and our temperature was taken. There was initially a lack of hand hygiene and PPE signs but this had improved by the second day.
- We did not see any yellow bins for the safe disposal of used PPE. The registered manager said this was because the yellow bags were taken to the outside bins as soon as they were used.
- In the kitchen, the stove, hood and backsplash behind the stove were all dirty. The counter was chipped, the windowsill and the cutlery drawer were dirty. The wall behind the bin was covered in tea splashes. We saw some improvement in the cleanliness of the home on the second day in terms of the stove and the backsplash had been thoroughly cleaned but there was still clearly grease visible on the hood and the cupboards by the stove.
- On the first day the provider did not have cleaning schedules in place to help ensure effective cleaning was taking place. The handover book noted which staff were cleaning which floor and staff told us they were aware of enhanced cleaning such as the regular cleaning of touch points every morning and evening. By the second day the provider had implemented a cleaning schedule and audits to monitor the effectiveness of the cleaning.
- The clutter in rooms we saw on the first day had been removed by the second day. However, we observed in the dining room chairs were still close together which meant people could sit next to each other without social distancing.

We recommend the provider further implement Government guidance about infection prevention and control and monitor the standard of infection control practices in the home.

- There was hand sanitising gel at the entrance to the home and all visitors were asked to sign a COVID-19 health declaration when entering the home.
- The provider had a visitors' policy and procedures to reflect the necessary restrictions on visiting and these had been emailed to relatives. Relatives had to book an appointment in advance of their visit and a risk assessment was carried out regarding the visit to help ensure it was safe.
- People and staff had risk assessment and risk management plans regarding COVID-19. Where appropriate,

we also saw risk assessments for how to mitigate the risk of infection for people who went into the community.

- The provider had not had any people using the service or staff display COVID-19 symptoms, but they had procedures in place to support people should they develop symptoms.
- Staff had training around COVID-19 awareness and how to put on, remove and discard personal protective equipment.
- We saw easy read information about the virus and procedures to follow, such as maintaining hand hygiene, available in the communal areas. This could be used as a communication aid in explaining the pandemic to people using the service.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us the care home was a safe place. One person said the home felt safe and they liked living there.
- The provider had safeguarding and whistleblowing procedures in place. Staff had completed adult safeguarding training and knew how to respond to concerns.
- Safeguarding alerts were raised with the local authority and the provider completed an investigation if required. There had only been one safeguarding alert in the last year and we saw a risk assessment had been put in place to address the concern.
- The provider had systems and checks in place to safeguard people's money. This included security tags on money pouches and daily checks.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. Risk management plans were updated each month or when required and appropriate referrals were made for the involvement other agencies in a person's care. For example, we saw one person had been referred to the speech and language team and their risk management and care plan was updated to reflect this.
- Each person had a personal emergency evacuation plan to help minimise risks associated with evacuating the premises. There were regular tests on fire safety equipment and staff received fire safety training.
- The provider undertook monthly health and safety checks to help ensure the environment was safe and well maintained.

Staffing and recruitment

- Safe recruitment procedures were in place and implemented to help ensure only suitable staff were employed to care for people using the service.
- We looked at files for the two newest staff members and saw new staff had appropriate recruitment checks and had completed an induction and training, so they had the required knowledge to care for people.
- We observed there were enough staff to meet people's needs. The provider used bank staff instead of agency to ensure continuity, which meant people always knew the staff providing support to them.
- There was an out of hours on call system to ensure staff always had management support if they needed it.

Using medicines safely

- Medicines were administered safely.
- Medicines stocks we counted reconciled with the medicines administration records (MARs) which indicated people were receiving their medicines as prescribed.
- People had medicines profiles. There were individual protocols where people were prescribed medicines to be given as required (PRN) and these had recently been reviewed and were waiting for the GP to sign and return.

- Staff had relevant training to administer medicines and completed annual medicines competency testing that included both observations and questions to ensure they had the skills required to administer medicines safely.

Learning lessons when things go wrong

- The provider had systems for learning lessons when things went wrong. They recorded and investigated incidents and accidents with action plans to reduce the risk of re-occurrence. Care plans had been updated as a result of incidents.
- There was a system in place for monthly incident and accident audits. The manager had a good overview of all incidents and accidents in the home with a view to prevent reoccurrence.
- The registered manager spoke of their learning curve during the pandemic in terms of more virtual meetings and visits and an awareness around supporting staff and people's mental health and wellbeing.

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 now 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.

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

- The provider had processes to monitor the quality of services provided in the home and make improvements as required. Audits completed by the registered manager included medicines, finance, health and safety and care plan reviews. This provided the provider with an overview and action plan for improving the service. However, we noted on the first day of our inspection, these processes in relation to infection prevention and control were not always effective, as they did not identify the issues regarding infection control we saw on the first day of the inspection.
- The registered manager and staff team understood their roles and there was a clear management structure within the service. One staff member told us, everyone worked well as a team.
- The manager was experienced in social care and had a good overview of the service and the people living there. They kept up to date with good practice through organisational updates and attended the local authority's provider forum.
- The registered manager notified us of significant events. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.
- The provider had a range of policies and procedures to ensure staff were provided with appropriate guidance to meet the needs of people. The provider also had a 'Winter focused COVID-19 business continuity plan' that provided guidance for how to respond in various emergency situations, including the current pandemic.

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

- People we spoke with were satisfied with the care provided. We observed staff caring for people in a respectful manner. It was a small home and the interaction between staff and people using the service indicated staff knew people and their needs well.
- There were a number of communal areas for people to use and bedrooms we saw were personalised. Care plans were also person centred to include people's wishes and preferences. One person said they attended resident meetings and there was also monthly one to one key working sessions where people had the opportunity to provide feedback about the service.
- The manager promoted an open culture and was available to people using the service and staff, so they felt supported.

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

- The provider had policies and procedures in place which were regularly reviewed and updated. This included policies on complaints and acting on their duty of candour.
- The manager understood their responsibility in this area. There had been no complaints since the last inspection. They were open about sharing information during the inspection.

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

- People and staff had the opportunity to be engaged in how the service was run. People attended monthly residents' meetings. Team meetings for the staff were also held monthly to share information and give staff the opportunity to raise any issues.
- The service was small, and the deputy and registered managers had regular contact with relatives over the phone. We also saw letters that had been sent to families to keep them informed during the pandemic and the care files indicated they were involved in planning people's care.

Continuous learning and improving care

- There were systems for monitoring and improving the quality of care. The service improvement plan completed by the registered manager included an audit of incident and accident reports, medicines errors, safeguarding actions, monthly health and safety audits and fire safety collated into a single report which was reviewed by senior managers. This report had an action summary and was used to monitor and improve service delivery.
- Incidents and accidents were monitored to reduce their likelihood in the future.
- The registered manager had a management qualification and attended training relevant to their role.

Working in partnership with others

- We saw evidence the provider worked with other health and social care professionals to plan and deliver effective care and support. □