

Care Management Group Limited

# Care Management Group - 23 Perryn Road

## Inspection report

23 Perryn Road  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 2 March 2015 and was unannounced.

Care Management Group – 23 Perryn Road provides accommodation, personal care and support for up to eight people with learning disabilities. When we inspected, seven people were living in the home.

The Care Quality Commission (CQC) registered the home's manager in 2012. A registered manager is a

person who has registered with the CQC 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 2008 and associated Regulations about how the service is run.

Staff supported people in a caring and professional way, respecting their privacy and dignity.

# Summary of findings

Staff had the training they needed and they were able to tell us about people's individual needs and how they met these in the home.

Staff understood the provider's safeguarding procedures and they understood the importance of reporting any concerns about the welfare and safety of people using the service.

People consistently received their medicines safely and as prescribed.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental

Capacity Act 2005 (MCA). The Deprivation of Liberty Safeguards provide legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

Care records reflected people's health and social care needs and staff regularly reviewed each person's care and support. The registered manager and staff communicated effectively to make sure all staff were kept up to date with each person's care and support needs.

The provider carried out regular checks and audits to make sure the service was operating effectively.

We have made a recommendation about the provision of food to people using the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People and their relatives told us they felt safe in the home and the provider had systems to safeguard people.

Support staff managed people's medicines safely.

There were enough staff to support people and the provider carried out checks before appointing new staff to make sure they were suitable to work in the home.

Good



### Is the service effective?

The service was partially effective.

Staff had the training they needed to support people safely.

People had access to health care services and staff supported them to attend appointments.

Staff did not ensure there were sufficient quantities of nutritious food available at all times.

The provider and registered manager understood their responsibilities under the Deprivation of Liberty Safeguards, where required. The Deprivation of Liberty Safeguards provide legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

Requires improvement



### Is the service caring?

The service was caring.

Staff supported people to choose where they spent their time. Staff respected people's privacy and dignity when they supported them with their personal care.

Staff treated people with kindness and patience. The registered manager and staff we spoke with knew people's care needs very well.

The provider produced information for people using the service in a format they could understand.

Good



### Is the service responsive?

The service was responsive.

The provider's care planning systems focussed on the individual. Staff recorded people's views and based care plan actions on their wishes and aspirations.

Staff reviewed and updated people's care and support plans regularly.

Good



# Summary of findings

The provider had systems in place to respond to comments and complaints about the care and support people received.

## Is the service well-led?

The service was well led.

Staff worked well as a team to meet people's care and support needs.

Support staff were aware of the aims of the organisation and told us their role was to work with people as individuals, enabling them to live the life they chose.

The manager and provider carried out a range of checks and audits to monitor the service.

**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 was planned to check 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.

This inspection took place on 2 March 2015 and was unannounced.

The inspection team comprised one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had two adult children with a learning disability.

Before the inspection, we reviewed notifications the registered manager sent us about significant incidents and events in the home, including safeguarding referrals and applications under the Deprivation of Liberty Safeguards (DoLS). The registered manager completed and returned a Provider Information Return (PIR) on 19 September 2014. 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. We also contacted the local authority's safeguarding adults and commissioning teams.

During the inspection, we spoke with three people using the service, three members of staff and the registered manager. We also looked at the care plan records for two people using the service, medicines records for four people, two staff files and other records relating to the management of the home.

Following the inspection we spoke with the relatives of two people using the service.

# Is the service safe?

## Our findings

People using the service and their relatives told us they felt safe. One person said, "It's safe, I used to be called names but that person's left now." A relative told us, "It's the best place for [relative's name]."

Staff told us they had completed training in safeguarding people using the service. One member of staff said, "We are well trained, we must always report any abuse." Training records showed all staff had completed the provider's e-learning on protecting people and the manager told us some staff had also attended training provided by the local authority.

The provider had systems in place to protect people using the service. We saw the provider had reviewed and updated their safeguarding adults policy and procedures in June 2014. The procedures included clear guidance for staff on identifying possible abuse and reporting any concerns they had. The provider had also produced an easy-read information about staying safe to make the procedures more accessible to people using the service.

The local safeguarding team told us the provider referred safeguarding issues appropriately and cooperated with investigations, where required. Record showed, following a number of incidents in 2014, the provider referred the concerns to the local authority and the Care Quality Commission. The registered manager told us he had attended multi-disciplinary meetings and we saw the provider took appropriate action that resulted in a reduction in the number of incidents.

The provider assessed risks to people using the service and others. Staff had access to clear guidance on managing identified risks. People's care plans included risk assessments and guidance for staff on how to reduce risks to individuals. The risk assessments covered inappropriate touching, community access and personal care. Staff had reviewed both of the risk management plans in January 2015.

The provider ensured there were enough staff to meet people's needs. Most people said that there were enough staff on duty. The staff rota showed a minimum of three staff on duty in the morning and the afternoon. At night, there was one waking member of staff and a second member of staff asleep in the home to provide support, if required.

Support workers told us there were usually enough staff on duty to support people. However, one member of staff said, "if one service user goes out, that leaves two staff on duty with six service user as well as cleaning and cooking." During the inspection, there were enough staff to provide people with the care and support they needed. People did not have to wait for care and support and when they needed support, staff responded promptly. For example, at lunchtime our expert-by-experience ate lunch with four people in the dining room. When one person called out for something staff appeared immediately to deal with their request.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included application forms, references, proof of identity and Disclosure and Barring Service checks.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. Staff took time to administer medicines to people in a caring manner without rushing. There was an effective ordering system for medicines, to ensure these were always available for people. The provider kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. All medicines were stored securely in a locked cabinet in each person's bedroom. We checked the medicines administration records sheets for five people and saw staff kept accurate records of the medicines each person received.

# Is the service effective?

## Our findings

People told us they were well cared for by staff who understood their needs. One person said, “It’s a good home.” A relative told us, “[Relative’s name] is a completely different person there. They are working on some aspects of her behaviour.” Another relative said, “When we say it’s time to go back home, she puts on her coat and waits by the door. In another place, she would run upstairs and not get out of the car when we got there. She is relaxed and very happy.”

The provider ensured staff completed the training they needed to work with people using the service. Training records showed all staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety, medicines management and food safety. In addition, new staff had completed the provider’s induction programme when they started work in the home.

Staff told us they felt well trained to do their jobs. One member of staff said, “I’ve only been here a short time, but the training is very good.”

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The manager understood his responsibility for making sure staff considered the least restrictive options when supporting people and ensured people’s liberty was not unduly restricted. For example, the front door was unlocked and people using the service were able to leave when they wanted and could open the door for visitors.

The registered manager had worked with the local authority and had submitted applications for authorisation where people’s liberty was restricted in the service. For example, some people using the service were unable to go out alone and needed staff support. The provider had recognised this was a restriction and had applied to the local authority for authorisation, as required by the Safeguards. The registered manager was aware of the need to inform CQC of the outcome of each DoLS application.

Where people were not able to make decisions about the care and support they received, the provider acted within the law to make decisions in their best interests. Each person’s care records showed the provider had carried out an assessment of their ability to make decisions. Where the assessment showed a person was unable to make a decision about their care and support, the registered manager had arranged meetings with relatives and other people involved in their care to agree decisions in the person’s best interests, a requirement of the Mental Capacity Act 2005. For example, one person lacked the capacity to make a decision about medical treatment they needed and the registered manager arranged a meeting with their relatives and health care professionals to agree what was in the person’s best interests.

Both of the care plans files we looked at included consent forms signed by, or on behalf of, the person using the service. These showed people had agreed to staff entering their bedroom, contacting other agencies for information and managing medicines for them.

The provider arranged for and supported people to access the healthcare services they needed. People’s care plans included details of their health care needs and details of how staff met these in the service. People had a Health Action Plan and staff had reviewed and updated these in January 2015. Records provided evidence staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments.

Staff understood people’s nutritional care needs. One member of staff told us about a person with diabetes and said, “We can advise them on what to eat, but cannot physically stop them eating sugar.”

One person using the service told us for Sunday dinner they had, “Spicy rice, two chicken pies and salad. The rice was really spicy - I had to have water with it but I ate it.” This person added, “They make nice tea here” and “they don’t buy lovely fresh fruit and vegetables, the diet is not brilliant.”

The fridge contained two loaves of bread, a packet of corned beef, butter, a few carrots and leeks. The freezer in the kitchen had frozen chips, pies, sausages and pre-cooked ready meals i.e. lasagne and pies. A chest freezer in the dining area had much the same as the kitchen freezer but we did see some frozen green beans.

## Is the service effective?

The pantry and kitchen cupboards contained little food. At lunch time people ate tinned spaghetti in tomato sauce with a slice of toast or a toasted cheese and corn beef sandwich with a cup of diluted juice.

There was a menu board but this did not include any pictures of meals planned for the day we inspected. We discussed this with the home's registered manager who

told us they needed to produce new menu picture cards as one person using the service tore them up. The manager also told us staff and people using the service were planning a shopping trip, but this had not happened before we finished our inspection.

**We recommend that** the service considers current guidance on nutrition for people living in a care home.



# Is the service caring?

## Our findings

When we asked one person about their faith needs and whether they went to a local place of worship, they told us, “I go every week.”

People’s relatives were very complimentary about the support people received from staff. Their comments included, “The staff take [relative’s name] on holiday. They have been to Disneyland, something they wanted to do since they were a child,” “The manager is wonderful,” “When [relative’s name] was sick, staff visited her every day in the hospital,” “The staff who look after her are wonderful” and “the staff are very professional, very caring.”

Relatives also told us they visited and called regularly and always felt welcomed by staff. One relative told us, “I see her on her birthday and my birthday, we go out shopping together.” Another relative said “The staff don’t always know when I am coming for a visit but I’m made to feel welcome.”

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they

needed promptly and efficiently and individuals did not have to wait for staff to help them. Staff ensured they respected people’s dignity and privacy when they received support with their personal care needs.

Staff supported people to choose where and how they spent their time. During the inspection, people spent time in their rooms and communal areas, as well as going out with staff support.

The provider considered people’s cultural care needs. One person’s care plan included a section on “How to Meet My Cultural Needs.” This covered the person’s dietary and faith needs, as well as information about skin and hair care.

The provider produced all care planning and risk management documents in easy read formats to make the information easier for people using the service to understand. Staff were able to tell us how each person communicated their needs and we saw staff used a variety of methods to communicate with people. These included speech, Makaton (a type of sign language), pictures and objects of reference.

# Is the service responsive?

## Our findings

One relative told us, “I feel very involved with [my relative’s] care.” Another relative said, “Adjustments were made after [relative’s name] had a stroke. She had a hospital bed and needed a hoist to move her. The staff worked really hard and so did she.”

A report from a visiting social worker commented, “All the staff team at Perryn Road are extremely caring and understand the needs of [person’s name] well. They have been completely proactive and assisted with her recovery from a recent stroke supporting and encouraging her back to good health. Special thanks to [support staff name] who has an excellent relationship with [person’s name] and who always does that bit extra for her. i.e. Supporting her on holiday to Jamaica, where she was born, a wish she has had for many years and to [manager’s name] for supporting this dream and helping it happen!

The provider assessed people’s health and social care needs and reviewed these regularly or when a person’s needs changed. For example, we saw the registered manager and staff had changed one person’s care and support plan and provided specialist equipment following an illness. One of the professionals we spoke with said, “The service refers people for support appropriately and staff always follow the advice and programmes we provide.”

People’s care plans included a programme of activities based on their assessed likes and interests. Staff completed a monthly report based on people’s daily care notes. These showed each person spent time taking part in activities in the home and the local community. We saw one person doing an art activity with a member of staff. They interacted well and clearly understood each other as during the activity they were also planning future events.

Support staff treated people as individuals and based their care plans on identified needs, interests and aspirations. Plans included sections on “What Is Important To Me,” “How I Communicate,” “My Health and Personal Care

Needs” and “My Support Networks.” Care plans included information about people’s needs in respect of their gender, religion and culture. For example, staff asked people about the gender of staff who supported them with their personal care and we saw they respected people’s choices in this area.

Staff reviewed and updated people’s care plans regularly. The provider produced information in an easy-read format and used photos, pictures and plain English to make information easier for people using the service to understand. Support staff had reviewed and updated care plans regularly with the person living in the home, their relatives and professionals involved in their care. Staff had reviewed both of the care plans we reviewed in November 2014.

Monthly records of people’s care and support showed staff supported them to take part in activities in the home and the local and wider communities. Staff displayed photographs of activities in people’s bedrooms and communal areas in the home. Recent activities included meals in local restaurants, trips to the park, Christmas shopping and holidays in the UK and abroad.

One member of staff told us their job was to offer people choices and make sure they respected these. They gave us examples of supporting people to choose their clothes, what they ate and their daily routines and activities.

The provider’s complaints policy and procedures included an easy read complaints form that enabled people to comment on the care and support they received. The complaints record showed there had been no recorded complaints since 2010. The registered manager and support staff told us they supported people to resolve minor complaints and differences but would support them to use the formal procedure if they chose.

The provider displayed an easy-read version of information on how to make a complaint in communal areas of the home. A relative told us, “There is lots of openness and transparency. I feel confident about raising any concerns.”

# Is the service well-led?

## Our findings

The registered manager held a relevant professional qualification. They told us they had worked in social care services for 13 years and managed the service since 2011. People using the service told us they knew who the registered manager was and said they could talk with them at any time.

Staff described the organisation as “caring” and “open.” People’s relatives told us the provider was “very professional” and “caring.” Staff told us they found the manager supportive. They said they attended regular team meetings and had individual supervision with the manager or a senior member of staff. One member of staff told us, “It feels like I’m having an exam as [the manager] checks that I know what I am doing.” Another member of staff said, “The manager is very good, he makes an effort and he does his job.”

Staff said they felt supported, “by management and staff. The company training and information are very good.” Staff also told us they enjoyed working for the organisation but one person added, “Professionals and managers in head office should listen to the staff more as they know more about the residents.”

Staff worked well as a team to meet people’s care and support needs. During our inspection, we saw examples of good team work where staff supported each other to make sure people using the service did not wait for support or attention. One member of staff said, “It’s hard work because we cook and clean as well as support people, but we work well as a team.” A second member of staff said, “There are seven residents, some with challenging behaviour, and we can get quite stressed.”

The provider’s stated core values were, “Shared Responsibility; Dignity and Respect; Opportunity to Achieve and Sustainability.” Staff were aware of the aims of the organisation and told us their role was to work with people as individuals, enabling them to live the life they chose.

They were able to give us examples of how they supported each person in the home to take part in activities they chose. For example, going to visit relatives and friends, and going on holidays and day trips.

The provider had systems in place to gather the views of people using the service and others. The registered manager told us the provider invited all people using the service and their relatives or representatives to an annual conference to give their views and experiences of the support they received. The provider had also arranged a conference for families that was due to take place shortly after our inspection.

The manager and provider carried out a range of checks and audits to monitor the service. The registered manager told us they carried out monthly checks in the service. This included checks of people’s support plans and health action plans, reviews of the support they received, progress in meeting identified goals and risk management plans. We saw the audit completed by the registered manager in February 2015 had been signed off by the provider’s regional manager. The registered manager also told us the regional manager carried out additional audit visits every three months to review health and safety, care planning, risk management and finances.

Where the registered manager or provider identified issues as part of an audit, the provider took action. For example, the audit report we saw showed the provider had completed outstanding repairs highlighted at the previous audit and support staff had improved the recording of people’s personal monies.

During our inspection, the atmosphere in the home was open, welcoming and inclusive. Support staff spoke with people in a kind and friendly way and we saw positive interactions between staff and people who used the service. All the staff we spoke with told us that they enjoyed working in the home. One staff member said, “It’s a good place to work. [Provider name] is a good organisation to work for.”